



Appendix 1: SOI for Transitional Age Youth Rapid Rehousing Programs

1 Summary

1.1 Applicant(s) Information

Application For <i>(select all populations that your organization is submitting a proposal for)</i>	<input type="checkbox"/> TAY Experiencing Homelessness Rapid Rehousing Housing <input type="checkbox"/> TAY Impacted by Violence Rapid Rehousing <input type="checkbox"/> TAY Referred from Transitional Living to Rapid Rehousing <input type="checkbox"/> Parenting TAY Rapid Rehousing	Service Delivery Model <i>(select one)</i>	<input type="checkbox"/> Sole Applicant <i>(one organization applying to provide all service components)</i> <input type="checkbox"/> Collaboration <i>(more than one organization applying to provide services components)</i>
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Select Service Component(s): Housing-Focused Case Management Services Housing Location Housing Coordination Subsidy Administration Landlord Liaison Services

Organization Name		City Supplier #		Address	
Director Name		Director Phone		Director Email	
Point of Contact		Point of Contact Phone		Point of Contact Email	

Select Service Component(s): Housing-Focused Case Management Services Housing Location Housing Coordination Subsidy Administration Landlord Liaison Services Check this box & do not complete the below information if same as above

Organization Name		City Supplier #		Address	
Director Name		Director Phone		Director Email	
Point of Contact		Point of Contact Phone		Point of Contact Email	



1.2 Certifications

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

I understand that my company is required to be a San Francisco City vendor to enter into an agreement with the San Francisco Department of Homelessness and Supportive Housing. I understand that if my company is not yet a San Francisco City vendor that I am required to initiate the first step in the process to register at the [San Francisco City Partner](#) website by the time my company submits materials for the Solicitation of Interest.

In accordance with Administrative Code Chapter 12X, I certify that my company is headquartered at the following address . I will notify the City if my company's headquarters moves.

The signatory below is a person authorized to obligate the Applicant to perform the commitments contained in the SOI and application. Submission of this document will constitute a representation by the above organization(s) that are they willing and able to perform the commitments and requirements contained in the RFQ and application.

Signature of authorized representative(s):

Name:	Title:
Signature:	Date:

2 Minimum Qualifications

2.1 Describe the applicant's experience operating a scattered site housing model or the provision of similar services such as housing focused case management, housing location, landlord engagement, subsidy administration, and liaison services. Please refer to the Description of Services (section IX.) for each service type. (250-500 words)

- a. If any part of the service will be through a collaboration or subcontract, please indicate as such and describe the plan for collaboration to successfully deliver the services in this solicitation in partnership with that organization.

2.2 Please describe how the applicant administers services through a racial equity-based, culturally responsive, housing first, and trauma-informed approach. (maximum 500 words)



2.3 Please describe if there are any limitations within your organization’s ability to begin services and take referrals within a maximum of six weeks of the contract start date. (maximum 500 words)

2.4 Must be a certified City vendor or have initiated the process to become a City vendor, as evidenced by registering at the San Francisco City Partner website by the time of submitting materials for the Solicitation of Interest (SOI).

- a. Applicants must attach verification upon submission.

Housing-Focused Case Management Services Experience

Prior or Current Program Name	
Funder Name/Source	
Funder Contact Name	
Funder Contact Title	
Funder Contact Email Address	
Start and End Dates of Services	
Briefly describe how Applicant meets this Minimum Qualification:	

Housing Location Experience

Prior or Current Program Name	
Funder Name/Source	
Funder Contact Name	
Funder Contact Title	
Funder Contact Email Address	
Start and End Dates of Services	
Briefly describe how Applicant meets this Minimum Qualification:	

Housing Coordination Experience

Prior or Current Program Name	
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Funder Name/Source	
Funder Contact Name	
Funder Contact Title	
Funder Contact Email Address	
Start and End Dates of Services	
Briefly describe how Applicant meets this Minimum Qualification:	

Subsidy Administration Experience

Prior or Current Program Name	
Funder Name/Source	
Funder Contact Name	
Funder Contact Title	
Funder Contact Email Address	
Start and End Dates of Services	
Briefly describe how Applicant meets this Minimum Qualification:	

Landlord Liaison Services Experience

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:	

If applying as a collaboration, what is your plan? (if not applicable, leave blank) - (up to 500 words)

3 Plan to Deliver Services



3.1 Please explain your organization's capacity and experience to successfully operate a rapid rehousing or the provision of similar services such as housing-focused case management and housing coordination services, rental property acquisition, landlord engagement, and liaison services to transitional age youth (TAY). (250-500 word limit)

3.2 How does your organization plan to tailor rapid rehousing services to address the unique needs and challenges faced by TAY? (250-500 word limit)

3.3 What strategies will your organization implement to engage landlords and secure units for TAY households, and how will your organization address potential barriers during the leasing process? (250-500 word limit)

3.4 How will your organization coordinate with other service providers and community resources to ensure a comprehensive support network for TAY households, including workforce development, education, financial empowerment and behavioral health services. (250-500 word limit)

3.5 Provide an example(s) of how your organization has successfully supported the TAY population in stabilizing in the past. (250-500 word limit)



4 Population Specific Questions *(Only respond to these questions if applicable. If you're not applying to provide services to the specific population, please leave these questions blank)*

4.3 TAY Impacted by Violence Rapid Rehousing: How will your organization address the specific needs of TAY impacted by violence, including supportive services your organization will provide to foster emotional wellbeing along with housing stability? (250-500 word limit)

4.4 Parenting TAY Rapid Rehousing: What does your organization identify as specific needs of parenting TAY and how will your organization incorporate these into your program model? (250-500 word limit)

5 Budget

5.1 Applicants must submit a completed Appendix 2: Budget Template for the proposal period of March 1, 2024, to June 30, 2026. The available budget for the TAY rapid rehousing SOI and each distinct population is outlined in the tables below for the proposal period of March 1, 2024, to June 30, 2026. Applicants must submit a completed Appendix 2: Budget Template for each population you're applying for. For example, if you are applying for the TAY Experiencing Homelessness Rapid Rehousing and for the TAY Impacted by Violence Rapid Rehousing, you will complete one Appendix 1: SOI Application Template, select the appropriate boxes in the "Application For" section on the first page and an Appendix 2: Budget Template for each program separately.

Applicants submitting as a sole applicant will submit one Appendix 2: Budget Template for each population you're applying for. Applicants that submit collaborative applications shall submit separate Appendix 2: Budget Templates for their respective service components. Submittals with budgets above the allocated budget amount and/ or those that do not contain the required staffing will not be evaluated further.