

Proposal Application

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| **Application Details and Instructions** |
| **Brevity and Style Guide**  There are character counts for narrative responses as a way to help you write informative, yet concise answers. To adhere to the character counts for each of the answers, consider using high-level, bullet-point style information about your organization and programs. You are welcome to use any commonly accepted abbreviations when responding to questions, unless instructed otherwise.  **Other Helpful Tips**   * Be sure your email address is correct so that you will receive submission confirmations and RFP notices. * You will need to click into each form field to enter your content, replacing the bracketed text with your own. You may type directly into the form below or copy and paste answers from another document. Note that pasting from a word processing program into appropriate narrative fields will work, but formatting may need to be adjusted. If you subsequently convert or save this form as PDF prior to submission, formatting such as bullets, numbering, icons, images, etc. may be lost.   **Submitting**  When you are satisfied with your completed application packet, save all items to one PDF file and email it to: [**CannabisGrants@sfgov.org**](mailto:CannabisGrants@sfgov.org).  Proposal Packages submitted electronically should be formatted into 1 PDF file and include the application and all required, relevant, and requested addenda and forms. See “Proposal Package Checklist” in Section IV.B of RFP 001 for additional details on required items. You will receive a response to indicate that your submission was received. You will be responsible for ensuring that all required questions above been addressed and that all supplementary materials have been submitted on or before the deadline. **Note that electronic submission file sizes must be compatible with City email server limits (34MB).** It is your responsibility to ensure that the files submitted are all received by the deadline established to receive your submission. If you are submitting supplementary materials (e.g. work samples, photos, or other large files) in support of your proposal, you may send more than one email with attachments, but you must indicate which proposal the files pertain to. Any subsequent email subject lines should read “Supplementary Attachments for [Agency]’s proposal to RFP #001 Area (X)”.  ***All materials must be received on or before the deadline to be considered as part of the complete proposal package. The electronic receive date and time will be established by the date/time assigned by the City email server upon receipt of the electronic message by the City email server. Early submission is highly encouraged. Late submissions will not be considered.***  Due to the effects of COVID-19 and the general closure of City Hall to the public, hand delivery is not an option. You may mail to the OOC (must be received by the due date) one signed original application packet (including all supplementary materials), along with a USF drive with electronic versions of the full application packet to: |

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| **San Francisco Office of Cannabis**  **Attn: Contracts and Grants Manager**  **1 Dr Carlton B Goodlett Pl #18**  **San Francisco, CA 94102**  Postmarks will not be considered in judging the timelines of submissions. Any submittals delivered by mail must be in a sealed envelope clearly marked **RFP #001**. Proposals submitted by fax will not be accepted. Late submissions will not be considered.  **Due Date**  Applications will be accepted until **5 P.M. PST on Friday, September 25, 2020.**  **Questions**  If you have any questions when completing this application, please email [CannabisGrants@sfgov.org](mailto:CannabisGrants@sfgov.org) by **5:00 P.M. PST Thursday, September 17, 2020.** Questions of a technical nature concerning the application forms, or website may continue to be addressed until the application due date by emailing [CannabisGrants@sfgov.org](mailto:CannabisGrants@sfgov.org). See RFP for full terms, conditions, and instructions. All materials related to this RFP are available at <https://sf.gov/departments/office-cannabis>. |

