**Agency Name:**

***Instructions for completing Appendix 3:***

1. *Please enter Proposer Agency Name above.*
2. *Please use the tables below to specify how Proposer meets the Minimum Qualifications listed below. Please add tables as needed.*

**Minimum Qualifications**

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

1. Proposer must demonstrate at least two years of experience operating a sober living, recovery housing or residential treatment program.

|  |  |
| --- | --- |
| 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: |       |

1. Proposer must demonstrate at least two years of experience providing housing stability support to formerly unhoused individuals and/or individuals in recovery.

|  |  |
| --- | --- |
| 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: |       |

1. 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. Include Letter of Intent (LOI) signed by Building Owner as Attachment 6: Building Owner LOI.