RFP Proposal Response Form

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| Instructions:   1. Prior to proposal submission, please submit a notice of intent to CHF by May 16, 2022. Form can be found here: [Notice of Intent](https://forms.office.com/Pages/ResponsePage.aspx?id=2GugXMzBMkK2Q3-ptBH1_nF9yPFyuopEhdm2n8Bbl49UMTFTU0ZMM0NSRDBNV05DOFJYVk8yQkJSNC4u&wdLOR=cB32136A6-C4BA-4211-A0E0-ACDF49285923) 2. Once CHF has been notified, complete this form in its entirety and submit as PDF via email prior to submission deadline, with email subject line: RFP22087 Response   Do not include unnecessary attachments or documents with your submission unless otherwise indicated. |
| Deadline for Proposal Submission: May 24, 2022 @ 11:59 PM MST  Please submit proposals and any questions to [funding@calgaryhomeless.com](mailto:funding@calgaryhomeless.com) |

1. Proponent Information

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| Applicant Name (as formally registered) | Click here to enter text. |
| Applicant Address | Click here to enter text. |
| Charitable Registration No.# (if available) | Click here to enter text. |
| Proposed Program Name | Click here to enter text. |
| Proposed Project Address (if available) | Click here to enter text. |
| Primary Contact Name & Position | Click here to enter text. |
| Primary Contact Phone # | Click here to enter text. |
| Primary Contact Email Address | Click here to enter text. |
| Project Contact Name & Position (if different from Primary Contact) | Click here to enter text. |
| Project Contact Email Address | Click here to enter text. |

1. Program Outline/Overview
2. Please provide a brief outline and overview of the program your organization is proposing, including primary goals, service design and underlying frameworks. Please outline briefly how your program will meet the transitional housing needs of the individuals at this facility while ensuring health and safety for staff and clients.

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| Click or tap here to enter text. |

1. Program Design
2. In supplement to question 1, please describe any other details regarding the program structure your organization is proposing, including details regarding target number of participants, population best served, expected duration of program participation, program supports, staffing model, and program graduation.

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| Click or tap here to enter text. |

1. Please provide an overview of system-level and individual-level outcomes as defined in the RFP document.

Describe your proposed programs alignment with a recovery-oriented system of care including program outcomes in one or more of 4 Impact Domains (Home, Health, Finance, and Community)

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| Click or tap here to enter text. |

1. Describe your program’s continuum of services. What supports does your program provide prior to move in, during tenancy, and post move out?

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| Click or tap here to enter text. |

1. How does your organization integrate equity, diversity, and inclusion in your proposed program’s work?

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| Click or tap here to enter text. |

1. How will your program support the needs of Indigenous program participants?
   1. What culturally informed policies/processes does your organization currently utilize?

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| Click or tap here to enter text. |

* 1. How does your program intend to integrate culturally informed practices such as engagement with Indigenous Elders and Indigenous protocols?

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| Click or tap here to enter text. |

* 1. How does your program address the impacts of intergenerational trauma and the effects of colonization?

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| Click or tap here to enter text. |

1. Describe your proposed program’s exit planning, included positive exits (e.g. graduation) and negative exits (e.g. discharge/eviction).

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| Click or tap here to enter text. |

1. Describe how your proposed program will foster an environment of safety among clients, between staff and clients, as well as for neighbours in the surrounding communities.

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| Click or tap here to enter text. |

1. Please describe any proposed partnership / collaboration opportunities for this program:
   * + 1. Community or provincial supports
       2. Integration with HSSC Coordinated System / Coordinated Access

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| Click or tap here to enter text. |

1. Proposed Facility
2. Please provide a description of the physical infrastructure available for this proposed program and how this facility will support the outcomes outlined in this RFP.

E.g. conversion of a non-residential building to housing unit(s) or conversion/acquisition of existing housing unit(s)

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| Click or tap here to enter text. |

1. What is the address of this proposed physical infrastructure?

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| Click or tap here to enter text. |

1. Experience/Capacity
2. Please describe and outline your organization’s experience and capacity.
3. Describe your organizations experience with Mental Health and Addiction Recovery programming for individuals. Has your organization completed similar work before to this scale? Additionally, what is your organization’s experience with providing low barrier, Housing First programming, or with programming to other vulnerable populations?

