**Appendix 1: Application Template to Solicitation of Information (SOI) Flexible Housing Subsidy Pool for TAY, Families and Housing Ladder for Families**

1. **Cover Page**
   1. Applicant(s) Information

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| **Application For**  (submit one Application per program) | TAY Flexible Housing Subsidy Pool  Family Flexible Housing Subsidy Pool  Family Housing Ladder | **Application Type**  (select one) | Sole Applicant (one organization applying to provide services)  Collaboration (more than one organization applying to provide services) |

**Housing-Focused Case Management Services**

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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** |  |

**Housing Location, Housing Coordination, Subsidy Administration and Landlord Liaison Services**  Check if same as above

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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.

I understand that my company is required to be a San Francisco City vendor to enter into an agreement with the San Francisco Department of Homelessness and Supportive Housing. I understand that if my company is not yet a San Francisco City vendor that I am required to initiate the first step in the process to register at the [San Francisco City Partner](https://sfcitypartner.sfgov.org/pages/index.aspx) website by the time my company submits materials for the Solicitation of Interest.

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 are they willing and able to perform the commitments and requirements contained in the RFQ and application.

Signature of authorized representative(s):

**Name:**       **Title:**

**Signature:**       **Date:**

1. **Minimum Qualifications**

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

1. *If any part of the service will be through collaboration or subcontract, please indicate as such and describe the plan for collaboration to successfully deliver the services in this Solicitation.*

* *For each service type (e.g. Housing-Focused Case Management, Housing Location, Housing Coordination, Subsidy Administration, and Landlord Liaison services), Applicant(s) must demonstrate, respectively, that each has at least two years of experience delivering similar services.*

**Plan for Collaboration- For Multiple Agencies Only (up to 500 words)**

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**Housing-Focused Case Management Services**

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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 this Minimum Qualification: |  |

**Housing Location, Housing Coordination, Subsidy Administration and Landlord Liaison Services**

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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 this Minimum Qualification: |  |

1. **Plan**
2. *Applicant(s) must describe the proposed program plan, implementation, and service plan- as well as collaboration between partners, if applicable (e.g. Housing Location, Housing Coordination, Housing-Focused Case Management, Subsidy Administration, and Landlord Liaison providers). For example, communication plan, how tenant stability will be achieved, and landlord engagement strategy. Up to 1000 words.*

**Proposed Program Plan**

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* 1. *For each service type, Applicant(s) must describe their respective plan to engage tenants and maintain housing stability for tenants using a racial equity-based, culturally responsive and trauma informed approach. Up to 500 words.*

**Proposed Tenant Engagement Plan**

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1. **Organizational Experience & Capacity**
2. For each service type, Applicant(s) must describe their respective service experience, including delivering services using a Housing First approach and focusing on housing stability to fulfil the services outlined in the Solicitation. Up to 1000 words.

**Housing-Focused Case Management Services**

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**Housing Location Services**

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**Housing Coordination Services**

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**Subsidy Administration Services**

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**Landlord Liaison Services**

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1. *For each service type, Applicant(s) must describe their organizational capacity. The response should touch on hiring practices, onboarding, and training approach, including focusing on professional development for staff, staffing retention/turnover/ vacancy rates, and the ability to track and report data. Please provide a demographic profile of the organization’s Board and staff and describe efforts to ensure that they reflect the communities that the organization serves. Up to 500 words.*

**Organization Capacity**

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1. For each service type, Applicant(s) must describe their respective challenges and learnings from their experience in service delivery. Up to 750 words.

**Housing-Focused Case Management Services**

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**Housing Location, Housing Coordination, Subsidy Administration and Landlord Liaison Services**

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1. Applicants must submit a completed Appendix 2: Budget Template for 13 months from 8/1/2022 to 6/30/2023, 11 month period for 22-23 fiscal year, and 12 months for 23-24 fiscal year. Applicants submitting applications without collaborations must submit only one Appendix 2: Budget Template. Applicants that submit collaborative applications shall submit separate Appendix 2: Budget Templates for their respective service components. Submittals with budgets above the allocated budget amount and/ or those that do not contain the required staffing will not be evaluated further.