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| **Part I Lead Applicant Profile**  This section should include information for the Lead Applicant. The Lead Applicant is the entity that will hold the contractual obligation for the proposed project. If you are applying as the fiscal agent for another entity, please include your information here and list information on the Program Lead in the next section.  All fields marked by an asterisk (\*) are mandatory; enter 0 or N/A if not applicable. | |
| **Lead Applicant Name\*** (75 Characters)  *e.g. Name as shown in your 501(c)(3), 501(c)(4), or 501(c)(6) letter and to whom contributions are payable.* | [Lead Applicant Name] |
| **Doing Business As (DBA) or Also Known As (AKA), if applicable** (*50 characters)* | [DBA or AKA] |
| **Address\***  *Headquarters Street Address with Suite #, if needed* | [Street Address]  [City] [State][Zip] |
| **Web Address\*** | [Website] |
| **Main Phone including area code\*** | [Phone] |
| **Executive Director/CEO Name\*** | [Name] |
| **Executive Director/CEO Title\*** | [Title] |
| **Executive Director/CEO Direct Phone\*** | [Phone] |
| **Executive Director/CEO Email\*** | [Email] |
| **City and County of San Francisco Supplier Status**  *Unless otherwise approved by the OOC, all applicants must be able to become a City Supplier within 10 days of notice of an award in order to begin contract negotiation. For more details, please visit*  *https://sfcitypartner.sfgov.org /* | Current Approved [Supplier #] OR  Current Approved [Bidder #]  Not a Current San Francisco Bidder or Supplier |
| **Type of Entity**  ***Note****: Some program sections are limited to specific applicant types. Please refer to your specific program section for information on eligible entities.* | Nonprofit  For-profit  Community Benefit District (CBD)  Educational Institution  Individual/Sole Proprietor  Other: |

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| **Contact and General Information: Program Lead**  This section only applies if the Lead Applicant is acting solely as the Fiscal Agent. | |
| **Program Lead** | [Program Lead Name] |
| **Program Lead Address**  *Local Headquarters Street Address with Suite #, if needed* | [Street Address]  [City] [State][Zip] |
| **Web Address** | [Website] |
| **Main Phone including area code** | [Main Phone] |
| **Program Lead Executive Director/CEO Name\*** | [Name] |
| **Program Lead Executive Director/CEO Direct Phone\*** | [Phone Number] |
| **Program Lead Executive Director/CEO Email\*** | [Email} |
| **City and County of San Francisco Supplier Status** | Current Approved Supplier# OR  Current Approved Bidder# OR  Not a current San Francisco Bidder or Supplier |
| **Type of Entity**  ***Note:*** *Some program sections are limited to specific applicant types. Please refer to your specific program section for information on eligible entities.* | Nonprofit  For-profit  Community Benefit District (CBD)  Educational Institution  Individual/Sole Proprietor  Other: |

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| **Point of Contact for this Application**  If another individual will serve as the primary point of contact for this application, please list their contact information here. This person should be authorized to clarify programmatic and budgetary question on behalf of Lead Applicant. | |
| **Primary Contact Name\***  **[Contact Name]** | **Primary Point of Contact Title\***  **[Contact Title]** |
| **Primary Point of Contact Direct Phone\***  **[Contact Phone]** | **Primary Point of Contact Email\***  **[Contact Email]** |

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| **Other Program Agencies**  If this application includes other agencies as partners, subgrantees or advisors, please list them below | |
| [Agency Name] | [Suggested Relationship] |
| [Agency Name] | [Suggested Relationship] |
| [Agency Name] | [Suggested Relationship] |
| [Agency Name] | [Suggested Relationship] |
| [Agency Name] | [Suggested Relationship] |

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| **Applicant’s Organizational Budget Information** | |
| **Lead Applicant Total Organizational Budget\***  $[Lead Applicant Budget] | *Please list the total organizational budget for the Lead Applicant for the last completed fiscal year. Please submit the Lead Applicant’s organizational budget with your proposal packet as a supporting document.* |
| **Program Lead Total Organizational Budget (if applicable)**  $[Program Lead Budget] | ***This field is only required if the Lead Applicant is serving as a Fiscal Agent.*** *In that case, the Lead Applicant/Fiscal Agent should list their total budget in the row above, and the Program Lead should use this row to list their total budget for the last completed fiscal year.* |
| **Requested Budget Amount** | |
| **Total Proposed Project Budget\***  $[Proposed Project Budget] | *This field is the amount requested for funding through this proposal, and should match the number in Column E (“Requested Budget Amount”) of Appendix B – Budget Template. This response should not include leveraged resources. Please make sure that leverages resources are listed in Column F of your proposal Budget Template (Appendix B) and described in the Financial Management and Budget section of your proposal narrative (see below).* |

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| **Program Area for this Application**  From the list below, please check the box indicating the program area for this proposal. Proposers may seek funding in more than one area, however, a separate application must be filed for each funding area that the Organization wishes to provide services for. **Check only one area.** |
| **A. Permitting and Grant Support** |
| **B. Workforce Development** |
| **C. Business Development** |

