**RFP #143 Shelter Client Advocacy Services**

**Attachment 2**

**Proposer Questionnaire and References**

**Part I**

**Proposer Information**

|  |  |
| --- | --- |
| Name of Agency: |  |
|  |  |
| Headquarter Address: |  |
|  |  |
| Phone No.: |  |
|  |  |
| Toll Free Phone No.: |  |
|  |  |
| Contact Name & Title: |  |
|  |  |
| E-mail: |  |
|  |  |
| SF Supplier ID: |  |
|  |  |
| Federal Tax ID: |  |
|  |  |
| Payment Terms: |  |
|  |  |
| Person Preparing Proposal: |  |
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**Part II**

**Proposer Questionnaire**

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| --- | --- | --- |
| **Question** | **Yes** | **No** |
| 1. **Do you certify that you have complied and will continue to comply with “Limitation on Communications” included on the first page of the RFP?** |  |  |
| 1. **Have you registered as a Bidder or Supplier, through the Supplier Portal** ([*https://sfcitypartner.sfgov.org/*](https://sfcitypartner.sfgov.org/?))?   If yes, what is your Bidder ID or Supplier ID? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. **Has your company enrolled with Paymode-X to receive electronic payments from the City?**   <https://www.paymode.com/city_countyofsanfrancisco> |  |  |
| 1. **Have you registered your business with the San Francisco Treasurer & Tax Collector as required prior to submission of any Proposal?**   *Enter your Business Tax Registration ID here*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. **Can you comply with the terms set forth in Attachment 1: City’s Proposed Grant Terms?** |  |  |
| 1. **Have you submitted with your Proposal Appendix 3: Minimum Qualification outlined in the accompanying solicitation document?** |  |  |
| 1. **Have you submitted with your Proposal Appendix 1: Application/ Written Proposal that complies with the requirements of the accompanying solicitation document?**   If you reply NO to any document, please explain. |  |  |
| 1. **Have you submitted with your Proposal Appendix 2: Budget Proposal that complies with the requirements of the accompanying solicitation document?**   If you reply NO to any document, please explain. |  |  |
| 1. **Have you submitted with your Proposal all the Required Supporting Documentation outlined in the accompanying solicitation document?**   Required Supporting Documentation includes:   * Completed and signed Attachment 2: Proposer Questionnaire and References * Completed Attachment 3: HCAO and MCO Declarations Forms * Completed Attachment 4: First Source Hiring Form * Completed Attachment 5: CMD Form 3   If you reply NO to any document, please explain. |  |  |

**Part III**

**Proposer References**

All proposers, including current Contractor, must provide references for at least three (3) organizations of the approximate size and volume comparable to commodities and/or services described in this Solicitation. Upon request, successful proposer(s) may also be required to submit a letter of reference from each reference listed within five (5) days of notification. Failure to do so may result in rejection of proposal.

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| --- | --- | --- |
| **1.** | Name of Company |  |
|  |  |  |
|  | Address (street, city, state, zip) |  |
|  |  |  |
|  | Contact Name |  |
|  |  |  |
|  | Phone No. |  |
|  |  |  |
|  | Email |  |
|  |  |  |
|  | Number of Years Providing Service |  |
|  |  |  |
| **2.** | Name of Company |  |
|  |  |  |
|  | Address (street, city, state, zip) |  |
|  |  |  |
|  | Contact Name |  |
|  |  |  |
|  | Phone No. |  |
|  |  |  |
|  | Email |  |
|  |  |  |
|  | Number of Years Providing Service |  |
|  |  |  |
| **3.** | Name of Company |  |
|  |  |  |
|  | Address (street, city, state, zip) |  |
|  |  |  |
|  | Contact Name |  |
|  |  |  |
|  | Phone No. |  |
|  |  |  |
|  | Email |  |
|  |  |  |
|  | Number of Years Providing Service |  |
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**Part IV**

**Proposer Release of Liability for References**

The undersigned hereby fully and forever release, exonerate, discharge and covenant not to sue the City, its commissions and boards, officers and employees, and all individuals, entities and firms providing information, comments, or conclusions ("Reference Information") in response to inquiries that the City may make regarding the qualifications or experience of a Prime proposer, proposed joint venture partner, proposed subconsultant or proposed key/lead team member in connection with the selection process for RFP #141 Shelter Ancillary Servicesfrom and for any and all claims, causes of action, demands, damages, and any and all liabilities of any kind or description, in law, equity, or otherwise arising out of the provision of said Reference Information. This Release and Waiver is freely given and will be applicable whether or not the responses by said individuals, entities or firms are accurate or not, or made willfully or negligently.

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Company Name

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| --- | --- | --- |
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Signature of Authorized Representative of Company Date

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|  |

Print Name and Title

**Part V.**

**Proposer Certification of Truth, Accuracy, and Completeness**

I certify that based on information and belief formed after reasonable inquiry, the statements and information contained in this document are true, accurate, and complete. Additionally, by submitting this bid/proposal, I attest that I have reviewed and accepted all terms found in this solicitation, any and all addenda issued to this solicitation, and City’s contract terms.

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Company Name

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| --- | --- | --- |
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Signature of Authorized Representative of Company Date

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|  |

Print Name and Title