

**2020 Street to Housing**

**Request for Qualifications (RFQ) For:**

*ESG-CV Rapid Rehousing Program*

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**Seattle Human Services Department**

**2020 Street to Housing ESG-CV Rapid Rehousing RFQ**

**Application**

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| 1. **Instructions for Written Application(s)** |

Applications will be rated only on the information requested in this RFQ, including any clarifying information requested by HSD. Answer each section completely. Do not include cover letters or brochures with your application. Applications that do not follow the required format may not be rated.

Required format for each written application:

* Typed and formatted to letter-size (8 ½ x 11-inch) paper.
* Use one-inch margins, single spacing, and minimum size11-pointfont.
* Be no longer than8pages(Sections F., G. and requested attachments will not count towards the page limit).

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| 1. **Questions & Rating Criteria** |

Write a narrative response to sections A. – E. Answer each section completely according to the questions. Do not exceed a total of 8 pages for sections A. – E. combined. Applications will be rated out of 100 points for the following criteria:

1. **Agency Experience (25 points)**
   * 1. Tell us about your agency’s history, experience, and the current work you do related to the Rapid Rehousing program and exits to permanent housing.
     2. Describe how your agency will operate this program with COVID-19 safety protocols in place.

***Rating Criteria - A strong application meets all the criteria below.***

* Applicant demonstrates experience and understanding of the program scope.
  + - Applicant has experience operating a Federally funded Rapid Rehousing program.
    - Proposed services are focused on assisting participants to secure and maintain housing.
    - Applicant has adjusted operations and service delivery to meet [Public Health Seattle-King County COVID-19 Standards](https://www.kingcounty.gov/depts/health/covid-19/providers.aspx).

1. **STAFFING (15 points)**
2. Describe the staff who will have a significant role in designing, delivering, and evaluating these services. What will they be responsible for doing? What is the ratio of staff to participants?
3. How will you expand capacity to begin operating this program by February 2021? What challenges do you anticipate, and what ideas do you have to resolve them?

***Rating Criteria - A strong application meets all the criteria below.***

* Staff positions and qualifications are designed to meet the needs of participants.
* The ratio of direct-service staff to participants supports housing-focused services.
* Applicant demonstrates the ability to expand capacity to begin operating the program by February 2021.

1. **RACIAL Equity (25 points)**
2. Describe how your agency supports low income Black, Indigenous and People of Color (BIPOC) communities who historically have experienced oppression.
3. Explain the successes and challenges you have had or anticipate having while providing cultural and language relevant services to BIPOC communities. How has your agency grown and adapted over time? How do you build the leadership capacity of BIPOC staff?

***Rating Criteria - A strong application meets all the criteria below.***

* Applicant has a strong history and experience working with and supporting low income BIPOC communities who historically have experienced oppression.
* Applicant understands and is prepared for the challenges they may encounter while providing cultural and language relevant services to BIPOC communities. Applicant demonstrates growth and ability to adapt to changes over time.
* Applicant has a plan to build leadership capacity of their BIPOC staff.

1. **Partnerships (10 points)**
2. Describe how you will partner with program participants, community members, and/or other agencies to execute this program. What role do they play in planning, implementation, and evaluation of your work?
3. The Applicant will participate in an intentional partnering between the Hotel Shelter and the Rapid Rehousing provider. Describe what value you see in this structure and what challenges you anticipate.

***Rating Criteria - A strong application meets all the criteria below.***

* Applicant clearly describes who and how they will partner with program participants, community members and agencies in planning, implementation, and evaluation.
* Applicant has considered the partnership arrangement and identified value and potential challenges.

1. **FISCAL MANAGEMENT (25 points)**
2. Describe how your agency manages finances, including any financial systems you use. Are you financially able to provide services and submit invoices for reimbursement in a timely manner?
3. Describe how you will meet the high demand of maintaining payments to landlords during the period of the project.
4. Describe your experience meeting reporting requirements with Federally funded programs.

***Rating Criteria - A strong application meets all the criteria below.***

* Applicant adequately describes its revenue, financial health, and financial management system.
* Applicant can provide services and submit invoices for reimbursement, and cope with changes in funding support.
* Applicant has experience meeting reporting requirements with Federally funded programs.
* Applicants can meet the high demand of payments to landlords.
* Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles to safeguard all funds that may be awarded under the terms of this funding opportunity. If applicant lacks fiscal management capabilities, applicant identifies its fiscal sponsor.

1. **Capacity Building (Response encouraged, but not rated)**

As noted in Guidelines Section I, HSD acknowledges the shortened response time for application submittal and the undefined aspects of some of the program details (i.e. site locations and property details). Successful execution of the goals of the program will require strong partnerships between the City and agency partners. In that spirit, please describe what challenges you anticipate and what supports you would need to participate in this project.

