|  |
| --- |
| ***REQUEST FOR QUALIFICATIONS FOR***  ***Transgender safety and wellness services***  **CONTACT: Tuquan Harrison, Communications/Policy Analyst,** [**Tuquan.Harrison@sfgov.org**](mailto:Tuquan.Harrison@sfgov.org) |

Responses received under this RFQ that fail to address each of the requested items in this Attachment V: Response Template, in sufficient and complete detail to substantiate that the Respondent can meet the City’s Minimum Qualifications, will be deemed non-responsive and will not be considered for pre-qualification. Note that responses of “To be provided upon request” or “To be determined” or the like, or that do not otherwise provide the information requested (left blank), are not acceptable.

Instructions are provided in blue and may be deleted. Please complete your response in the template provided, using as much space as needed. Indicate clearly where separate documents are provided. In order to receive the maximum amount of points, please be sure to follow this format carefully and thoroughly (but concisely) address each section. Please ensure your response meets the Minimum Qualifications so that it will be evaluated.

**Note that all documents under this RFQ process are subject to public disclosure. Please redact confidential or proprietary information as appropriate.**

**A. Executive Summary**

1. Respondent Information and Partner(s)

|  |  |
| --- | --- |
| Respondent’s Organization Name |  |
| Respondent’s Organization Address |  |
| Respondent’s Headquarters Address (if different from above) |  |
| Respondent’s Vendor ID (if existing City vendor prior to July 2017) |  |
| Respondent’s City Supplier ID (if any) |  |
| Respondent’s Partner(s) Organization Name(s) |  |

## Certification of Headquarters in Accordance with Administrative Code Chapter 12X.

***Response should contain the following statement:***

***“I certify that my organization is headquartered at the following address \_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will notify the City if my organization’s headquarters moves.”***

## 3. RFQ Contact

Clearly identify the person that will serve as the overall RFQ contact. This person will receive e-mail notifications regarding the RFQ process.

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email |  |
| Phone |  |
| Fax |  |
| Address |  |

## 4. How did you find out about this RFQ Opportunity?

Insert Response Here.

## 5. Service Area

Indicate which Service Area your organization is seeking to provide. Check all that apply.

|  |
| --- |
| 🞏 Service Area: Transgender Safety and Wellness |

**B. Minimum Qualifications**

The Minimum Qualifications are used by the City to determine whether the Respondent meets qualifications and the proposed staff has had experience on projects comparable to the services the City is requesting. Any response that does not demonstrate that the Respondent meets these Minimum Qualifications by the response deadline will be considered non-responsive and will not be evaluated or eligible for inclusion in the pre-qualified list. Be sure to complete this section, as described.

## Respondent Certification

**The Respondent certifies that:**

|  |  |
| --- | --- |
| **Minimum Qualifications** | **Yes? (Check)** |
| **Experience:**  Has submitted no more and no fewer than two (2) Prior Project Descriptions, as part of RFQ Attachment V response, below, for each service area for which it would like to be considered for prequalification. The services described in the Prior Project Descriptions must:   * include services comparable to Section 2 Scope of Work, * have been provided to public sector municipality or similar government agency clients, * be within five (5) years from the date of this RFQ, and * be successfully completed, which means project outcomes have been completed and accepted by client.   The City reserves the right to contact the client to confirm the level of project completeness and acceptance.  If more than two (2) Prior Project Descriptions are submitted, only the first two (2) will be reviewed for consideration. |  |
| **Staffing:**  The lead staff, including the Respondent’s Project Manager and technical lead(s), proposed to be assigned to the City’s project(s) must individually have had a similar lead role in a minimum of one (1) of the Prior Project Descriptions submitted for each service area. The Respondents shall identify functional and technical leads and include their resumes. Respondents may also include resumes for supporting principal and senior consultants. |  |

## Prior Project Descriptions

Using the following template, Respondents must submit Prior Project Descriptions in accordance with the Minimum Qualifications stated above. A Prior Project Description may be used for one or more Service Areas. Please indicate clearly in Prior Project Description the Service Area(s). Copy and attach additional template pages as necessary.

Contacts for each project are required and may serve as references for the Respondent. The City will not inform Respondent when references will be contacted. The Respondent should ensure that client contact information listed in the response is up-to-date and should notify references that the City may be contacting them. See RFQ Attachment I, Section 14.

