**Appendix 1: Application Template to Solicitation of Information (SOI) (SOI CE/PS Justice Involved Population)**

1. **Cover Page**
	1. Applicant Information

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| **Application Type**(select one) | [ ]  Sole Applicant (one organization applying to provide services)[ ]  Collaboration (more than one organization applying to provide services)[ ]  Subcontract (one lead organization with approved subcontractor)  |

**Applicant Information**

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| **Organization Name** |       | **City Supplier #** |       | **Address** |       |
| **Director Name** |       | **Director Phone** |       | **Director Email** |       |
| **Point of Contact** |       | **Point of Contact Phone** |       | **Point of Contact Email** |       |

**Applicant Information** (Complete only if applicable; create more tables if necessary)

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| **Organization Name** |       | **City Supplier #** |       | **Address** |       |
| **Director Name** |       | **Director Phone** |       | **Director Email** |       |
| **Point of Contact** |       | **Point of Contact Phone** |       | **Point of Contact Email** |       |

* 1. Certifications

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

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 Applicant to perform the commitments contained in the SOI and application. Submission of this document will constitute a representation by the above organization(s) that they are willing and able to perform the commitments and requirements contained in the SOI and application.

Signature of authorized representative(s):

**Name:**       **Title:**

**Signature:**       **Date:**

**Name:**       **Title:**

**Signature:**       **Date:**

1. **Minimum Qualifications**

Applicant(s) must demonstrate that they meet all of the Minimum Qualifications (MQs):

1. At least five years of experience providing case management services to individuals who are currently or formerly incarcerated; currently on parole probation or subject to court supervision;
2. Must be a qualified City vendor.

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| Prior or Current Program Name |       |
| Funder Name |       |
| Funder Contact Name |       |
| Funder Contact Title |       |
| Funder Contact Email Address |       |
| Start and End Dates of Services |       |
| Briefly describe how Applicant meets Minimum Qualifications detailed above:  |       |

1. **Responses to SOI Evaluation Questions**

Applicant must answer all questions below:

* 1. Please explain your organization’s experience with case management to individuals who are justice-involved, currently or formerly incarcerated; currently on parole probation; or subject to court supervision.
	2. Please explain your organization’s experience working with the justice-involved participants experiencing homelessness.
	3. Describe your organization’s experience working with law enforcement agencies, including San Francisco City Sheriff’s Office and your experience with the jail clearance process.
	4. Please describe your experience working with individuals with pending matters before the San Francisco Superior Court.
	5. Describe your approach to discharge planning, including how your organization employs re-entry services that support harm reduction and trauma informed models.
	6. Explain your approach to Continuous Quality Improvement (CQI), including how you incorporate the voice of people with lived experience, how you utilize data to drive improvements, and your process/approach for providing and obtaining feedback from relevant stakeholders to improve the quality of our shared system of care.

**Question #1: Please explain your organization’s experience with case management to individuals who are justice-involved, currently or formerly incarcerated; currently on parole probation; or subject to court supervision. (max 500 words)**

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**Question #2: Please explain your organization’s experience working with the justice-involved participants experiencing homelessness. (max 500 words)**

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**Question #3: Describe your organization’s experience working with law enforcement agencies, including San Francisco City Sheriff’s Office and your experience with the jail clearance process.** **(max 500 words)**

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**Question #4: Please describe your experience working with individuals with pending matters before the San Francisco Superior Court. (max 500 words)**

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**Question #5: Describe your approach to discharge planning, including how your organization employs re-entry services that support harm reduction and trauma informed models. (No word limit, but please be concise)**

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**Question #6: Explain your approach to Continuous Quality Improvement (CQI), including how you incorporate the voice of people with lived experience, how you utilize data to drive improvements, and your process/approach for providing and obtaining feedback from relevant stakeholders to improve the quality of our shared system of care. (No word limit, but please be concise)**

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