**Sourcing Event 0000008870**

**Attachment 1**

**Proposer Questionnaire and Required Documentation**

**Part I**

**Proposer Information**

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| --- | --- |
| Name of Firm: |  |
|  |  |
| Headquarter Address: |  |
|  |  |
| Phone No.: |  |
|  |  |
|  |  |
| Contact Name & Title: |  |
|  |  |
| E-mail: |  |
|  |  |
| SF Bidder ID or Supplier ID: |  |
|  |  |
| Federal Tax ID: |  |
|  |  |
|  |  |
| Person Preparing Proposal: |  |
|  |  |

**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 XI.E of this Solicitation entitled “Limitation on Communications during Solicitation”?** |  |  |
| 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. **Have you registered your business with the San Francisco Treasurer & Tax Collector? Registering will be required prior to any contract awarded as a result of this Solicitation.**   *Enter your Business Tax Registration ID here*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. **To which Service Area(s) of this RFQ are you submitting for (check all that apply):**   Service Area 1, Organizational Development and Strategic Planning  Service Area 2, Professional Development  Service Area 3, Nonprofit Capacity Building  Service Area 4, Research and Evaluation  Service Area 5, Batterers’ Intervention Program Monitoring Services |  |  |
| 1. **You must be a nonprofit entity to submit for Service Area 5, Batterers’ Intervention Program Monitoring Services. If you are submitting for Service Area 5, confirm that you are a nonprofit entity.**   Yes, my organization is a nonprofit entity.  N/A – I am not submitting for Service Area 5. |  |  |
| 1. **Are you a CMD-certified LBE per Chapter 14B in any of the following LBE Certification Categories? Check all that apply.**   1) Administrative Services | PS019  2) Community Relations/Public Affairs | PS002  3) Criminal Justice Advisory Services | PS043  4) Economic Development Services | PS063  5) Educational and Training Services | PS048  6) Financial Services | PS041  7) Fund-Raising Services | PS054  8) Market Research | PS052  9) Socio/Economic/Statistical Studies | PS003  10) Technical & Misc. Writing/Editing Services | PS007  11) Wellness Services | PS069 |  |  |
| 1. **Have you submitted with your Proposal all the Minimum Qualification Documentation outlined in the accompanying solicitation document?**   If you reply NO to any document, please explain. |  |  |
| 1. **Have you submitted with your Proposal, or will be able to submit prior to execution of any contract awarded from this RFQ, all the Required Supporting Documentation outlined in the accompanying solicitation document?**   If you reply NO to any document, please explain. |  |  |

**Part III**

**Required Documentation**

**Instructions:**

1. Proposers must complete the Table(s) specific to the Service Area(s) for which the Proposer is submitting.
2. Submit this document as a PDF document.

**Table 1. SERVICE AREA 1: Organizational Development and Strategic Planning – Required Documentation**

All Proposers to Service Area 1 must provide the following minimum required documentation (MRD).

|  |  |
| --- | --- |
|  | **Proposer Response** |
| **MRD 1** | 1. **Experience:** Proposer must have experience consisting of two (2) completed and separate projects for a governmental or institutional entity client, at least one of which is criminal justice related, in the area of **Organizational Development and Strategic Planning** substantially similar as it is described in *Attachment 2, Service Area Descriptions*. Proposer’s two projects must be completed and not ongoing as of the RFQ submission deadline.   **Completed Project 1**   |  |  | | --- | --- | | **Name of Client:** |  | | **Address (street, city, state, zip):** |  | | **Contact Name:** |  | | **Phone Number:** |  | | **Email Address:** |  | | **Approx. Dates of Project:** |  | | **Brief description of the nature of the project and its scope:** |  |   **Completed Project 2**   |  |  | | --- | --- | | **Name of Client:** |  | | **Address (street, city, state, zip):** |  | | **Contact Name:** |  | | **Phone Number:** |  | | **Email Address:** |  | | **Approx. Dates of Project:** |  | | **Brief description of the nature of the project and its scope:** |  |  1. **Offerings:** In the box below, provide a list and brief description of any specialized area(s) of expertise that your firm possesses within Service Area 1, Organizational Development and Strategic Planning. (Expand the box as necessary.)  |  | | --- | |  |  1. **Pricing Structure:** In the box below, provide your firm’s pricing structure for all service offerings that your firm offers within Service Area 1, Organizational Development and Strategic Planning. (Expand the box as necessary.)  |  | | --- | |  | |

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**Table 2. SERVICE AREA 2: Professional Development – Required Documentation**

All Proposers to Service Area 2 must provide the following minimum required documentation (MRD).

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|  | **Proposer Response** |
| **MRD 2** | 1. **Experience:** Proposer must have experience consisting of two (2) completed and separate projects for a governmental or institutional entity client, at least one of which is criminal justice related, in the area of **Professional Development** substantially similar as it is described in *Attachment 2, Service Area Descriptions*. Proposer’s two projects must be completed and not ongoing as of the RFQ submission deadline.   **Completed Project 1**   |  |  | | --- | --- | | **Name of Client:** |  | | **Address (street, city, state, zip):** |  | | **Contact Name:** |  | | **Phone Number:** |  | | **Email Address:** |  | | **Approx. Dates of Project:** |  | | **Brief description of the nature of the project and its scope:** |  |   **Completed Project 2**   |  |  | | --- | --- | | **Name of Client:** |  | | **Address (street, city, state, zip):** |  | | **Contact Name:** |  | | **Phone Number:** |  | | **Email Address:** |  | | **Approx. Dates of Project:** |  | | **Brief description of the nature of the project and its scope:** |  |  1. **Offerings:** In the box below, provide a list and brief description of any specialized area(s) of expertise that your firm possesses within Service Area 2, Professional Development. (Expand the box as necessary.)  |  | | --- | |  |  1. **Pricing Structure:** In the box below, provide your firm’s pricing structure for all service offerings that your firm offers within Service Area 2, Professional Development. (Expand the box as necessary.)  |  | | --- | |  | |

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**Table 3. SERVICE AREA 3: Nonprofit Capacity Building – Required Documentation**

All Proposers to Service Area 3 must provide the following minimum required documentation (MRD).

