**Attachment 2: Minimum Qualifications -RFP#APD2023-01**

1. **Cover Sheet**
	1. Applicant Information

|  |  |
| --- | --- |
| **Application Type**(select one) | [ ]  Sole Applicant (one organization applying to provide both Property Management and Support Services)[ ]  Collaboration (more than one organization applying to provide services) Specify collaborator’s names and service type that each entity will provide: |

**Lead/Primary Organization**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Name** |       | **City Supplier #** |       | **Federal Employer #** |       |
| **Director Name** |       | **Director Phone** |       | **Director Email** |       |
| **Point of Contact** |       | **Point of Contact Phone** |       | **Point of Contact Email** |       |
| **Address** |       | **City, State** |       | **Zip code** |       |

**Support Services**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Name** |       | **City Supplier #** |       | **Federal Employer #** |       |
| **Director Name** |       | **Director Phone** |       | **Director Email** |       |
| **Point of Contact** |       | **Point of Contact Phone** |       | **Point of Contact Email** |       |
| **Address** |       | **City, State** |       | **Zip code** |       |

1. **Minimum Qualifications**

Applicant(s) must demonstrate that they meet all of the Minimum Qualifications (MQs):

1.1 Applicant must be a certified supplier with the City and County of San Francisco or expresses the ability to become a certified supplier within ten (10) days after notice of intent to award.

1.1.1 Applicant is currently an approved City Supplier and up-to-date on contractor requirements. Insert City Supplier number:

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|       |

***OR***

1.1.1 Applicant has completed and attached a signed copy of the applicable forms

[ ]  Contractor Profile Application

[ ]  IRS Form W-9

[ ]  Business Tax Declaration

1.2 Whether provided through a single entity, collaboration, and/or subcontractor, Proposers must demonstrate at least TWO (2) years within the last five (5) years of experience delivering similar services requested by this Solicitation in the Program Area for which the Proposer is submitting a Proposal. Proposers may submit a Proposal for multiple Program Areas. A Minimum Qualifications Sheet must be submitted for each Program Area for which the Proposer is submitting a Proposal. The projects described must be similar in scope and size to the proposed project:

List similar or requested services to verify the MQ in 2.2 above.

|  |  |
| --- | --- |
| **Program Area**  |       |
| Prior or Current Program Name |       |
| Funder Name |       |
| Funder Contact Name |       |
| Funder Contact Title |       |
| Funder Contact Email Address |       |
| Start and End Dates of Services |       |
| Project Annual Budget |       |
| Organization Key Personnel (Name, Title, Function) |       |
| Briefly describe how Applicant meets this Minimum Qualification: |       |
| **Project Scope:** Describe your project or program. During what years did you provide these services? Are you still providing these services? Provide sufficient information to give APD insight into the size/complexity and scope of the project or program. The project or program must have been operational within the past five (5) years and must have focused on providing services that fall within the Scope of Work described in RFQ Section 2.  |       |

**If you would like to add an additional program, please do so below.**

|  |  |
| --- | --- |
| **Program Area**  |       |
| 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: |       |
| **Project Scope:** Describe your project or program. During what years did you provide these services? Are you still providing these services? Provide sufficient information to give APD insight into the size/complexity and scope of the project or program. The project or program must have been operational within the past five (5) years and must have focused on providing services that fall within the Scope of Work described in RFQ Section 2.  |       |

1.3 Applicants must submit a completed Attachment 4: Budget Proposal Template ensuring all tabs are completed. The proposed budget must include all items below:

* Estimated personnel costs to support the program, as applicable, for your proposed program, including personnel and fringe.
* Estimated operating costs to support the program, as applicable, for your proposed program including but not limited to utilities, and Information Technology (IT), program supplies, building maintenance, etc.
* Budget justification that provides SFAPD and proposal review panel with detailed information such as why costs are necessary and how they are calculated. Please include your process of cost allocation for this funded program, and the process for defining direct and indirect costs for this funded program.