**Appendix 1 to RFQ#124: Application Template**

1. **Summary**
   1. Applicant Information

*Please use one Application if seeking qualification for Shelters Services to Adults and Families and one separate Application if seeking qualification for Roving Mental Health Services to Families.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization Name** | |  | | | | | | **Federal ID#** | |  | |
| **Organizational Address** | |  | | | | | | | | | |
| **Director Name** | |  | | | | | | | | | |
| **Director Phone** | |  | | | **Director Email** | |  | | | | |
| **Contact Name** | |  | | | **Contact Title** | |  | | | | |
| **Contact Phone** | |  | | | **Contact Email** | |  | | | | |
| **Applying to Become Qualified for** | | *Please check all that apply:*  **I am applying to become qualified for Adult Shelter Services in the below identified sites, which are not owned or leased by the City.**  **I am applying to become qualified for Family Shelter Services in the below identified sites, which are not owned or leased by the City.**  **I am applying to become qualified for future shelter facilities and facilities owned and/or leased by the City, not listed below.**  **I am applying to become qualified for Roving Mental Health Services to Families.** | | | | | | | | | |
| **Facility 1** | **Facility Address (not owned or leased by City)** | |  | **Facility Capacity Males** | |  | | | **Proposed Hours of Operation** | | **24/hour** |
| **Facility Capacity Females** | |  | | | **Other – Please specify:** |
| **Total Capacity** *(Use for Family Shelters)* | |  | | |
| **Supervisor to Direct Service Staff Ratio** | | **Day Shift** | **N/A** | | | | | | | |
| **Evening Shift** |  | | | | | | | |
| **Overnight Shift** |  | | | | | | | |
| **Direct Service Staff to Guest Ratio** | | **Day Shift** | **N/A** | | | | | | | |
| **Evening Shift** |  | | | | | | | |
| **Overnight Shift** |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility 2** | **Facility Address**  **(not owned or leased by City)** | |  | | **Facility Capacity Males** |  | | **Proposed Hours of Operation** | | **24/hour** | | |
| **☐Other – Please specify:** | | |
| **Facility Capacity Females** |  | |
| **Total Capacity** *(Use for Family Shelters)* |  | |
| **Supervisor to Direct Service Staff Ratio** | | **Day Shift** | | **N/A** | | | | | | | |
| **Evening Shift** | |  | | | | | | | |
| **Overnight Shift** | |  | | | | | | | |
| **Direct Service Staff to Guest Ratio** | | **Day Shift** | | **N/A** | | | | | | | |
| **Evening Shift** | |  | | | | | | | |
| **Overnight Shift** | |  | | | | | | | |
| **Facility 3** | **Facility Address (not owned or leased by City)** | |  | | **Facility Capacity Males** |  | | **Proposed Hours of Operation** | | **24/hour** | | |
| **Facility Capacity Females** |  | | **Other – Please specify:** | | |
| **Total Capacity**  *(Use for Family Shelters)* |  | |
| **Supervisor to Direct Service Staff Ratio** | | **Day Shift** | | **N/A** | | | | | | | |
| **Evening Shift** | |  | | | | | | | |
| **Overnight Shift** | |  | | | | | | | |
| **Direct Service Staff to Guest Ratio** | | **Day Shift** | | **N/A** | | | | | | | |
| **Evening Shift** | |  | | | | | | | |
| **Overnight Shift** | |  | | | | | | | |
| **Shelter** | **I certify that I have site control of the facility or facilities listed above and have attached a copy or copies of proof (e.g. lease, MOU, ownership)**  *Please note that if an Applicant wants to qualify for future shelter facilities, or services in a City owned or leased facility, or Roving Mental Health Services to Families, no proof of site control is required.* | | | | | | | | | | | |
| **Roving Mental Health Services to Families** | **I certify that existing staff and/or staff hired to provide these services will be licensed to provide mental health services or be licensed eligible.**  **I certify that existing staff and/or staff hired to provide supervision will be licensed to provide mental health.** | | | | | | | | | | **Clinician to Family Served Ratio** |  |
| **Using Subcontractor?** | | **Yes**  **No** | **If yes, Name of Subcontractor** |  | | | **Subcontractor Role** | |  | | | |

* 1. Certifications

I understand that the San Francisco Department of Homelessness and Supportive Housing (HSH) reserves the right to modify grant requirements at the time of funding and/or during the grant agreement negotiations; that a grant may be negotiated for a portion of the amount requested; that funding sources are subject to change; and that there is no grant until a written grant agreement has been signed by both parties and approved by all applicable City agencies.

I understand that as a condition of receiving a grant under this RFP, my organization is required to use the ONE System as described in the RFP.

In accordance with Administrative Code Chapter 12X, I certify that my company is headquartered at the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will notify the City if my company's headquarters moves.