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|  | **Proposer Response** |
| **MRD 3** | 1. **Experience:** Proposer must have experience consisting of two (2) completed and separate projects for a governmental or institutional entity client, at least one of which is criminal justice related, in the area of **Nonprofit Capacity Building** substantially similar as it is described in *Attachment 2, Service Area Descriptions*. Proposer’s two projects must be completed and not ongoing as of the RFQ submission deadline.   **Completed Project 1**   |  |  | | --- | --- | | **Name of Client:** |  | | **Address (street, city, state, zip):** |  | | **Contact Name:** |  | | **Phone Number:** |  | | **Email Address:** |  | | **Approx. Dates of Project:** |  | | **Brief description of the nature of the project and its scope:** |  |   **Completed Project 2**   |  |  | | --- | --- | | **Name of Client:** |  | | **Address (street, city, state, zip):** |  | | **Contact Name:** |  | | **Phone Number:** |  | | **Email Address:** |  | | **Approx. Dates of Project:** |  | | **Brief description of the nature of the project and its scope:** |  |  1. **Offerings:** In the box below, provide a list and brief description of any specialized area(s) of expertise that your firm possesses within Service Area 3, Nonprofit Capacity Building. (Expand the box as necessary.)  |  | | --- | |  |  1. **Pricing Structure:** In the box below, provide your firm’s pricing structure for all service offerings that your firm offers within Service Area 3, Nonprofit Capacity Building. (Expand the box as necessary.)  |  | | --- | |  | |

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**Table 4. SERVICE AREA 4: Research and Evaluation – Required Documentation**

All Proposers to Service Area 4 must provide the following minimum required documentation (MRD).

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|  | **Proposer Response** |
| **MRD 4** | 1. **Experience:** Proposer must have experience consisting of two (2) completed and separate projects for a governmental or institutional entity client, at least one of which is criminal justice related, in the area of **Research and Evaluation** substantially similar as it is described in *Attachment 2, Service Area Descriptions*. Proposer’s two projects must be completed and not ongoing as of the RFQ submission deadline.   **Completed Project 1**   |  |  | | --- | --- | | **Name of Client:** |  | | **Address (street, city, state, zip):** |  | | **Contact Name:** |  | | **Phone Number:** |  | | **Email Address:** |  | | **Approx. Dates of Project:** |  | | **Brief description of the nature of the project and its scope:** |  |   **Completed Project 2**   |  |  | | --- | --- | | **Name of Client:** |  | | **Address (street, city, state, zip):** |  | | **Contact Name:** |  | | **Phone Number:** |  | | **Email Address:** |  | | **Approx. Dates of Project:** |  | | **Brief description of the nature of the project and its scope:** |  |  1. **Offerings:** In the box below, provide a list and brief description of any specialized area(s) of expertise that your firm possesses within Service Area 4, Research and Evaluation. (Expand the box as necessary.)  |  | | --- | |  |  1. **Pricing Structure:** In the box below, provide your firm’s pricing structure for all service offerings that your firm offers within Service Area 4, Research and Evaluation. (Expand the box as necessary.)  |  | | --- | |  | |

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**Table 5. SERVICE AREA 5: Batterers’ Intervention Program Monitoring Services – Required Documentation**

All Proposers to Service Area 5 must submit the following minimum required documentation (MRD).

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|  | **Proposer Response** |
| **MRD 5** | 1. **Experience:** Proposer must be a nonprofit organization and have experience consisting of two (2) completed and separate projects for a governmental or institutional entity client, at least one of which is criminal justice related, in the area of **Batterers’ Intervention Program Monitoring Services** substantially similar as it is described in *Attachment 2, Service Area Descriptions*. Proposer’s two projects must be completed and not ongoing as of the RFQ submission deadline.   **Completed Project 1**   |  |  | | --- | --- | | **Name of Client:** |  | | **Address (street, city, state, zip):** |  | | **Contact Name:** |  | | **Phone Number:** |  | | **Email Address:** |  | | **Approx. Dates of Project:** |  | | **Brief description of the nature of the project and its scope:** |  |   **Completed Project 2**   |  |  | | --- | --- | | **Name of Client:** |  | | **Address (street, city, state, zip):** |  | | **Contact Name:** |  | | **Phone Number:** |  | | **Email Address:** |  | | **Approx. Dates of Project:** |  | | **Brief description of the nature of the project and its scope:** |  |  1. **Offerings:** In the box below, provide a list and brief description of any specialized area(s) of expertise that your firm possesses within Service Area 5, Batterers’ Intervention Program Monitoring Services. (Expand the box as necessary.)  |  | | --- | |  |  1. **Pricing Structure:** In the box below, provide your firm’s pricing structure for all service offerings that your firm offers within Service Area 5, Batterers’ Intervention Program Monitoring Services. (Expand the box as necessary.)  |  | | --- | |  | |

**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 **Sourcing Event # 0000008870 – APD | RFQ for Organizational Services** from 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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Proposer Company Name

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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 proposal, I attest that I have reviewed and accepted all terms found in this solicitation, any and all addenda issued to this solicitation.

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Proposer 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