**Attachment 2: Application and Minimum Qualifications - RFP#APD2023-03**

Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  |

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

Submission of an application indicates an Applicant’s acceptance of the terms and conditions contained in **RFP Section XII. Terms and Conditions for Receipt of Proposals** and in *Attachment 1: City’s Grant Terms* unless clearly and specifically noted otherwise in the application responses. The City may discontinue its selection, grant negotiations, or grant award processes with any Applicant if it is determined that the Applicant has not accepted or adhered to the terms and conditions contained therein.

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:**

**Minimum Qualifications**

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

1. Applicant must be a compliant Supplier with the City and County of San Francisco or expresses the ability to become a Supplier within ten (10) days after receiving a Notice of Intent to Award. Applicant must complete one of the following two options:
   1. Applicant is currently a City Supplier. Insert City Supplier number: \_\_\_\_\_\_\_\_\_\_\_\_

***OR***

* 1. Applicant has completed and attached a signed copy of each form below, and expresses the intention and ability to become a Supplier within ten (10) days after receiving a Notice of Intent to Award.

Supplier Profile Application

IRS Form W-9

Business Tax Declaration

1. Proposers must demonstrate at least THREE (3) consecutive years within the last five (5) years of experience providing similar services requested by this Solicitation. The projects described must be similar in scope and size to the proposed project:

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|  |  |
| --- | --- |
| **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 RFP Section 2. |  |

**Additional Programs may be added 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. By the Proposal Due Date, Applicant must be a registered nonprofit, compliant and in good standing with the California Attorney General’s Registry of Charitable Trusts, and have active status and good standing with the California Secretary of State.