ATTACHMENT c — PROPOSAl Form

**PROPOSER INFORMATION**

Proposer’s legal name:

Address:       City, state, zip:

State of incorporation:       Entity type (LLC, Inc., etc.):

Authorized representative:

Phone:       Email:

Oregon business registry number:

**TECHNICAL PROPOSAL**

**Please describe your overall strengths and approach by responding to the questions below.**

1. Tell us about your strengths as they relate to the TA categories you are proposing to fulfill. What are you good at? Why?

1. Describe the approach you would take to this work? How would you assess a Grantee/ Subgrantee’s consulting needs and estimate the number of work hours needed to provide requested Technical Assistance? How would you maximize a Technical Assistance engagement to ensure the Grantee/ Subgrantee has a concrete plan of action to move forward independently?

**Please indicate whether you are proposing to fulfill each Technical Assistance category by checking “Yes” or “No” and responding to the questions for each category you wish to be considered. You may propose to fulfill one or more category.**

1. **Funding** Yes  No
2. List the funding subcategories in which you have expertise and wish to fulfill (e.g., applying for funding, strategies for braiding funding, State and federal funding requirements, budgeting, invoicing, fiscal compliance, reporting, audits, etc.).

1. Describe your experience (type and length of time) providing direct services or guiding others to provide services in each of the funding subcategories you identified above. Note – you must have at least one year of experience with funding.

1. **Change management** Yes  No
2. List the change management subcategories in which you have expertise and wish to fulfill (e.g., needs assessment, culture change related to diversity, equity, and inclusion; company organization or reorganization; growth management; etc.).

1. Describe your experience (type and length of time) providing direct services or guiding others to provide services in each of the change management subcategories you identified above. Note – you must have at least one year of experience with change management.

1. **Program evaluation and design** Yes  No
2. List the program evaluation and design subcategories in which you have expertise and wish to fulfill (e.g., establishing performance metrics, using evidence-based practices, data collection and analysis, developing and implementing racial equity plans, community engagement, etc.).

1. Describe your experience (type and length of time) providing direct services or guiding others to provide services in each of the program evaluation and design subcategories you identified above. Note – you must have at least one year of experience with program evaluation and design.

1. **Business operations** Yes  No
2. List the business operations subcategories in which you have expertise and wish to fulfill (e.g., onboarding new staff, resource mapping, technical writing, communication strategies and materials, project management, desk guide and template development, etc.).

1. Describe your experience (type and length of time) providing direct services or guiding others to provide services in each of the business operations subcategories you identified above. Note – you must have at least one year of experience with business operations.

1. **Facility rehabilitation and safety** Yes  No
2. List the facility rehabilitation and safety subcategories in which you have expertise and wish to fulfill (e.g., homeless shelter development, converting warehouse to shelter, emergency services, Narcan administration, housing quality standards, lead-based paint assessments, etc.).

1. Describe your experience (type and length of time) providing direct services or guiding others to provide services in each of the facility rehabilitation and safety subcategories you identified above. Note – you must have at least one year of experience with facility rehabilitation and safety.

1. **Data management** Yes  No
2. List the data management subcategories in which you have expertise and wish to fulfill (e.g., data literacy, data collection, data entry, data completeness/ quality, new user trainings, data ethics, exit/ entry, project type, etc.).

1. Describe your experience (type and length of time) providing direct services or guiding others to provide services in each of the data management subcategories you identified above. Note – you must have at least one year of experience with data management.

**If you have an area(s) of expertise related to sheltering that you believe would help Agency’s Grantees/ Subgrantees provide robust services to Oregonians, we encourage you to describe those skills below and submit a Proposal.**

1. **Other (please describe):**       Yes  No
2. List the subcategories in which you have expertise and wish to fulfill.

1. Describe your experience (type and length of time) providing direct services or guiding others to provide services in each of the subcategories you identified above. Note – you must have at least one year of experience with each additional category you propose.

1. Tell us how adding this Technical Assistance category(ies) will help Agency’s Grantees/ Subgrantees provide houseless services to Oregonians.