## Failure to provide the information as requested will result in rejection of your response.

SERVICE AREA 1: PRIOR PROJECT DESCRIPTION 1

|  |  |
| --- | --- |
| Project | Project Name |
| Client | Client Name (City, County, etc.) |
| Client Unit | Client Agency, Department, or Unit Name |
| Client Contact Name and Title |  |
| Client Contact Phone |  |
| Client Contact E-mail |  |
| Timeline | Month/Year to Month/Year; Length of project beginning to end  (Project must be within five (5) years from the date of this RFQ) |
| Consultant Organization Name |  |
| Consultant Lead(s) | Staff Lead Name(s) – same as lead proposed to City? |
| Fee | $00,000.00 |
| Number of Hours | XX hours |
|  |  |
| Project Background Include background information regarding the client and/or program, as applicable. What were the project goals and desired outcomes? If different, what were the goals and desired outcomes of your services?  Insert Response Here.  Project Scope What were the project activities your organization completed? Provide sufficient information to give the City insight into the size/complexity and scope of the project.  Insert Response Here.  Project Approach How did you approach the project? What methodologies were used, and how did those address the project goals? Describe any challenges you have faced, including strategies you used to address them.  Insert Response Here.  Project Staffing Identify each key person on the project team with titles and roles and hourly rate, including all subcontractors. Include brief narrative descriptions of the responsibilities each person had on the project.  Insert Response Here.  Involvement of Client and/or Stakeholders Discuss how client and any stakeholders were involved in the project, major opportunities for input, client staff contributions, etc.  Insert Response Here.  Project Outcomes What, if any, measurable service deliverables or outcomes can be attributed to your services? How did you add value to the client? Examples include but are not limited to the amount of cost savings as a result of services provided, legislative or policy changes, organizational changes, or other measurable indicators of successful implementation of findings from your services.  Insert Response Here. | |

SERVICE AREA 1: PRIOR PROJECT DESCRIPTION 2

|  |  |
| --- | --- |
| Project | Project Name |
| Client | Client Name (City, County, etc.) |
| Client Unit | Client Agency, Department, or Unit Name |
| Client Contact Name and Title |  |
| Client Contact Phone |  |
| Client Contact E-mail |  |
| Timeline | Month/Year to Month/Year; Length of project beginning to end  (Project must be within five (5) years from the date of this RFQ) |
| Consultant Organization Name |  |
| Consultant Lead(s) | Staff Lead Name(s) – same as lead proposed to City? |
| Fee | $00,000.00 |
| Number of Hours | XX hours |
|  |  |
| Project Background Include background information regarding the client and/or program, as applicable. What were the project goals and desired outcomes? If different, what were the goals and desired outcomes of your services?  Insert Response Here.  Project Scope What were the project activities your organization completed? Provide sufficient information to give the City insight into the size/complexity and scope of the project.  Insert Response Here.  Project Approach How did you approach the project? What methodologies were used, and how did those address the project goals? Describe any challenges you have faced, including strategies you used to address them.  Insert Response Here.  Project Staffing Identify each key person on the project team with titles and roles and hourly rate, including all subcontractors. Include brief narrative descriptions of the responsibilities each person had on the project.  Insert Response Here.  Involvement of Client and/or Stakeholders Discuss how client and any stakeholders were involved in the project, major opportunities for input, client staff contributions, etc.  Insert Response Here.  Project Outcomes What, if any, measurable service deliverables or outcomes can be attributed to your services? How did you add value to the client? Examples include but are not limited to the amount of cost savings as a result of services provided, legislative or policy changes, organizational changes, or other measurable indicators of successful implementation of findings from your services.  Insert Response Here. | |

**C. Organization Qualifications**

Even if using an alternative format for your responses, the following information must be included in the order specified to be scored appropriately.

## Respondent Information (0 Points)

1. Organization Name:
2. Proposed Program Name:
3. Program Contact First and Last Names:
4. Program Contact Title:
5. Program Contact Email Address:
6. Program Contact Telephone Number:
7. Program Contact Fax Number:
8. Program Address:
9. Program Zip:
10. Will this Program utilize a Fiscal Agent or Sponsor? If YES, provide:
11. Fiscal Sponsor Name:
12. Fiscal Sponsor Contact First Name:
13. Fiscal Sponsor Contact Last Name:
14. Fiscal Sponsor Address:
15. Fiscal Sponsor Zip:
16. Fiscal Sponsor Phone:
17. Fiscal Sponsor Email:
18. Does your organization currently receive funds from City & County of San Francisco departments other than HRC? If “Yes”***,*** for each funding source other than HRC, provide: *Attach additional sheets if necessary.*
19. Contract Name:
20. City Department Name:
21. Contract End Date:
22. Contract Number:
23. Amount:
24. Purpose:

## Respondent Capacity and Staff Profile (10 Points)

*Attach additional sheets if necessary.*

1. What is the mission of your organization?
2. In what year were you founded?
3. Describe your organization’s experience and key achievements in providing services to San Francisco’s diverse transgender communities.
4. Describe the organization’s system for:
5. Setting goals and measurable objectives for services;
6. Collecting, using, and sharing data on participant and organizational performance; and
7. Communicating performance information internally and externally.
8. Briefly describe the roles and responsibilities of the proposed staffing structure (paid and volunteer), experience and knowledge in your service area, and how the staff design will effectively deliver services to the target population(s). You may cross reference the organization chart that must be attached as a requirement for this application.

