**RFP #147 TAY Health and Wellness Center**

**Appendix 1: Written Proposal**

*Instructions to Proposers*

*Proposers shall use this document as a template on which to provide their Written Proposal responses. Proposals that fail to address each of the requested items in this document in a sufficient and complete manner will be deemed Non-Responsive and/or receive zero points. Proposers may not leave responses to questions blank and may not respond to questions with “To be provided upon request”, “To be determined” or the like.*

*In order to receive the maximum amount of points, please be sure to follow the format and thoroughly (but concisely) address each section. Indicate clearly where supplemental documents are being provided. Please stay within the suggested page maximums per section. Attachments requested do not count toward page maximums.*

*Submission of a proposal will constitute a representation by your agency that your agency is willing and able to perform the commitments contained in the proposal.*

*All documents submitted in response to this Solicitation are subject to public disclosure. Therefore, please exclude or otherwise identify confidential or proprietary information, as appropriate.*

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** |  |
| **Proposal Point of Contact** |  | **Proposal Point of Contact Phone** |  | **Proposal 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 Proposer to perform the commitments contained in the Solicitation and proposal. Submission of this document will constitute a representation by the above agency that they are willing and able to perform the commitments and requirements contained in the Solicitation and proposal.

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) using Appendix 3: Minimum Qualifications**

* 1. Proposer must demonstrate at least 2 years of experience providing services to people experiencing homelessness.

1. **Relevant Experience *(Suggested 2 pages maximum for responses to this section)***

3.1 Describe experience providing any or all the following services:

outreach, engagement, referrals to medical and mental health care services, life skills groups, Health and Wellness services, workforce development, conducting assessments, problem-solving, wellness checks, safety/ de-escalation, and/or case management services with the goal of engaging people experiencing homelessness in voluntary services. Include in description years of experience, location of services, services provided, and populations served for each service.

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3.2 Describe experience maintaining professional and respectful interactions and relationships with the TAY population.

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3.3 Describe experience collaborating and coordinating with external agencies and/or providers to deliver services to people experiencing homelessness.

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3.4 Describe experience handling client crises, including crisis prevention and interventions.

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3.5 Describe your agency’s experience implementing harm reduction services.

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1. **Program Approach *(Suggested 2 pages maximum for responses to this section)***

4.1 Describe proposed plan for providing comprehensive case management services, individualized service plans, and coordinating referrals for offsite services to meet client’s needs.

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4.2 Describe proposed plan for providing workforce development services, including a plan for collaborating with outside agencies.

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4.3 Describe your approach to engaging and incentivizing clients in voluntary services.

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4.4 How will you use racial equity, trauma informed, and harm reduction approaches when providing services to guests?

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4.5 Describe history entering and maintaining client data in a central system and plan for utilizing HSH’s ONE system to document the relevant services

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4.6 Describe plan for collaborating with external agencies/providers to deliver services (i.e., co-location with outside organizations, shared office hours, groups). Include 2-3 letters of support from service provider partners that will be co-located onsite if awarded.

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4.7 Describe proposed plan to manage access for use of amenities including but not limited to: showers, laundry, etc.

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1. **Organizational Capacity and Staffing *(Suggested 2 pages maximum for responses to this section)***

5.1 Describe organizational capacity and staffing structure needed to provide the proposed service.

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5.2 Describe program staffing plan including staff titles, FTE, licenses/ certification, language capacity; roles and responsibilities; and supervision structure. Include an organizational chart to show where services will fall within the agency as Attachment 8. Include resumes of proposed Director of Programs, Case Management Supervisor, and Job Development Specialist as Attachment 9. If the above resumes are not available, please provide proposed job description(s).

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5.3 Describe how staff will reflect the population served through lived experience and/or an organizational growth and development plan that promotes cultural humility.

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5.4 Describe agency capacity and plan to implement the Good Neighbor Policy and work in partnership with neighboring residents and businesses to ensure that the program has a positive impact on the community, including staff that will respond to neighbors, participate in community/ neighborhood events, and attend regular meetings with HSH.

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