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| Click or tap here to enter text. |

1. Describe your organization’s experience and capacity for program evaluation and outcome tracking.

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| Click or tap here to enter text. |

1. What were your organization’s total revenues in the most recently completed fiscal year? If applicable, what was the total amount of CHF funding you received in that fiscal year? For Proponents not currently funded by CHF, please provide a copy of your latest annual report in alignment with Section 9.0 below.

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| Click or tap here to enter text. |

1. Does your organization have experience with program audits, accreditation, and reporting?

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| Click or tap here to enter text. |

1. Describe your organization’s capacity to implement the proposed program outlined in this RFP. Is your organization ready to support this proposed program starting in June 2022? Please provide a brief overview of your anticipated timelines.

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| Click or tap here to enter text. |

1. Budget Proposal
2. How much will this proposed project cost? Please download and complete the proposed budget template ([**click here**](https://agencies.calgaryhomeless.com/wp-content/uploads/2021/08/2022-23-CHF-PFA-SB-v4.1.xlsx)) and include how much you propose spending on areas such as staffing, client, and administrative costs.

While this program is expected to begin in June/July 2022, a full year’s budget template is provided for greater clarity of program costs expected over an annual cycle.

Should you have any difficulty completing this budget template, please contact [funding@calgaryhomeless.com](mailto:funding@calgaryhomeless.com) for support.

1. Other Details (if required)
2. As CHF is relying on the expertise of the applicants to support the work outlined in this RFP, please outline any other information that may be relevant to CHF in support of your proposal (additional timelines, data, etc.).

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| Click here to enter text. |

1. Mandatory Requirements Checklist

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|  | Requirement | Check |
| M1 | Application submitted prior to RFP deadline date **AND** time |  |
| M2 | Declaration, including Conflict of Interest declaration, has been completed and signed by the Proponent |  |
| M3 | RFP Proposal fully complete in accordance to the instructions – including Proposal Response form and Budget Outline. |  |
| M5 | No history of non-performance of contract with CHF |  |

**Thank you for your interest in this opportunity. CHF will contact you for further details if required.**

1. New Proponents Identification (IF APPLICABLE)

To be completed only where Proponent is not a currently funded agency of CHF.   
Do NOT complete if you are a current funded agency

Proponent Information

#### This section will inform CHF on proponents suitability for contract

If your organization has **never** received program funding from CHF, or have never had a prior existing relationship with CHF, please complete this section below:

* + 1. **Accounting Practices**

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| **Accounting Function** | |
| Performed Internally by the Program | |
| Performed Internally by the Agency: Click or tap here to enter text. | |
| External | Name of Accounting Firm: Click or tap here to enter text.  Contact Name: Click or tap here to enter text.  Telephone: Click or tap here to enter text.  Email Address: Click or tap here to enter text. |
| **Format of Accounting** | |
| Manual | |
| Accounting Software (please specify): Click or tap here to enter text. | |

* + 1. **Financial Statements**

Does your organization have audited financial statements? Yes  No

Please attach your organization’s most recent financial statements with your application.

Attached? Yes  No

Audited statements are required if organization is audited. Otherwise, most recent years’ un-audited statements are to be submitted.

* + 1. **Internal Financial Monitoring**

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| **Cash Flow Management** | Does your organization have written fiscal policies and procedures to guide the cash flow control of the organization? | Yes  No |
| ***If Yes***, please attach written policies. | Attached? Yes  No |
| ***If No***, please describe how the Program plans to manage cash flow. | Click or tap here to enter text. |
| **Fraud and/or misuse of funds** | Does your organization have written fiscal policies and procedures to prevent fraud and/or the misuse of funds? | Yes  No |
| ***If Yes***, please attach written policies. | Attached? Yes  No |
| ***If No***, please describe how the Program plans to prevent fraud and/or the misuse of funds. | Click or tap here to enter text. |

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| 1. Accreditation   It is an expectation that all Supportive Housing programs complete an accreditation process. Has your organization achieved accreditation through the Canadian Accreditation Council for the CHF Case Management Standards (http://calgaryhomeless.com/agencies/accreditation/) with other programs?  Yes No Expiry Date:Click or tap to enter a date.  If no, has your organization completed accreditation from other Accreditation bodies for other standards? Describe:   |  | | --- | | Click or tap here to enter text. | |