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| ***Transforming Lives for Brighter Futures: Family-centered Youth Development for the Black Community in San Francisco*****CONTACT: Noah Frigault,** **noah.frigault@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. Introductory Information**

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) |  |

## 2. 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:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *Insert Response Here* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.***

***I will notify the City if my organization’s headquarters moves.”***

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

Insert Response Here.

## 5. Service Area

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

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| --- |
| 🞏 Service Area 1: Navigation Case Management Support🞏 Service Area 2: Educational Enrichment Outside of Classroom |

*Please note that even if you choose to work in multiple Service Areas, the maximum funding opportunity is $250,000 per 12-month period, regardless of whether you are working in more than one Service Area.*

**B. Minimum Qualifications**

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 by checking the boxes below.

## Respondent Certification

**The Respondent certifies that:**

|  |  |
| --- | --- |
| **Minimum Qualification** | **Yes? (Check)** |
| Existing non-profit agency recognized as tax-exempt by the IRS under Section 501(c)(3) of the Internal Revenue Code and must demonstrate a history of providing services to communities within San Francisco.  |  |
| Vendor of the City and County of San Francisco *or* be willing and able to become a City Vendor  |  |
| Meet San Francisco's non-discrimination in contracts laws, Chapters 12B and 12C of the San Francisco Administrative Code |  |
| Be in good financial standing according to generally accepted accounting practices |  |
| Offer services in an accessible and non-discriminatory manner regardless of race, color, ethnicity, class, age, economic level, education, language, religion, disability, immigration status, or sexual orientation |  |
| Funds received under this RFQ shall not be used to influence or seek to influence local, state, or federal governmental decisions |  |

**C. Organization Qualifications**

## For a summary of Response Evaluation Criteria for Prequalification, see RFQ Section 5.3.

*Attach additional sheets if necessary.*

## 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:
19. Contract Name:
20. City Department Name:
21. Contract End Date:
22. Contract Number:
23. Amount:
24. Purpose:

## Service Area Details (60 Points)

Please summarize:

* Which Service Area you are proposing to work in.
* Experience and key achievements in the Service Area you intend to work in.
* Any previous work or connection to the Ocean View, Merced Heights, Ingleside, Lakeview, Bayview, Sunnydale, Visitacion Valley, and/or Treasure Island neighborhoods.
* How you will incorporate racial equity and intersectionality into your work, such as working with people with disabilities or the queer and trans community.

***Please limit your response to no more than 3 pages with double spaced, unjustified text, with a font size no less than 12 points, and page margins of at least 1” on all sides (excluding headers and footers).***

*Write your response here.*

## Budget Narrative (10 Points)

Please provide a budget summary for the proposed total program cost. The budget should also include a list of deliverables, the anticipated cost/budget for each deliverable, and a general deadline for completing each deliverable.

***Please limit your response to no more than 2 pages with double spaced, unjustified text, with a font size no less than 12 points, and page margins of at least 1” on all sides (excluding headers and footers).***

*Write your response here.*

## Population to Be Served (0 Points)

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 proposal?

*Write a number here.*

1. 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** |
| In Public Housing |  |
| Justice Involved, Incarcerated, or Formerly Incarcerated |  |
| Lives in Bayview-Hunters Point, Potrero Hill, Fillmore, Western Addition, Tenderloin, or Excelsior neighborhoods |  |
| Black Youth (0-18 years old) |  |
| Black Transition-aged Youth (19-24 years old) |  |
| Black Lesbian, Gay, or Bisexual |  |
| Black Transgender or Gender Nonconforming |  |

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

## Letters of Recommendation (30 Points)

Please submit exactly two (2) letters of recommendation from other organizations or individuals regarding your qualifications in the Service Area you plan to work in. Letters of recommendation should also describe your connections to Black communities in San Francisco, and name the nature and extent of those connections within each specific community.

*Attach letters to the email containing your proposal submission.*

**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.