

# ATTACHMENT I: Proposal Coversheet and References

## REQUEST FOR QUALIFICATIONS (RFQ) #80 Free Minds Initiatives for the Human Rights Commission

CONTACT: HRC Finance, [hrc.grants@sfgov.org](mailto:hrc.grants@sfgov.org)

Responses received under this RFQ that fail to address each of the requested items in this Attachment I: Response Template, in sufficient and complete detail to substantiate that the Respondent can meet the City's Minimum Qualifications, will be deemed non-responsive and will not be considered for pre-qualification. Note that responses of "To be provided upon request" or "To be determined" or the like, or that do not otherwise provide the information requested (left blank), are not acceptable.

Note that all documents under this RFQ process are subject to public disclosure. Please redact confidential or proprietary information as appropriate.

### A. Introductory Information

#### 1. Respondent Information

Respondent's Organization Name	
Respondent's Organization Address	
Respondent's Headquarters Address (if different from above)	
Respondent's Vendor ID (if existing City vendor prior to July 2017)	
Respondent's City Supplier ID (if any)	
Respondent Organization's current annual budget	
Respondent's Federal Tax ID:	
Have you registered your business with the San Francisco Treasurer & Tax Collector as required prior to submission of any Proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## 2. How did you find out about this RFQ Opportunity?

## 3. Required Attachments

The following items must be completed and included in the application package:

- RFQ Attachment I: Proposal Coversheet and References
- RFQ Attachment II: City's Agreement Terms and Conditions
- RFQ Attachment III: City's Administrative Requirements
- RFQ Attachment IV: Written Proposal Template

## B. Minimum Qualifications

Any response that does not demonstrate that the Respondent meets these Minimum Qualifications by the response deadline will be considered non-responsive and will not be evaluated or eligible for inclusion in the pre-qualified list. Be sure to complete this section by checking the boxes below.

### Respondent Certification

The Respondent certifies that:

Minimum Qualification	Yes	No
Existing non-profit agency recognized as tax-exempt by the IRS under Section 501(c)(3) of the Internal Revenue Code and must demonstrate a history of providing services to communities within San Francisco.		
Vendor of the City and County of San Francisco or be willing and able to become a City Vendor		
Meet San Francisco's non-discrimination in contracts laws, Chapters 12B and 12C of the San Francisco Administrative Code		
Be in good financial standing according to generally accepted accounting practices		
Offer services in an accessible and non-discriminatory manner regardless of race, color, ethnicity, class, age, economic level, education, language, religion, disability, immigration status, or sexual orientation		
Funds received under this RFQ shall not be used to influence or seek to influence local, state, or federal governmental decisions		

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Do you certify that you have complied and will continue to comply with the terms of this RFQ's "City-Proposer Communications" section (see Section 16)?		
Have you submitted with your Proposal all the Required Supporting Documentation outlined in the accompanying solicitation document?		
Have you submitted with your Proposal a Written Proposal that complies with the requirements of the accompanying solicitation document? Is your organization currently providing services for other City Departments?		

### C. Organization Information

#### Respondent Information

1. Organization Name:
2. Proposed Program Name:
3. Program Contact First and Last Names:
4. Program Contact Title:
5. Program Contact Email Address:
6. Program Contact Telephone Number:
7. Program Contact Fax Number:
8. Program Address:
9. Program Zip:
10. Will this Program utilize a Fiscal Agent or Sponsor? If YES, provide:
a. Fiscal Sponsor Name:
b. Fiscal Sponsor Contact First Name:
c. Fiscal Sponsor Contact Last Name:
d. Fiscal Sponsor Address:
e. Fiscal Sponsor Zip:
f. Fiscal Sponsor Phone:
g. Fiscal Sponsor Email:

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APPLICANT'S EXPERIENCE & CURRENT WORK:		
Is your organization currently providing services for HRC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your organization currently providing services for other City Departments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you are providing to other San Francisco City Departments, please provide the information below for the current services.

CITY DEPARTMENT	CONTRACT or GRANT PERIOD	CONTRACT AMOUNT	BRIEF DESCRIPTION OF SCOPE OF WORK
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

## D. REFERENCES

All proposers, including current Contractors, must provide at least one (1) but up to three (3) references. References must be able to provide evidence that the Proposer meets one or more of the minimum qualifications for the Service Area that proposer is applying to. Upon request, successful proposer(s) may be required to submit a letter of reference from each reference listed within five (5) days of notification. Failure to do so may result in rejection of proposal.

### Reference 1

Organization Name:	
Contact Name:	
Title:	
Street Address:	
City & Zip Code:	
Telephone:	

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E-mail:	
Relationship to the Proposer:	

### Reference 2

Organization Name:	
Contact Name:	
Title:	
Street Address:	
City & Zip Code:	
Telephone:	
E-mail:	
Relationship to the Proposer:	

### Reference 3

Organization Name:	
Contact Name:	
Title:	
Street Address:	
City & Zip Code:	
Telephone:	
E-mail:	
Relationship to the Proposer:	

### Proposer Release of Liability for References

The undersigned hereby fully and forever release, exonerate, discharge and covenant not to sue the City, its commissions and boards, officers and employees, and all individuals, entities and firms

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providing information, comments, or conclusions ("Reference Information") in response to inquiries that the City may make regarding the qualifications or experience of a Prime proposer, proposed joint venture partner, proposed subconsultant or proposed key/lead team member in connection with the selection process for this RFQ from and for any and all claims, causes of action, demands, damages, and any and all liabilities of any kind or description, in law, equity, or otherwise arising out of the provision of said Reference Information. This Release and Waiver is freely given and will be applicable whether or not the responses by said individuals, entities or firms are accurate or not, or made willfully or negligently.

Organization Name:	
Signature of Authorized Representative of Organization:	
Print Name and Title:	
Date:	

## E. Additional Information

### 1. Pending Litigation

Briefly describe any litigation or pending litigation related to audit services within the past five years of this RFQ issue date. If none, state "None."

### 2. Client Relationships Severed For Reasons Other Than Convenience

Provide a list of your clients where the contractual relationship was not completed and was severed for reasons other than convenience. A brief description of why the relationship was severed and the name of the client and the client's project manager are also required. If none, state "None."