**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 descent

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**

Total # of individuals to be served per night: Click here to enter text.

Are you proposing a site for Winter Shelter?  Yes  No

If yes, please identify the name and address of the proposed site: Click here to enter text.

Are you or a partner included in your Proposal proposing to provide transportation?

Yes  No

Total dollar amount requested: 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.

* + - * Partner commitment letters, if applicable
      * 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 85 points. Your response to this section should not exceed 10 pages. (Pages 1-3 are not included in the page count).

**Organizational Experience (20 points)**

1. Describe your organization’s past success delivering high quality, low-barrier services to individuals experiencing homelessness. (10 points)

Click here to enter text.

1. Describe your organizational and management structure, including evidence of internal communication, external coordination, a strong financial accounting system, and 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 entry (5 points)

Click here to enter text.

**Proposed Site (Not scored)** *If your organization is not proposing a site for Winter Shelter, you do not need to complete this section.*

1. Describe the process your organization used toidentify and acquire (if leased or rented) a location that meets all the standards and requirements for Winter Shelter and a brief description of the location. Please provide a timeline for program implementation, including the completion of any necessary renovations and the relevant experience of involved project partners.

Click here to enter text.

**Program Strategy (45 points)**

1. Describe your organization’s comprehensive plan for Winter Shelter operation based on the components outlined in Section 2 of the RFP, including your plan to create a positive and inclusive community, your plan for food access and your plan to provide Clients with resources that promote safety, stability and wellbeing. (20 points)

Click here to enter text.

1. Describe your organization’s plan for managing and coordinating daily transportation from a central downtown location to the Winter Shelter, including a partner commitment letter from the proposed transportation provider, if applicable (5 points)

Click here to enter text.

1. Describe your organization’s approach to creating a safe and inclusive community and fostering positive relationships among Clients, staff and the local neighborhood. (15 points)

Click here to enter text.

1. Describe your organization’s approach to and success in coordinating with key partners, including DHS, street medicine and street outreach teams, to effectively support Winter Shelter clients (5 points)

Click here to enter text.

**Program Staffing and Administration (10 points)**

1. Describe your organization’s staffing plan, including a list of all staff positions, number of staff and work hours for each position, qualifications, recruitment, training and performance management (10 points)

Click here to enter text.

**Financial Management and Budget (10 points, not included in page count)**

1. Attach a detailed line-item budget that reflects a realistic and cost-effective estimate of the start-up and operational costs associated with the first year of Shelter services (5 points)
2. Provide a budget narrative that clearly explains and justifies all line items in the proposed budget (5 points)