**Appendix 1: Application Template to Solicitation of Information (SOI) – Flexible Housing Subsidy Pool (FHSP) Program for Ending Transgender Homelessness (ETH) Initiative**

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**

HSH is seeking applicants who meet the following minimum qualifications. In the case of collaborative applicants, some MQs need only be met *collectively* at the applicant level and not necessarily by each partner, as indicated below.

1. At least two years successfully operating a subsidy program and accompanying services OR possession of the infrastructural and personnel-related *capacity* to operate such a subsidy program (collaborative applicants must meet this requirement collectively);
2. At least two years providing housing support or other comparable social services to low-income trans\* and gender nonconforming San Franciscans (collaborative applicants must meet this requirement collectively);
3. At least one trans\* or gender nonconforming member of staff in a leadership position (collaborative applicants must meet this requirement collectively);
4. At least 50% of served clients are TGNC individuals (collaborative applicants must meet this requirement collectively);
5. A racial equity-based, culturally responsive, housing first, and trauma-informed approach (all applicants must individually meet this requirement);
6. An ability to collaborate with participants and providers with the goal of participant housing stability (all applicants must individually meet this requirement); and
7. The ability to begin services in a timely manner (all applicants must individually meet this requirement)

HSH anticipates an agreement with a tentative start date of July 2023, for an initial two (2) year agreement. HSH reserves the right to award more than one Grantee through this SOI, with the funding amount depending on the number of Grantees awarded.

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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 Questions**

Applicant must answer all questions below:

1. Please describe the top three reasons why your organization is interested in administering an FHSP program to trans\* and gender nonconforming participants experiencing homelessness in San Francisco (500-word limit).
2. Please explain your organization’s experience administering housing subsidies and case management, or other social service supports, to trans\* and gender nonconforming individuals who are experiencing homeless (500-word limit).
3. Please describe any innovative approaches designed to improve outcomes for participants experiencing homelessness designed and/or implemented by our 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 (500-word limit).
4. Please describe how your organization specifically supports the needs of participants experiencing homelessness who are BIPOC, who are persons with disabilities, and/or who are involved in the criminal justice system (500-word limit).
5. Please describe your organization’s approach to Continuous Quality Improvement (CQI), including how you incorporate the voices of people with lived experience, how you utilize data to drive improvements, and your organization’s experience and previous participation in program evaluations (500-word limit).

**Question #1: Please describe the top three reasons why your organization is interested in administering an FHSP program to trans\* and gender nonconforming participants experiencing homelessness in San Francisco (500-word limit).**

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**Question #2: Please explain your organization’s experience administering housing subsidies and case management, or other social service supports, to trans\* and gender nonconforming individuals who are experiencing homeless (500-word limit).**

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**Question #3: Please describe any innovative approaches designed to improve outcomes for participants experiencing homelessness designed and/or implemented by our 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 (500-word limit).**

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

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**Question #5:** **Please describe your organization’s approach to Continuous Quality Improvement (CQI), including how you incorporate the voices of people with lived experience, how you utilize data to drive improvements, and your organization’s experience and previous participation in program evaluations (500-word limit).**

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