**RFP 150 Jerrold Commons**

**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 2 years of experience providing services to people experiencing homelessness.

1. **Relevant Experience *(Suggested 2 pages maximum for responses to this section)***
   1. Describe experience providing any or all of the following services:

Shelter operations management, cabin and/or RV site operations management, maintaining ADA compliance, coordinating with and making referrals to medical and mental health care providers case management, wellness checks, safety/de-escalation, and/or services with the goal of engaging people experiencing homelessness in services. Include in description years of experience, location of services, services provided, client counts, and populations served for each service.

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3.2 Describe experience maintaining professional and respectful interactions and relationships with the unhoused population. Including responses to client complaints and accessibility needs.

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3.3 Describe experience collaborating and coordinating with external agencies and/or providers to deliver services to people experiencing homelessness including referrals to medical and mental health care services.

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3.4 Describe experience implementing harm reduction services as well as experience handling client crises, including crisis prevention and interventions. Include agency's approach or policy regarding clients who are dealing with substance abuse and seeking assistance to overcome it.

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1. **Program Approach *(Suggested 2 pages maximum for responses to this section)***
2. Describe proposed plan for:

* Engaging clients in comprehensive support services onsite.
* Collaborating with external agencies/providers to deliver services.
* Coordinating referrals for offsite services to meet client’s needs.
* Generating individualized service plans for clients with the end goal of a path to sustained housing.
* Site start-up plan to meet one month timeline including: hiring, training, administrative preparations, purchasing necessary equipment and supplies, and inter-agency coordination.

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4.2 Describe how will you use racial equity, trauma informed, and harm reduction approaches when providing services to guests?

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4.3 Describe history entering and maintaining client data in a central system. Describe plan for utilizing HSH’s ONE system to document the relevant services including services involving outside agencies.

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4.4 Describe proposed plan to manage access for use of amenities including ADA accommodations.

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1. **Organizational Capacity and Staffing *(Suggested 2 pages maximum for responses to this section)***

5.1 Describe organizational capacity and staffing structure needed to provide the proposed service.

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5.2 Describe program staffing plan including staff titles, FTE, licenses/ certification, language capacity; roles and responsibilities; and supervision structure. Include an organizational chart to show where services will fall within the agency as Attachment 6. Include resumes of proposed Director of Programs, and Case Management Supervisor as Attachment 7. If the above resumes are not available, please provide proposed job description(s).

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5.3 Describe how staff will reflect the population served through lived experience and/or an organizational growth and development plan that promotes cultural humility.

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