**NOFA #149 Capacity Building**

**Appendix 1: Capacity Building Written Proposal**

*Instructions to Proposers*

*Proposers shall use this document as a template 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 (0) 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 included in NOFA and thoroughly (but concisely) address each section. 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/ organization that your agency/ organization 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.*

*Any superfluous and unrequested material submitted with the Proposal will be removed and will not be viewed by the Evaluation Panel.*

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** |  | | |
| **Requested Annual Budget Amount (not to exceed $100,000):** |  | **Project Area for which funding is being requested (list category):** |  | | |

* 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 Applicant to perform the commitments contained in the NOFA and application. Submission of this document will constitute a representation by the above organization(s) that they are willing and able to perform the commitments and requirements contained in the NOFA and application.

Signature of authorized representative(s):

**Name:**       **Title:**

**Signature:**       **Date:**

**Name:**       **Title:**

**Signature:**       **Date:**

1. **Minimum Qualifications**

**Applicant(s) must demonstrate that they meet at least one of the Minimum Qualifications (MQs) using Appendix 2:**

* + 1. Submission of organization’s Mission Statement, Strategic Plan, or DEI Statement that shows a commitment to prioritizing or uplifting underserved or disparately impacted communities;
    2. Disparately impacted or underserved communities comprise more than 50% of the population served by Applicant’s organization; or
    3. Proposed service site/s is currently located within a historically underserved San Francisco Neighborhood including Bayview Hunters Point, the Fillmore, Oceanview, Merced Heights, Ingleside (OMI), Potrero Hill, Visitacion Valley, or Western Addition, and/or Applicant’s services primarily serve residents from those neighborhoods.

1. **Budget**

Please attach a Budget Proposal that outlines the annual cost estimates and breakdown of the annual cost associated with the project. Attach the Budget Proposal as Attachment 6: Budget Proposal. The budget should not exceed $100,000.

1. **Relevant Experience *(3 pages maximum for responses to this section)***

Describe your organization, and its experience providing services to disparately impacted communities in the homeless response system. Which goal areas from this NOFA under Section II. Background has your organization demonstrated measurable success towards?

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1. **Capacity Building Need *(3 pages maximum for responses to this section)***

Describe your proposed capacity building need and the specific area(s) you have selected to address and why. What are the steps of your project and timeline? How was this project and approach selected and how does it align with the goal areas from this NOFA under Section II. Background?

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1. **Organizational Opportunities *(3 pages maximum for responses to this section)***

Describe how your organization has built or plans to build expertise in effectively reaching and serving disparately impacted community members, including individuals who are unhoused and BIPOC, LGBTQIA+, and/or differently-abled. This may include efforts to ensure staff reflect the communities served; efforts or plans to provide staffing and/or leadership opportunities to disparately impacted community members or staff; and/or methods or plans to obtain input from disparately impacted community members to inform services.

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1. Net Revenue

HSH seeks to prioritize under-resourced organizations with generally lower net-revenues. What is the net-revenue of your organization?

* $0 - $2,000,000
* $2,000,001 - $3,000,000
* $3,000,001 and above

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1. Bonus Points

HSH will award bonus points to organizations with Diversity, Equity, Inclusion, and Belonging (DEIB) policies and protocols. Attach DEIB policies and/or protocols as Attachment 7: DEIB Policies and/or Protocols.