**Technical Assistance may involve a variety of delivery methods. Please indicate the methods you are proposing to offer.**

Individualized assistance (in-person)

Individualized assistance (virtual)

Large group trainings (in-person)

Large group trainings (virtual)

Conference calls

Webinars

Note – Agency will be considered the owner of any materials and recordings developed under this RFP and plans to develop a suite of on-demand resources that can be used for future Technical Assistance. Agency will credit consultants for their professional work as appropriate.

Describe your experience working with diverse people and organizations as is relevant to the Technical Assistance required under this RFP. What is the diversity of leadership representing disadvantaged communities? What is the diversity of representation and client based served? Tell us about your track record of serving people with disabilities and communities of color.

**REFERENCES**

**For each category of TA proposed, provide at least one (1) reference from current or former clients for similar projects performed within the last five (5) years. If proposing fewer than three (3) categories of TA, provide at least three (3) references. Add rows as needed.**

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| --- | --- | --- | --- | --- | --- |
| **Company name** | **Contact person** | **Phone** | **Email** | **Project title or description** | **Timeframe** |
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**COST PROPOSAL**

**Please respond to the questions below to describe the billing structure and rates you propose to use for this work. Note – travel expenses will be paid according to the Oregon Travel Policy:** [**https://www.oregon.gov/das/Financial/Acctng/Documents/40.10.00.pdf**](https://www.oregon.gov/das/Financial/Acctng/Documents/40.10.00.pdf)**.**

1. Who is on your team? Please list names or titles, roles, and **all-inclusive, fully loaded hourly billing rates** for each person. If you have different billing rates for travel time, please include them. Please add rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name or title** | **Role** | **Hourly rate** | **Hourly rate (travel)** |
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1. Technical Assistance engagements will begin with a needs assessment that should last no more than 5 hours. Tell us how you will determine who will participate in the needs assessments and provide an all-inclusive, flat rate for a needs assessment.

**PROPOSER CERTIFICATION**

1. Proposer understands and accepts the requirements of this RFP. By submitting a Proposal, Proposer agrees to be bound by the Price Agreement terms and conditions in Attachment A and as modified by any Addenda, except for those terms and conditions that Agency has reserved for negotiation, as identified in the RFP.
2. Proposer acknowledges receipt of any and all Addenda to this RFP.
3. Proposal is a firm offer through June 30, 2023.
4. If awarded a Price Agreement, Proposer agrees to perform the scope of work and meet the performance standards set forth in the final negotiated scope of work of the Price Agreement.
5. I have knowledge regarding Proposer’s payment of taxes and by signing below I hereby certify that, to the best of my knowledge, Proposer is not in violation of any tax laws of the State or a political subdivision of the State, including, without limitation, ORS 305.620 and ORS chapters 316, 317 and 318.
6. Proposer and Proposer’s employees, agents, and subcontractors are not included on:
   1. the “Specially Designated Nationals and Blocked Persons” list maintained by the Office of Foreign Assets Control of the United States Department of the Treasury found at: <https://www.treasury.gov/ofac/downloads/sdnlist.pdf>., or
   2. the government wide exclusions lists in the System for Award Management found at: <https://www.sam.gov/portal/>.
7. Proposer certifies that, to the best of its knowledge, there exists no actual or potential conflict between the business or economic interests of Proposer, its employees, or its agents, on the one hand, and the business or economic interests of the State, on the other hand, arising out of, or relating in any way to, the subject matter of the RFP. If any changes occur with respect to Proposer’s status regarding conflict of interest, Proposer shall promptly notify the State in writing.
8. Proposer certifies that all contents of the Proposal (including any other forms or documentation, if required under this RFP) and this Proposal Certification are truthful and accurate and have been prepared independently from all other Proposers, and without collusion, fraud, or other dishonesty.
9. Proposer understands that any statement or representation it makes, in response to this RFP, if determined to be false or fraudulent, a misrepresentation, or inaccurate because of the omission of material information could result in a "claim" {as defined by the Oregon False Claims Act, ORS 180.750(1)}, made under Price Agreement being a "false claim" {ORS 180.750(2)} subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.
10. Proposer acknowledges these certifications are in addition to any certifications required in the Price Agreement and Statement of Work in Attachment A at the time of Price Agreement execution.

Authorized Signature Date

Printed Name Title