**RFP #148 Sober Living Pilot Project**

**Appendix 1: Written Proposal**

*Instructions to Proposers*

*Proposers shall use this document as a template on which to provide their Written Proposal responses. Proposals that fail to address each of the requested items in this document in a sufficient and complete manner will be deemed Non-Responsive and/or receive zero points. Proposers may not leave responses to questions blank and may not respond to questions with “To be provided upon request”, “To be determined” or the like.*

*In order to receive the maximum amount of points, please be sure to follow the format and thoroughly (but concisely) address each section. Indicate clearly where supplemental documents are being provided. Please stay within the suggested page maximums per section. Attachments requested do not count toward page maximums.*

*Submission of a proposal will constitute a representation by your agency that your agency is willing and able to perform the commitments contained in the proposal.*

*All documents submitted in response to this Solicitation are subject to public disclosure. Therefore, please exclude or otherwise identify confidential or proprietary information, as appropriate.*

1. **Cover Page**
	1. Applicant Information

**Lead Organization**

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| **Organization Name** |       | **City Supplier #** |       | **Federal ID #** |       |
| **Address** |       |
| **Director Name** |       | **Director Phone** |       | **Director Email** |       |
| **Proposal Point of Contact** |       | **Proposal Point of Contact Phone** |       | **Proposal Point of Contact Email** |       |
| **Subcontractor Name**  |       | **Subcontractor****Address**  |       |

* 1. 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.

The signatory below is a person authorized to obligate the Proposer to perform the commitments contained in the Solicitation and proposal. Submission of this document will constitute a representation by the above agency that they are willing and able to perform the commitments and requirements contained in the Solicitation and proposal.

Signature of authorized representative(s):

**Name:**       **Title:**

**Signature:**       **Date:**

**Name:**       **Title:**

**Signature:**       **Date:**

1. **Minimum Qualifications**

**Applicant(s) must demonstrate that they meet all of the Minimum Qualifications (MQs) using Appendix 3: Minimum Qualifications**

* 1. Proposer must demonstrate at least two years of experience operating a sober living, recovery housing, or residential treatment program.
	2. Proposer must demonstrate at least two years of experience providing housing stability support to formerly unhoused individuals and/or individuals in recovery.
	3. Proposers shall include a Letter of Intent (LOI) with the building owner that includes the proposed rent amount and terms. HSH will not accept proposals which include a building with legacy tenants or guests.
1. **Relevant Experience *(Suggested 5 pages maximum for responses to this section)***
	1. Describe experience providing property management and master lease stewardship services including eviction prevention, and leasing and management of a residential building. Include years of experience, location of services, services provided, and populations served.

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* 1. Describe experience providing support services including peer run services, case management, linkages to additional resources and services, and onsite services. Include years of experience, services provided, and populations served.

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3.3 Describe experience collaborating and coordinating with external agencies and/or providers to deliver property management, master lease stewardship, and support services.

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* 1. Describe experience working with unhoused and/or formerly unhoused populations, people in substance use recovery, and/or formerly unhoused populations in recovery. Include services provided and years of work.

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* 1. Describe experience utilizing community-based resources and recovery approaches that support tenant’s progress to meeting their goals.

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* 1. Describe experience utilizing evidence-based recovery models such as Recovery in Motion, SAHMSA, and/or NARR.

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1. **Program Approach *(Suggested 5 pages maximum for responses to this section)***

4.1 Describe proposed site including location outside of the DMACC zone, number of units, and building and neighborhood amenities such as security, community building/ meeting space, and proximity to transportation.

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4.2 Describe proposed plan to deliver property management and master lease stewardship services in alignment with the Scope of Work.

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4.3 Describe proposed plan to provide support services driven by national best practices. Including peer run groups and supports, case management, linkages to services and resources, onsite recovery activities, and medication assisted treatment.

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4.4 Describe proposed transfer process for participants to a more appropriate housing type when a recovery environment is no longer serving their needs. Include any linkages to services and housing.

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4.5 Describe how housing first principles will be applied in a sober living environment.

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 4.6 Describe plan for providing services that align with evidence-based recovery models such as Recovery in Motion, SAHMSA, and/or NARR.

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1. **Organizational Capacity and Staffing *(Suggested 5 pages maximum for responses to this section)***

5.1 Describe organizational capacity and staffing structure needed to provide service including any relevant certifications and/or any certifications the organization intends to obtain Include Organizational Chart to illustrate where the program will sit within the organization as Appendix 6: Organizational Chart.

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5.2 Describe program staffing plan including staff titles; FTE; licenses and/ or certifications, including any certifications working towards or intending to obtain; language capacity; roles and responsibilities; and supervision structure. Include job descriptions of key staff including Property Manager, Clinical Supervisor, Case Manager, and Peer Support Specialist as Appendix 7: Job Descriptions.

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5.3 Describe staff experience in recovery settings and how they will reflect the population served.

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5.4 Describe capacity and plan to implement the Good Neighbor Policy and work in partnership with neighboring residents and businesses to ensure the program has a positive impact on the community.

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5.5 Describe plan to evaluate the success of services.

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