1. **Budget (Not rated at this time)**

Budget submission are not required at this time, as the intent is to identify qualified agencies who can meet the need of helping unsheltered individuals go from street to housing quickly. Upon selection, selected agencies will be provided with specific program details and will be required to submit a detailed budget with their award package. Budgets will be reviewed and negotiated before contract execution.

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| 1. **Deadline & Completed Application Requirements** |

1. **Application Submittal**
2. A completed and signed Application Cover Sheet (Attachment 1).
3. The application must include:
   1. A completed narrative response to sections A. – E. (Sections F and G do not count towards the 8-page limit).
   2. List of Board of Directors and last three meeting minutes.

Completed applications are due by **Monday, November 23, 2020 at 5:00 PM PST.** Applications must be submitted through the [HSD Online Submission System](http://web6.seattle.gov/hsd/rfi/index.aspx). No faxed, e-mailed, or mailed applications will be accepted.

1. **Via HSD Online Submission System** <http://web6.seattle.gov/hsd/rfi/index.aspx>

HSD advises uploading application documents several hours prior to the deadline in case you encounter an issue with your internet connectivity. HSD is not responsible for ensuring that applications are received by the deadline.

1. **Determination of a Completed Application**

HSD conducts a screening after applications are submitted. HSD will request copies of the following documents if they are not already on file. Agencies will have two (2) business days from the date of written request to provide the requested documents to the RFQ coordinator ([lisa.gustaveson@seattle.gov](mailto:lisa.gustaveson@seattle.gov) ):

1. Current fiscal year’s financial statements, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.
2. Most recent audit reports.
3. Most recent fiscal year-ending Form 990 report.
4. Current certificate of commercial liability insurance (if awarded, the agency’s insurance must conform to [Master Agency Service Agreement](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities) requirements at the start of the contract).
5. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
6. Proof of federally approved indirect rate, if applicable.
7. Proof of Federal [System for Award Management](https://www.sam.gov/SAM/) (SAM) registration in good standing.

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| 1. **Checklist** |

**2020 ESG-CV Rapid Rehousing RFQ**

This checklist is to help you ensure your application is complete prior to submission, and to verify HSD’s expectations. Please do not submit this form with your application.

**Have you….**

**Read and understood the following additional documents found on the** [Funding Opportunities Webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)**?**

Proprietary and Confidential Information

HSD Agency Minimum Eligibility Requirements

HSD Client Data and Program Reporting Requirements

HSD Contracting Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

HSD Master Agency Services Agreement Sample

**Completed and signed the 1-page Application Cover Sheet? (Attachment 1)\***

* If your application names specific partner agencies, representatives from these agencies must also sign the application cover sheet.

**Completed each section of the Narrative response?**

* Must not exceed 8 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1-inch margins.
* Page count does not include the required forms and supporting documents requested in this funding opportunity.
* A completed narrative response addresses the following:

Agency Experience (25 points)

STAFFING (15 points)

RACIAL Equity (25 points)

Partnerships (10 points)

FISCAL MANAGEMENT (25 points)

Capacity Building (Response encouraged, but not rated) **\***

**Attached the following supporting documents?\***

Roster of your current Board of Directors

Minutes from your agency’s last three Board of Directors meetings or comparable minutes as outlined in Section III of the application.

**If you are proposing a significant partnership with another agency, have you attached a signed letter of intent from that agency’s Director or other authorized representative?\***

**\****These documents do not count against the 8 page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department **Monday, November 23, 2020 at 5:00 PM PST**. See Section III for submission instructions.

**Attachment 1**

**Seattle Human Services**

**2020 Street to Housing ESG-CV Rapid Rehousing RFQ**

**Application Cover Sheet**

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| 1. Application Program: | | | | | Rapid Rehousing | | | | | | | | | |
| 1. Applicant Agency: | | | | |  | | | | | | | | | |
| 1. Agency Executive Director: | | | | |  | | | | | | | | | |
| 1. Agency Primary Contact | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | Title: | |  | | | |
|  | Address: |  | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | Phone: | | | | |
| 1. Organization Type | | | | | | | | | | | | | | |
|  | Non-Profit | | For Profit | | | Public Agency | | | | | Other (Specify): | | | |
| 1. Federal Tax ID or EIN: | | | |  | | | | | 1. DUNS #: | | |  | | |
| 1. WA Business License #: | | | |  | | | | | | | | | | |
| **Authorized physical signature of applicant/lead agency** | | | | | | | | | | | | | | |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* | | | | | | | | | | | | | | |
| Name and Title of Authorized Representative: | | | | | | | |  | | | | | | |
| Signature of Authorized Representative: | | | | | | |  | | | | | | Date: |  |
|  | | | | | | | |  | | | | |  |  |