**Appendix 1: Application Template to Solicitation of Information (SOI) - Problem Solving Services (non-Access Point)**

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

|  |  |
| --- | --- |
| **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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. Applicant organizations must be based in San Francisco.
2. At least five years of experience providing case management services to households experiencing housing instability or homelessness.
3. Must be a qualified City vendor or have started the process of becoming a City vendor at time of proposal submission.

|  |  |
| --- | --- |
| 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 Questions**

Applicant must answer all questions below:

1. Please describe the top three reasons why your organization is interested in providing Problem Solving services to households experiencing homelessness in San Francisco and specify the population (youth, families, single adults) that your organization will be serving. Please, include how Problem Solving could help the clients that you serve (250-500 word limit)
2. Please explain your organization’s experience with case management to individuals who are experiencing homelessness. (250-500 word limit)
3. Please describe any innovative approaches designed to improve outcomes for households experiencing homelessness designed and/or implemented by your organization in the past. Include information about partnerships with other community-based organizations and/or the public sector and your experience designing, implementing, and managing new programs/interventions. (250-500 word limit)
4. Please describe how your organization specifically supports the needs of households experiencing homelessness who are BIPOC, LGBTQ, persons with disabilities, and/or are involved in the criminal justice system. (250-500 word limit)
5. Please describe your organization’s 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 organization’s experience and previous participation in program evaluations. (250-500 word limit)

**Question #1: Please describe the top three reasons why your organization is interested in providing Problem Solving services to households experiencing homelessness in San Francisco and specify the population (youth, families, single adults) that your organization will be serving. Please, include how Problem Solving could help the clients that you serve. (250-500 word limit)**

|  |
| --- |
|  |

**Question #2: Please explain your organization’s experience with case management to individuals who are experiencing homelessness. (250-500 word limit)**

|  |
| --- |
|  |

**Question #3: Please describe any innovative approaches designed to improve outcomes for households experiencing homelessness designed and/or implemented by your organization in the past. Include information about partnerships with other community-based organizations and/or the public sector and your experience designing, implementing, and managing new programs/interventions. (250-500 word limit)**

|  |
| --- |
|  |

**Question #4: Please describe how your organization specifically supports the needs of households experiencing homelessness who are BIPOC, LGBTQ, persons with disabilities, and/or are involved in the criminal justice system. (250-500 word limit)**

|  |
| --- |
|  |

**Question #5:** **Please describe your organization’s 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 organization’s experience and previous participation in program evaluations. (250-500 word limit)**

|  |
| --- |
|  |