

# Lower Polk Community Benefit District

## Neighborhood Outreach Program (“NOP”)

Request for Qualifications: Outreach Service Providers

BID NUMBER: 1134

April 17, 2017

As part of the LPCBD Neighborhood Outreach Program (“NOP”).

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# REQUEST FOR PROPOSALS – OUTREACH SERVICE PROVIDERS

## INTRODUCTION

### A. Overview

This Request for Proposals (“RFP”) is being issued by THE LPCBD in its capacity as manager of the Neighborhood Outreach Program (“NOP”) for THE LPCBD. The purpose of this notice is to solicit qualifications from Outreach Service Providers to perform direct community outreach to people who reside in the service area of THE LPCBD. **See Appendix A – LPCBD/NOP Boundaries and Map**

Direct community outreach is defined as “the activity of providing services and service referrals to any populations who might not otherwise have access to those services.”

Companies with demonstrated experience in direct community outreach and with an interest in making their services available to THE LPCBD are invited to respond to this RFP.

“RESPONDENTS” means the companies or individuals that submit proposals in response to this RFP. It is understood that the selected RESPONDENT acting as an individual, partnership, corporation or other legal entity, is licensed as required and capable of providing the specified services. The RESPONDENT shall be financially solvent and each of its members if a joint venture, its employees, agents or sub-consultants of any tier shall be competent to perform the services required under this RFP document.

Nothing in this RFP shall be construed to create any legal obligation on the part of THE LPCBD or any RESPONDENTS. THE LPCBD reserves the right, in its sole discretion, to amend, suspend, terminate, or reissue this RFP in whole or in part, at any stage. In no event shall THE LPCBD be liable to RESPONDENTS for any cost or damages incurred in connection with the RFP process, including but not limited to, any and all costs of preparing a response to this RFP or any other costs incurred in reliance on this RFP. No RESPONDENT shall be entitled to repayment from THE LPCBD for any costs, expenses or fees related to this RFP. All supporting documentation submitted in response to this RFP will become the property of the THE LPCBD. RESPONDENTS may also withdraw their interest in the RFP, in writing, at any point in time as more information becomes known.

### B. Term of Contract

Any contract awarded pursuant to this RFP solicitation shall be for a contract period up to 12 months, with the possibility of an extension.

### C. Background

The Lower Polk Community Benefit District is a 501(c)3 not-for-profit corporation, and our overall mission is to improve the quality of life for all residents, businesses, and visitors to the Lower Polk neighborhood. We support the Lower Polk community by, *inter alia*, (a) working as an intermediary between people experiencing homelessness and merchants and property owners, (b) providing information on services, opportunities and programs which will help

people gain access to housing, and (c) building positive relationships with all community stakeholders including those experiencing homelessness and merchants/property owners.

We also perform sidewalk and alley cleaning services, graffiti removal services, and trash removal services.

## D. City, State and Federal Regulations

It is the duty of the contractor to comply with all city, state and federal regulations, including The Health Insurance Portability and Accountability Act of 1996 (“HIPPA”).

# PROFESSIONAL SERVICE REQUIREMENTS

## A. Scope of Work

THE LPCBD seeks sealed proposals from qualified RESPONDENTS to provide professional community outreach services within the boundaries of the LPCBD. **See Appendix A – LPCBD Boundaries and Map.** RESPONDENTS must submit their qualifications as part of the Submittal Process, *infra*.

RESPONDENTS shall supply professional outreach service workers who will work a total of 40 (forty) hours per week in THE LPCBD area as outlined in Exhibit A. The hours required will be from 6 pm to 10 pm five days per week. It is expected that contractor will supply two workers at 20 hours per week each, for a total contract commitment of 40 hours per week.

These outreach service workers will use their skill, training, and experience to:

1. Make a minimum of eight outreach contacts per worker, per evening.
2. To keep detailed records of each contact and what outreach services (if any) were offered and accepted. These records shall include photographs of people receiving outreach services, when possible.
3. Cover the entire LPCBD area, with focus on alleyways and other areas where people experiencing trauma and/or homelessness congregate.
4. Contact the San Francisco HOT team, the San Francisco Crisis Response Team, and/or SFFD, when appropriate.
5. To call 911 for medical care, when appropriate.
6. To call SFPD when witnessing violent crime or when RESPONDENTS feel their own safety is in jeopardy.
7. To cover for LPCBD workers (or designees) when those workers need a break or lunch.
8. To use the LPCBD radio system to report trash, sidewalk spills, syringes, feces and other safety hazards to LPCBD or its designees.
9. Other duties TBD.

## B. Additional Requirements

This entire project will comply with all codes, standards, regulations, and workers' safety rules that are administered by federal agencies (including HHS, EPA, OSHA, and DOT), state

agencies (including State OSHA), and any other local regulations and standards (i.e. local ordinances and codes) that may apply. It is the responsibility of RESPONDENT to be aware of all applicable laws that apply to RESPONDENT.

## EVALUATION CRITERIA AND SCORING

In evaluating responses to this Request for Proposal, THE LPCBD will take into consideration the experience, capacity, and costs that are being proposed by the Respondent. The following Evaluation Criteria will be considered in reviewing submittals:

### A. Experience and Capacity

The point system is to evaluate the experience and capacity of the Respondent.