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| **Part II. Project Proposal Description**  Please indicate the Project Title and provide a brief (1-2 sentence) summary of the Project Proposal. The Project Proposal Description provides information on which the application will be evaluated and ranked in competition with other applications for funds available through this RFP. It should be concise and complete. In preparing the Project Description, applicants should provide information responsive to pertinent requirements set forth in the scope of work. Pay particular attention to and address in full; minimum qualifications, specific questions, and other items detailed in each program area. Project Descriptions are evaluated based on clarity, substance and measurable results, not length. |
| **Project Title:** [Proposed Project Title] |
| **Please provide a brief 1-2 sentence summary of the proposed project.**  [Project Summary – limit 350 characters] |
| **Applicant Qualifications and Staff Assignments** (30 points)  [This section should briefly address the principal objectives of the proposed project, and established the applicant’s professional qualifications and the experience of proposed partners, sub-contractors and staff. The applicant should detail past experience and track record implementing projects similar to the proposed activities. The applicant should provide an overview of staff assignments. Details may include how staff will be accessible and available to individuals and/or organizations receiving services, the relevant experience of staff members, and the distribution of workload within the project team. This section should further note how the project team demonstrates a thorough understanding of the economic, social, financial, institutional or other issues that require a solution as well as indicators of community support. ] |
| **Briefly describe your organization’s mission, values, and history providing services to residents and businesses in San Francisco.**  [Agency History – limit 1,000 characters] |
| **Please describe any past experience successfully implementing similar projects or activities, including any current and/or on-going grants or contracts with the City of San Francisco or other funders. You may include details on active projects as well as prior/completed projects.**  [Applicant Qualifications – limit 2,000 characters] |

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| **Please describe your staffing plan for the proposed project, including**   * **Qualifications of staff, partners, and subcontractors that will make up the project team** * **How work will be distributed within the project team** * **Any specific cultural, linguistic, educational or other competencies that will help the project team effectively implement the proposed project**   [Staff Assignments – limit 2,000 characters] |
| **Describe any community or population-based needs this project will address. Highlight the economic, social, financial, institutional or other issues that require a solution as well as indicators of community support.**  [Statement of Need – limit 1,000 characters] |
| **Approach, Activities and Outcomes** (40 points)  [This section outlines a plan of action that describes in sufficient detail the specific scope of services applicant(s) propose and how the proposed work will be accomplished. The plan should address all functions and activities for which applicants seek funds. Cite factors that might accelerate or decelerate work, explain rationales for strategies selected, and describe any unique or unusual features of the proposed project, such as design or technological innovations, cost or time saving strategies, or methods to increase engagement of targeted stakeholders in services. Include and make clear the organizations, cooperating entities, consultants or key individuals who will work on the proposed activities, with a brief description of their contributions and qualifications. |
| **Clearly state your approach to the project. Provide detailed goals and objectives, and describe any evidence-based practices that inform your project design.**  [Approach – limit 4,000 characters] |

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| **Describe the qualitative and quantitative outcomes your project proposes to achieve. Provide projections of the accomplishments to be achieved for each activity of function proposed, such as the number of activities or steps to be accomplished or number of individuals or businesses to be served. If accomplishments cannot be quantified, list the, in chronological order to show a sequence of steps and their projected start and end dates**  [Outcomes – limit 3,000] |
| **Provide a project timeline. Please include all major milestones and target dates, as appropriate. Describe any factors that might speed or hinder implementation of the project, and explain how you will manage unanticipated project hurdles, should they arise.**  [Project Timeline – limit 3,000 characters] |

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| **Describe your expertise serving demographic and geographical areas of focus where appropriate, or as required by the program area. Describe specific outreach or engagement strategies that you will use to reach target populations identified in the RFP.**  [Target Populations/Areas – limit 1,000 characters] |
| **In this section, please respond to any additional Supplementary Questions as required by the Program Area. If the program area does not include and Supplementary Questions, list “N/A”.**  [Supplementary Questions – limit 5,000 characters] |

