**Appendix 1d: Application Template to Request for Proposal (RFP# 141) – Shelter Client Advocacy**

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

**Lead Organization**

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

* 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.

The signatory below is a person authorized to obligate the Applicant to perform the commitments contained in the RFP 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 RFP 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):

2.1 At least one year of experience providing services to individuals utilizing social services. This may include people with disabilities, seniors, and/or persons experiencing homelessness.

**Please use the tables below to specify how Proposer meets the Minimum Qualifications listed above. Please add tables as needed.**

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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. **Relevant Experience (Suggested 6 pages maximum for responses to this section)**
	1. Describe experience providing peer advocacy services to adults and families experiencing homelessness and/or similar populations. Including services provided and served populations.

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3.2 Describe experience providing outreach and conducting informative presentations, including services provided and served populations.

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3.3 Describe experience providing outreach to staff and/or clients; conflict resolution which may include formal or informal conflict resolution and/or mediation including services provided and served populations.

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3.4 Describe experience maintaining professional and respectful interactions and relationships with clients and providers or similar populations.

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1. **Program Plan (Suggested 7 pages maximum for responses to this section)**

4.1 Describe proposed plan to provide outreach to staff and clients including informational know-your-rights presentations.

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4.2 Describe proposed plan to provide conflict resolution and mediation services to clients and shelter providers. Including how complaints and/or grievances will be addressed to support the rights, safety, and wellbeing of clients and shelter staff.

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4.3 Describe plan to provide representation to clients at in-person shelter hearings and arbitrations.

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4.4 Describe how all program services will be provided utilizing Restorative Justice approaches and incorporating Peer Advocacy.

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1. **Organizational Capacity and Staffing (4 pages maximum for responses to this section)**

5.1 Describe organizational capacity to provide advocacy services using a peer advocacy model.

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* 1. Describe program staffing plan including staff titles, FTE, and licenses; language capacity; roles and responsibilities; and supervision structure. Include tasks necessary to provide program services and how they will be assigned to staff.

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5.3 Describe capacity to provide services in person as well as virtually as appropriate. Including location of in-person services.

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1. **Experience and Plan to Track Data and Outcomes (3 pages maximum for responses to this section)**

6.1 Describe experience with data collection, tracking, and reporting including data tracking tools or systems.

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6.2 Plan for monitoring program outcomes and reporting requirements.

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