**Men’s Shelter Operator**

**Request for Qualifications (RFQ# 11053-2022)**

**Updated 6/23/22**

# **PART 1: AGENCY INFORMATION**

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| Applicant Organization:  |       |
| Contact Person Name and Title: |       |
| Address: |       |
| E-Mail: |       |
| Phone:  |       |
| Website: |       |
| Federal Tax ID or EIN: |       |
| SAM/UEI Number: |       |
| Legal Status**:** | [ ]  Corporation [ ]  Limited Liability Company [ ]  General Partnership[ ]  Sole Proprietor [ ]  Unincorporated Association [ ]  Other:       .  |
| Tax Exempt Status: | 501 (c)(3) since       |

#  **PART 2: AUTHORIZATION TO SUBMIT PROPORSAL**

This application is submitted by the undersigned with the full knowledge and consent of the governing body of this organization and is, to the undersigned’s best knowledge, accurate in all details. The undersigned also certifies having reviewed the terms and conditions stated in the RFP.

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| **Signature** | **Date** |

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| Name of Partner Agencies  |
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**PART 3: AGENCY QUALIFICATION**

1. **Agency Experience and Capacity (50 points)**
2. Describe relevant experience your agency and partners have serving this population. In particular describe experiences related to operating an overnight shelter, managing day-time services and providing, managing or coordinating housing-focused support services. Indicate the span of time this experience covers and the approximate number of persons or households served.

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1. Provide relevant performance outcomes for work your agency has done in this area, including outcomes for safe and appropriate diversion, successful exits and housing retention.

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1. Briefly describe the experience and qualifications of the key staff who will be involved in planning for the new purpose built shelter, and indicate whether they are currently employed or to be hired.

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1. Describe how your agency is part of the larger system of services and/or resources most relevant to people experiencing homelessness.

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1. The success of this facility will require collaboration and partnerships with other service providers. Identify three organizational partners and describe how you will collaborate with them to best serve shelter guests. Indicate the specific roles they will play.

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1. Describe your agency’s commitment to the principles of low-barrier access, cultural competence, trauma-informed care, harm reduction, and racial equity. Give specific examples of how these principles are integrated into the services your agency currently provides and how they will be incorporated into the shelter operations.

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1. The Operator(s) is expected to leverage additional resources to augment funding available through the City and County. Please discuss your agency’s ability to fill that role, including its fundraising and grant writing capacity. Indicate any fundraising your agency currently undertakes, including its scale and any staffing resources currently in place to perform that function.

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1. Describe your agency’s process approach to monitor and improve service quality and outcomes.

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1. **Organizational Fiscal Planning and Management (20 points)**
2. Complete the table below regarding your agency’s 2022 revenue and expenditure projections.

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| **AGENCY REVENUE** |  |  | **AGENCY EXPENSES** |  |
| **Source** | **2022 Budget** |  | **Category** | **2022 Projected Expenditure**  |
| City of Madison |       |  | Personnel |        |
| Dane County  |       |  | Operating |        |
| State of Wisconsin |       |  | Space |        |
| HUD |       |  | Special Cost: Assistance to individuals |        |
| Other Government |       |  | Special Cost: Subcontracts |        |
| United Way of Dane County |       |  | Special Cost: Other |        |
| Other Foundations |       |  | Capital Expenditures |        |
| Fundraising |       |  | **TOTAL EXPENDITURE** |        |
| User Fee |       |  |  |  |
| Other |       |  |  | **2022 Projected** |
| **TOTAL REVENUE** |       |  | **Surplus or (Deficit)** |        |

1. Is your agency subject to annual financial certified audits (Yes/No)?

If your agency is subject to annual financial certified audit, were there any findings or concerns identified in the most recent audit? If yes, please explain**.**

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\*Please note that agencies must submit certified audit results or financial statements as a part of the application packet.

\*Agencies that do not have annual audits completed must submit the most recent annual financial statements showing how the existing agency funds were expended along with a letter signed by the president of the board of directors stating that they approved the financial statement as prepared.

1. **Commitment to Promoting Racial Equity (10 points)**
2. Describe your agency’s commitment to equity and inclusion. What specific strategies or practices are followed to ensure that these principles are integrated into your organization, and its work? What values does your organization center around with respect to Black, Indigenous, and People of Color community members experiencing homelessness and how does your organization operationalize those values?

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1. List steps your agency has taken, or plans to take, to establish or continue practices that advance racial equity inclusion. Describe the strategies and activities that will be used to make this program culturally relevant and promote racial equity.

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1. Complete the tables below regarding the agency board of directors and staff composition.

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|  | **BOARD OF DIRECTORS** |  | **AGENCY STAFF** |
| **GENDER** | **Current #** | **% of Board** |  | **Current #** | **% of Staff** |
| Identify as Female |        |       % |  |        |       % |
| Identify as Male |        |       % |  |        |       % |
| Identify as Other |        |       % |  |        |       % |
| Data Unknown |        |       % |  |        |       % |
| Total |        |       % |  |        |       % |
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| **RACE** | **Current #**  | **% of Board** |  | **Current #**  | **% of Staff** |
| White/Caucasian |        |       % |  |        |       % |
| Black/African American |        |       % |  |        |       % |
| Asian |        |       % |  |        |       % |
| American Indian/Alaskan Native |        |       % |  |        |       % |
| Native Hawaiian Other Pacific Islander |        |       % |  |        |       % |
| Multi-Racial |        |       % |  |        |       % |
| Other |        |       % |  |        |       % |
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| Total |        |       % |  |        |       % |
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| **Ethnicity** | **Current #** | **% of Board** |  | **Current #** | **% of Staff** |
| Hispanic or Latino |        |       % |  |        |       % |
| Not Hispanic or Latino |        |       % |  |        |       % |
| Data Unknown |        |       % |  |        |       % |
| Total |        |       % |  |        |       % |

1. **Project Specific Policies and Strategies (20 points)**
2. Describe your vision for the proposed shelter. What basic elements are needed to ensure a successful shelter? What supportive services do you think are necessary to move guests toward stable housing? If possible, indicate how you would prioritize services within the two groupings.

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1. Describe your plan for initial and on-going staff training. Discuss how your organization attends to the overall well-being of staff.

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1. Describe how your agency will engage with unsheltered persons who typically do not use shelter services. What specific adjustments will you suggest, to service design, staffing, outreach, and engagement approaches that will reduce or remove barriers to their access?

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1. Describe your strategies to improve housing outcomes for shelter guests.

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1. Substance use and mental health issues often pose barriers for people accessing shelter or housing. What practices and policies, including harm reduction practices, will your agency implement to accommodate the needs of shelter guests with medical, mental health and substance use challenges?

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1. Describe strategies you would adopt to limit the number and length of suspensions. Describe how your agency would integrate restorative justice concepts (resolving conflict through non-punitive measures to repair harm) in your policies and procedures.

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1. Individuals that identify as a couple have barriers accessing shelter in Dane County. How would your agency plan to accommodate them? What are some important considerations that would need to be addressed?

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1. The Operator may be asked to accommodate pets beyond service animals and emotional support animals. What is your agency’s position on supporting pets? What considerations would need to be addressed?

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