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| **Performance Measurement and Reporting** (15 points)  Provide a narrative addressing how data on project activities and outcomes will be collected and reported. Describe measures that will be developed and/or used to determine the extent to which the project has achieved its stated objectives and describe how data will be used to determine whether the needs identified are being met and whether project results are being achieved. Describe any processes and procedures that are or will be in place to determine whether the project is being conducted in a manner consistent with the work plan and how effectiveness and efficiency will be improved. Describe how the outcomes proposed and measured will demonstrate positive impact based on the Scope of Work outlined within the program area. |
| [Performance Management and Reporting – limit 4,000 characters] |
| **Financial Management and Budget** (15 points)  Please provide a brief narrative detailing the financial management of the organization  Specific recommendations:   * Describe the key features of your organization’s financial tracking system and confirm it is capable of generating all financial information needed for required reports, including data needed to monitor, evaluate and if necessary, modify program performance. * Describe in detail any cost allocation plan utilized when costs are chargeable to more than one cost category, or to more than one program and/or funding source. * If proposing a management fee/fiscal fee identify how the requested percentage was identified. * Provide a narrative justification for items in the budget. * Provide details on any matching or leveraged funds including anticipated source, amount, and restrictions. Although encouraged for all requests, matching funds are required by some program areas. Please refer to the program descriptions in Section II of the RFP to determine if a match is required. * Submit a proposed budget for the project using the template available on the OOC’s website at <https://sf.gov/departments/office-cannabis>. |
| [Financial Management and Budget – limit 4,000 characters] |

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| **Application Packet Checklist** | |
| All required appendix templates are available for download at <https://sf.gov/departments/office-cannabis>. All documents below must be submitted along with your complete application unless otherwise noted. If you are unable to provide a mandatory supplementary document for any reason, submit a statement in its place explaining why the information is not available.  **Complete application packets (including all supplementary materials) are due no later than September 25, 2020.** Please check the boxes under “Submission Method” to confirm whether you are sending the attachment via email or in hardcopy. Email submissions must be **sent to: CannabisGrants@sfgov.org**. Please make sure to reference your **agency name** and **“RFP”** in the subject line. Alternative submissions may be accepted. See the Proposal Submission Requirements in the RFP for details. | |
| **Attachments and Supplementary Materials** | **Submission Method** |
| **Appendix A: Grant Agreement Template (Form G-100)**  Note that terms and conditions within the City’s standard grant boilerplate may change as new legislation is enacted or to reflect specific regulations and requirements of the moneys funding the grant’s programming. The template available for download at <https://sf.gov/departments/office-cannabis> should only be used as a general guide. | *Do not submit: this Appendix is for review only.* |
| **Appendix B: Budget Template**  Including a budget for your proposed project activities using the Excel template provided. Please include leveraged funds in column F, if requested. No other budget formats will be accepted. | Email  Hardcopy |
| **Appendix C: Application Request for Proposals 001**  Please fill out all required fields in this application. All required Supplementary Questions must be answered within Part II: Approach, Activities and Outcomes unless otherwise noted. | Email  Hardcopy |
| **Appendix D: Staffing and Board Composition Chart**  Submit staffing/board information for the Lead Applicant and Program Lead, if applicable. | Email  Hardcopy |
| **Appendix E: Submission Authorization from Executive Director/Chief Executive Officer**  This form must be signed by the Lead Applicant, Executive Director or Chief Executive Officer and the Program Lead Executive Director or Chief Executive Officer, if applicable. | Email  Hardcopy |
| **Appendix F: Supplier Registration Instructions**  This document walks applicants through the process of becoming an approved City Supplier, a prerequisite to entering into contact. Please review and ensure they you/your agency will be able to become a Supplier within ten (10) days of notice of award. | *Not required: for review only* |
| **Appendix G: Proposer Questionnaire**  Please fill out all required fields. | Email  Hardcopy |
| **Appendix H: Proposer Information and References**  Please fill out all required fields. This form must be signed by the Lead Applicant, Executive Director or Chief Executive Officer and the Program Lead Executive Director or Chief Executive Officer, if applicable. | Email  Hardcopy |