**Attachment 3: Application - -RFP#APD2023-01 - Reentry Employment Services**

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

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| **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**

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| **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**

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| **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. Acknowledgement of Terms and Conditions

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 agreement has been signed by both parties and approved by all applicable City agencies.

Submission of an application indicates an Applicant’s acceptance of the **Grant Agreement Terms and Conditions** contained in *RFP#APD2023-01* unless clearly and specifically noted otherwise in the application responses.

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. **Project Approach**

In your responses, be sure to address and integrate the relevant components described in RFQ Section 3, Scope of Work. Include tasks, activities and dependencies for successful completion. Use as much space as needed, but be concise and focused on addressing the questions and issues, as stated. Please answer ALL components of each question. Avoid a “kitchen sink” approach. Note that responses of “To be provided upon request” or “To be determined” or the like, or that do not otherwise provide the information requested (e.g., left blank) are not acceptable. In a narrative format, the Proposer must describe the following:

**Program Area**

Identify the Program Area for which the Proposer is submitting this Application. If Proposer is submitting a proposal for multiple Program Areas, an Application and a Budget Proposal MUST be submitted for each Program Area for which the Proposer intends to submit a Proposal.

Program Area 1: CASC Reentry Employment Services

Program Area 2: IPO Employment Case Management

1. **Organizational Overview (15 points)**

**Organization’s History: To demonstrate organization services capacity describe: (5 points)**

Organization’s Mission

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Organization’s qualifications for providing proposed services

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Organization’s service delivery approach to address the unique needs of justice involved adults

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Provide references to any available independent evaluation reports or verifiable client outcome data to cite:

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**Organization Cultural, Gender, and Sexual Diversity Capacity (5 points)**

Describe any specific expertise your organization has in providing services to the ethnic, cultural, gender, and sexual identity groups who might participate in the Program Area for which Proposer is submitting a Proposal.

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**Organization Management Capacity: To demonstrate organization services capacity describe: (5 points)**

Your organization’s fiscal, program management, and data collection and reporting capacity and experience.

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How has the organization used client data, program evaluations, and contract monitoring reports in management decisions? How did these decisions inform your services?

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1. **Certifications: (5 points)**

List all of your organization’s relevant certifications and licenses. Provide a copy of the certification(s) or license(s) as attachments.

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Staff facilitating evidence based curriculum must be certified prior to running groups. Describe your organization’s history of training staff in evidence based curriculum and interventions.

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1. **Work Plan: Approach to Programmatic Requirements listed in *RFP Section 3.6 Descriptions of Services*  (60 points)**

Responses should consider how your proposed work plan incorporates the information presented in RFQ Section 5.1 General Service Delivery and Section 5.2 Criminogenic Needs and Community Functioning Factors.

As the program lead, describe your organization’s approach to providing the services outlined in the Program Area for which Proposer is submitting an Application under Section 5.6 Description of Services

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Describe your organization’s approach to meeting and managing the program requirements for the intended Program Area.

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Describe your organization’s approach to working collaboratively with the other CASC partners and SFAPD staff.

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Describe your organization’s approach providing Program Area specified services to the target population.

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Describe your organizations ability to meet the Objectives specified in the Description of Services specified for Program Area applying fof.

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Describe how your organization will meet the Data Collection and Reporting requirements.

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1. **Staffing Structure: (10 points)**

Describe the staffing structure the organization will implement to operate the proposed program. Please include an organizational chart of the staffing structure for the program

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Describe the organization’s proposed methods to increase professional development of program staff.

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1. Fiscal Capacity – Budget Proposal Template (10 points)

Applicants must submit one completed Appendix 4: Budget Proposal Template, ensuring all tabs are completed. The proposed budget must include all items below:

* Estimated personnel costs to support the employment program, as applicable, for your proposed program, including personnel and fringe.
* Estimated operating costs to support the employment program, as applicable, for your proposed program including but not limited to utilities, and Information Technology (IT), program supplies, building maintenance, etc.
* Master Lease Cost
* 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.

Please Note: Budget proposal may include indirect rates no higher than 15% of the contract’s costs associated with Personnel, Fringe, and Operating Expenses. The Master Lease Cost are not included when calculating the indirect costs.

1. City Supplier Administrative Requirements Acknowledgement

Submission of a proposal indicates an Applicant’s acceptance of the City Supplier Administrative Requirements contained in RFP Section 7 City Supplier Administrative Requirements unless clearly and specifically noted otherwise in the proposal. The City may discontinue its selection, contract negotiations, or contract award processes with any Applicant if it is determined that the Applicant has not accepted the City Supplier Administrative Requirements herein.

At Least one (1) representative authorized by the applicant to make representations for the applicant and to obligate the applicant to perform the commitments contained in its proposal must sign below.

Acknowledged and Agreed:

**Name:**       **Title:**

**Signature:**       **Date:**

**Phone #:**       **Firm Name:**

**Address:**       **City, State Zip:**

**Name:**       **Title:**

**Signature:**       **Date:**

**Phone #:**       **Firm Name:**

**Address:**       **City, State Zip:**