**PROPOSER INFORMATION**

Proposer Name: Click here to enter text.

Authorized Representative Name & Title: Click here to enter text.

Address: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Website: Click here to enter text.

Legal Status: [ ]  For-Profit [ ]  Nonprofit [ ] Sole Proprietor/Individual [ ] Partnership

Women Owned: [ ]  Yes [ ]  No

Minority Owned: [ ]  Yes [ ]  No

If yes, select the ethnicity:

[ ]  American Indian or Alaska Native [ ]  Black or of African decent

[ ]  Hispanic or Latino/a [ ]  Native Hawaiian/Pacific Islander

[ ]  Western Asian/Middle Eastern [ ]  East Asian/Far Eastern

[ ]  South Asian/Indian (Subcontinent) [ ]  Southeast Asian

[ ]  Other Asian [ ]  Multi-racial

Self-Describe: Click here to enter text.

Faith Based: [ ]  Yes [ ]  No

Partners included in this Proposal: Click here to enter text.

How did you hear about this RFP? *Please be specific.* Click or tap here to enter text.

**PROPOSAL INFORMATION**

Proposed Program(s) *(please select all that apply)*:

[ ]  Permanent Supportive Housing (PSH) [ ]  Rapid Re-Housing [ ]  Joint Transitional Housing/Rapid Re-Housing

Total dollar amount requested: Click here to enter text.

Proposal summary *(please use only one sentence)*:

Click here to enter text.

**REQUIRED CONTACTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Phone** | **Email** |
| Chief Executive Officer | Click here to enter text. | Enter number. | Click here to enter text. |
| Contract Processing Contact | Click here to enter text. | Enter number. | Click here to enter text. |
| Chief Information Officer | Click here to enter text. | Enter number. | Click here to enter text. |
| Chief Financial Officer | Click here to enter text. | Enter number. | Click here to enter text. |
| MPER Contact\* | Click here to enter text. | Enter number. | Click here to enter text. |

*\** [*MPER*](http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Data-Processing/MPER.aspx) *is DHS’s provider and contract management system. Please list an administrative contact to update and manage this system for your agency.*

**BOARD INFORMATION**

*\* For the Board Chairperson, you must list an address, phone and email address different than the organization.*

Board Chairperson Name & Title: Click here to enter text.

Board Chairperson Address: Click here to enter text.

Board Chairperson Telephone: Click here to enter text.

Board Chairperson Email: Partners included in this Proposal: Click here to enter text.

How did you hear about this RFP? *Please be specific.* Click or tap here to enter text.

**REFERENCES**

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.

*Please do not use employees of the Allegheny County Department of Human Services as references.*

Click here to enter text.

**CERTIFICATION**

Please check the following before submitting your Proposal, as applicable:

[ ]  I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination, HIPAA and Pennsylvania’s Right-to-Know Law.

[ ]  By submitting this Proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient’s decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

Choose one:

[ ]  My Proposal contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Proposal and providing contact information.

OR

[ ]  My Proposal does not contain information that is either a trade secret or confidential proprietary information.

**ATTACHMENTS**

Please submit the following attachments with your Response Form. These can be found at  [[www.alleghenycounty.us/dhs/solicitations](http://www.alleghenycounty.us/dhs/solicitations)](https://www.alleghenycounty.us/Projects-and-Initiatives/Bids-and-Solicitations/Human-Services-DHS-Solicitations/Archive-of-Past-DHS-Solicitations).

* + - * Partner commitment letters, if applicable
			* Documentation of partnership(s) to leverage housing resources, if applicable
			* Documentation of partnership(s) to leverage healthcare resources, if applicable
			* New CoC Program RFP eSnaps Budget *(template provided)*
			* MWDBE and VOSB documents *(see Sections 6.1 and 6.2 of the RFP for more details)*
			* W-9

**REQUIREMENTS**

Please respond to the following. The maximum score a Proposal can receive is 125 points. Your response to this section should not exceed 14 pages. (Pages 1-3 are not included in the page count).

**Organizational Experience (25 points)**

1. Describe your organization’s experience delivering high-quality, holistic services to households experiencing homelessness. (10 points)

Click here to enter text.

1. Describe how your organization implements principles of Housing First, Harm Reduction and Trauma-Informed Care. (5 points)

Click here to enter text.

1. Describe your organization’s management structure including evidence of effective internal communication, external coordination, an adequate financial accounting system, and an absence of unresolved monitoring or audit findings for any grants. (5 points)

Click here to enter text.

1. Describe your organization’s experience and demonstrated success in meeting standards for managing data with HMIS or an equivalent data management system. (5 points)

Click here to enter text.

**Housing Strategy (30 points)**

1. Describe your organization’s project scope, including the number of households to be served annually and the estimated average length of time households will be enrolled. Additionally, identify whether the proposed Program will serve individuals, families, or both, and if any specific population will be served. (5 points)

Click here to enter text.

1. Describe the type of housing to be used, and how your organization will successfully utilize the units within a comprehensive plan for meeting households’ immediate housing needs, creating pathways to permanent housing and mitigating barriers to housing. (20 points)
	* For facility-based sites, provide a description of how the facility will be used within the Program, including a description of the facility and location, and how the Proposer will work with Participants to develop their housing plans to successfully stabilize housing.
	* For master-lease scattered-site units, provide a description of how the facility will be used within the Program, including a description of the facility and location and how the Proposer will work with Participants to develop their housing plans to successfully stabilize housing.
	* For tenant-based scattered-site units, provide a description of your experience and ability to successfully identify and access units for Participants, including a description of how the tenant-based units will be used within the Program and how the Proposer will work with Participants to develop their housing plans to successfully stabilize housing.

Click here to enter text.

1. Describe how your organization’s proposed Program leverages housing resources and/or your plan to work collaboratively with DHS to leverage these resources for the Program in the future. (5 points)

Click here to enter text.

**Service Strategy (35 points)**

1. Describe your organization’s comprehensive plan for engaging and serving Participants, demonstrating Proposer’s ability to successfully meet the needs of the target population. (10 points)

Click here to enter text.

1. Describe your organization’s comprehensive plan for coordinating with outside partners to provide a variety of supportive services, with appropriate frequency, for Participants, including specific names of partners and examples of collaboration. (10 points)

Click here to enter text.

1. Describe how your organization will incorporate strategies to support Participants in successful Program exit, including what milestones the Proposer will use to determine whether a Participant is ready to exit the Program. (10 points)

Click here to enter text.

1. Describe how your organization’s proposed Program leverages healthcare resources and/or your plan to work collaboratively with DHS to leverage these resources for the Program in the future. (5 points)

Click here to enter text.

**Program Staffing and Administration (20 points)**

1. Describe your organization’s staffing plan including Program staff positions, qualifications, recruitment, training and performance management. (10 points)

Click here to enter text.

1. Describe an appropriate schedule for the proposed activities, a management plan, and a method for assuring effective and timely completion of all work. (10 points)

Click here to enter text.

1. Describe how your organization plans to track and achieve performance standards. (10 points)

Click here to enter text.

**Financial Management and Budget (15 points, not included in page count)**

1. Using the New CoC Program RFP eSnaps Budget Template provided, attach a detailed line-item budget that reflects the costs associated with implementing the Program for a one-year period, including any costs associated for leveraging housing and/or healthcare resources. (10 points)
2. Provide a budget narrative that clearly explains all assumptions and justifies all line items in the proposed budget. (5 points)