The signatory below is a person authorized to obligate the Proposer to perform the commitments contained in the RFP and proposal. Submission of this document will constitute a representation by the organization that it is willing and able to perform the commitments and requirements contained in the RFP and proposal.

Signature of authorized representative(s):

**Name:**  **Title:**

**Signature:** **Date:**

1. **Minimum Qualifications**

Applicants must demonstrate that they meet relevant Minimum Qualifications.

1. Applicants must demonstrate at least five years of experience providing the services described in this RFQ to the served population within the past seven years. *If Applicants are seeking qualification to provide Shelter Services to Adults, and Families, experience for both populations must be demonstrated. If Applicants are seeking qualification to serve Families through Roving Mental Health Services to Families, experience with families must be demonstrated.*

*Please add additional response boxes, as required.*

|  |  |
| --- | --- |
| **Prior or Current Program Name** |  |
| **Population Served** | **Adult Shelters**  **Family Shelters**  **Roving Mental Health Services to Families** |
| **Provided by** | **Primary Applicant**  **Subcontractor** |
| **Funder Name** |  |
| **Funder Contact Name** |  |
| **Funder Contact Title** |  |
| **Funder Contact Email Address** |  |
| **Start and End Dates of Services** |  |
| **Describe how Proposer or Subcontractor meet this Minimum Qualification:** |  |

|  |  |
| --- | --- |
| **Prior or Current Program Name** |  |
| **Population Served** | **Adult Shelters**  **Family Shelters**  **Roving Mental Health Services to Families** |
| **Provided by** | **Primary Applicant**  **Subcontractor** |
| **Funder Name** |  |
| **Funder Contact Name** |  |
| **Funder Contact Title** |  |
| **Funder Contact Email Address** |  |
| **Start and End Dates of Services** |  |
| **Describe how Proposer or Subcontractor meet this Minimum Qualification:** |  |

|  |  |
| --- | --- |
| **Prior or Current Program Name** |  |
| **Population Served** | **Adult Shelters**  **Family Shelters**  **Roving Mental Health Services to Families** |
| **Provided by** | **Primary Applicant**  **Subcontractor** |
| **Funder Name** |  |
| **Funder Contact Name** |  |
| **Funder Contact Title** |  |
| **Funder Contact Email Address** |  |
| **Start and End Dates of Services** |  |
| **Describe how Proposer or Subcontractor meet this Minimum Qualification:** |  |

|  |  |
| --- | --- |
| **Prior or Current Program Name** |  |
| **Population Served** | **Adult Shelters**  **Family Shelters**  **Roving Mental Health Services to Families** |
| **Provided by** | **Primary Applicant**  **Subcontractor** |
| **Funder Name** |  |
| **Funder Contact Name** |  |
| **Funder Contact Title** |  |
| **Funder Contact Email Address** |  |
| **Start and End Dates of Services** |  |
| **Describe how Proposer or Subcontractor meet this Minimum Qualification:** |  |

1. **Organizational Capability and Experience**

In no more than four pages, Applicants must provide responses to the following:

1. **Describe agency’s experience, organizational capability and infrastructure to deliver the services, as described in this RFQ.** *If Applicants are seeking qualification to provide Shelter Services to Adults, and Families, describe capability and infrastructure for Shelter Services. If Applicants are seeking qualification to serve Families through Roving Mental Health Services to Families, describe capability and infrastructure for Roving Mental Health Services to Families.*

1. **Describe the agency’s experience working with the served population and diverse individuals and/or families, including Black, Latino, and LGBTQ guests, and experience providing responsive services that demonstrates it is qualified to provide the services. Include the types of training that staff has received around racial equity, cultural humility, and strengths-based service delivery.**

1. Describe the agency’s experience in integrating HSH’s Strategic Framework principles, such as, but not limited to, Housing First, harm reduction and trauma-informed care into service delivery that describes how it is qualified to provide the services.

1. Describe the agency’s experience hiring staff with diverse backgrounds, including Black, Latino, and LGBTQ that describes how it is qualified to provide the services.

1. **Program Plan**

In no more than three pages, Applicants must provide responses to the following:

1. **Describe the agency’s plan to provide the services as described in the RFQ. Make note of any challenges and barriers that may arise; and how the agency plans to mitigate such issues that demonstrates it is qualified to provide the services.**

1. **Describe agency’s proposed staffing structure, including brief job descriptions, qualifications, and training that demonstrates it is qualified to provide the services. Please do not include resumes.** *If Applicants are seeking qualification for Shelter Services to Adults and Families, please also include maintenance, janitorial, direct service and supervising staff, and coverage based on the current or anticipated facility hours of operation. If Applicants are seeking qualification for Roving Mental Health Services, please include supervision standards and other relevant information.*

1. Describe the agency’s plan to solicit and utilize served population feedback and how the feedback will be reported to HSH and incorporated into the program.