## Budget Narrative (10 Points)

*Attach additional sheets if necessary.*

1. **Total Projected 12-Month Budget:** Please complete the following table for your total projected 12-month budget.

|  |  |  |
| --- | --- | --- |
|  | **12-Month Program Cost** | **12-Month Program Cost requested from HRC** |
| **Total Amount ($)** |  |  |
| Total Amount as a % of Applicant’s Total Budget for the Same Period |  |  |
| Total Amount as a % of Fiscal Sponsor’s Total Budget for the Same Period |  |  |

1. **12-Month Budget Breakdown:** Please provide a detailed breakdown of the “Total 12-Month Program Cost” and corresponding “Total 12-month Program Cost requested from HRC” indicated in the above table.

## Population to Be Served (10 Points)

*Attach additional sheets if necessary.*

1. What do you estimate the cumulative, unduplicated number of participants to be served during the 12-month period for which you will receive funding from SFHRC for your Proposed Program?
2. Please complete the following two tables with regard to the total anticipated cumulative, unduplicated number of participants identified in the previous question:

|  |  |
| --- | --- |
| **Note: Participants can qualify for more than one category** | **Projected Percentage** |
| Gay/Lesbian/Bisexual/Transgender/  Questioning |  |
| Special Needs |  |
| Public Housing |  |
| Homeless |  |
| Limited English |  |
| No English |  |
| At risk of entering the Mental Health System |  |
| Involved in the Mental Health System |  |
| Immigrant |  |
| Involvement with criminal justice system (past or present) |  |
| Currently Incarcerated |  |

|  |  |
| --- | --- |
| **Breakdown by Ethnicity (Must equal 100%)** | **Projected**  **Percentage** |
| Asian |  |
| Pacific Islander |  |
| Black/African-American |  |
| White |  |
| Latino |  |
| Multiethnic |  |
| Native American / Native Alaskan |  |
| Other: |  |
| Total | 100% |

## Scope of Work (60 Points)

*Attach additional sheets if necessary.*

The purpose of this funding opportunity is to solicit proposals that advance safety and wellness in San Francisco’s diverse transgender and gender nonconforming communities. These communities continue to experience high rates of violence, harassment, suicide, and discrimination. Many transgender persons also face a wide range of barriers in accessing employment, housing, and healthcare. Local and national surveys indicate that a very high percentage of all transgender persons, and transgender women of color in particular, experience disproportional rates underemployment, work place harassment, and discrimination in public accommodations. The successful applicant will address these issues through proposing an innovative and actionable project or projects that advance safety and wellness in San Francisco’s diverse transgender and gender nonconforming communities.

The scope of work will consist of an innovative and actionable project or projects, as proposed by the applicant, to advance safety and wellness in San Francisco’s diverse transgender and gender nonconforming communities. No project is too big or too small. It must, however, make a demonstrable, and ideally original, impact within the 12-month grant period. Examples of projects include public awareness campaigns, issue-based advocacy, Know Your Rights trainings, employment workshops, fair housing testing, legal clinics, health/wellness counseling, cultural competency trainings, etc. The scope of work is deliberately open-ended, aimed at optimally harnessing the creativity, expertise, and resources of trans-serving organizations.

Please answer the following questions:

1. Describe the project(s) that your organizations will undertake. The description should include the following for each project:

* Project proposal for each project
* Explanation of how each project will advance safety and wellness for San Francisco’s diverse transgender and gender nonconforming communities
* Analysis as to why each project is original, and how it will fill gaps in the City’s transgender violence prevention system
* 12-month work plan (month-by-month) for each project

1. Describe the formal or informal partnerships your organization has had with other organizations, including trans-serving organizations, community-based organizations, government/law enforcement agencies, and service systems?

## Completeness of Response Submission (10 Points)

*Responses should conform to RFQ requirements and provide a straightforward, specific, and concise description of the Respondent’s capabilities to satisfy the requirements of the RFQ. Responses should also be professionally presented and contain organized content and formatting.*

**C. Additional Information**

1. Pending Litigation

Briefly describe any litigation or pending litigation related to audit services within the past five years of this RFQ issue date. If none, state “None.”

Insert Response Here.

2. Client Relationships Severed For Reasons Other Than Convenience

Provide a list of your clients where the contractual relationship was not completed and was severed for reasons other than convenience. A brief description of why the relationship was severed and the name of the client and the client’s project manager are also required. If none, state “None.”

Insert Response Here.