10. RESPONDENTS will be awarded up to 20 points for Experience in providing outreach services.
11. RESPONDENTS will be awarded up to 20 points for their Capacity to meet timelines. Consideration will be given to applicants who have familiarity with the area, including knowledge of and experience working with City Staff.
12. RESPONDENTS will be awarded up to 20 points for Pricing.
13. RESPONDENTS will be awarded up to 20 points for their experience in meeting MBE/WBE, and City of San Francisco Local Hiring.
14. Innovation: RESPONDENTS will be awarded up to 20 points for their experience and proposed practices regarding the following:
  - Community hiring
  - Engaging community stakeholders and building effective community partnerships and collaborations
  - Effective schedule and budget management

## SUBMITTAL REQUIREMENTS

RFP responses must be submitted **both** via hard copy and scanned e-mail copy sent to [cmartin@lowerpolkcbd.org](mailto:cmartin@lowerpolkcbd.org). Each RESPONDENT shall submit one (1) original and two (2) copies of the following documents in a clear, legible, 12 point font, and 8.5 by 11 inch format.

**Responses not submitted both via hard copy and e-mail will not be considered.**

RESPONDENTS are advised to adhere to the Submittal Requirements. Failure to comply with the instructions of this RFP will be cause for rejection of submittals.

THE LPCBD reserves the right to seek additional information to clarify responses to this RFP.

Each response must include the following:

### A. Letter of Interest

Please submit a Cover Letter of Interest signed by a duly authorized officer or representative of the Respondent, not to exceed two pages in length. The Letter of Interest must also include the following information:

The principal place of business and the contact person, title, telephone/fax numbers and email address.

A summary of the qualifications of the RESPONDENT and its team of outreach service providers.

Description of organization (i.e. Corporation, Limited Liability Company, or Joint Venture).

- The names and business addresses of all Principals of the RESPONDENT. For purposes of this RFP “Principals” shall mean persons possessing an ownership interest in the Respondent.
- If the RESPONDENT is a partially owned or fully-owned subsidiary of another organization, identify the parent organization and describe the nature and extent of the parent organization’s approval rights, if any, over the activities of the Respondent.
- If the RESPONDENT is a partially owned or fully-owned subsidiary of another organization, identify the parent organization and describe the nature and extent of the parent organization’s approval rights, if any, over the activities of the Respondent.

The Certification attached hereto at the end of this RFP and incorporated herein by reference must be signed by RESPONDENT and attached to the Letter of Interest

## **B. Threshold Requirements**

These documents must be submitted and acceptable before THE LPCBD will review the Experience and Capacity proposal:

1. Certificate of Good Standing (Corporation) or Certificate of Existence (Limited Liability Company) issued by the California Secretary of State (If RESPONDENT is a joint venture, a Certificate of Good Standing or Certificate of Existence, as applicable, must be submitted for each entity comprising the joint venture.)
2. Certificates of Insurance: Commercial General Liability with limits not less than \$1,000,000; Workers Compensation and Employers Liability with limits not less than \$1,000,000; and, Automobile Liability with limits not less than \$1,000,000 per occurrence.
3. Evidence of Financial Stability: All RESPONDENTS shall include their most recent financial statements with the proposal response. This information will assist THE LPCBD in determining the Respondent’s financial condition. THE LPCBD is seeking this information to ensure that the proposers have the financial stability and wherewithal to assure good faith performance.
4. References: Three (3) references of related projects, including date of project, contact person and phone number, and a brief description of the project.
5. Conflict of Interest Statement & Supporting Documentation: RESPONDENT shall disclose any professional or personal financial interests that may be a conflict of interest in representing the THE LPCBD.

## C. Main Proposal (“Experience and Capacity Proposal”)

Please provide the following information:

1. Years of experience and detailed qualifications in performing the type of community outreach THE LPCBD is seeking, including team’s resumes. Please provide the number of full-time and part-time employees, including management employees. Past projects will be reviewed to determine if the RESPONDENT has successfully completed projects similar in nature and scope. RESPONDENTS should provide narrative examples of three (3) projects that are similar in nature to projects described in this RFP.
2. If you engage independent contractors, how many do you intend to hire? Do you intend to cover them with worker’s compensation? *(All independent contractors will be required to have worker’s compensation coverage, which will be the responsibility of the respondent).*
3. Capacity to complete the contract. Please provide the total number of outreach contacts your company has made in the past year. If your company is not logging contacts, please explain why.
4. Pricing proposal. The Contractor will sign a fixed price contract to include all outreach services as outlined *supra*.
5. RESPONDENTS should state whether they are an MBE/WBE business enterprise. If so, please provide a copy of a current MBE/WBE certification letter.

## SELECTION PROCESS

The Selection Committee comprised of THE LPCBD staff will review qualifications in accordance with the evaluation criteria set forth herein and NOP objectives and policies.

Proposals that are submitted timely and comply with the mandatory requirements of the RFP will be evaluated in accordance with the terms of the RFP. Any contract resulting from this RFP will not necessarily be awarded to the vendor with the lowest price. Instead, contract shall be awarded to vendor whose proposal received the most points in accordance with criteria set forth in RFP.

## QUESTIONS

Questions regarding this RFP should be submitted in writing via email to [cmartin@lowerpolkcbd.org](mailto:cmartin@lowerpolkcbd.org).

## SUBMITTAL DUE DATE

**Responses to this RFP are due by 5:00 pm on Monday, May 15, 2017.** Responses to this RFP must be e-mailed to: Christian Martin, [cmartin@lowerpolkcbd.org](mailto:cmartin@lowerpolkcbd.org). Each RESPONDENT is also responsible for labeling the exterior of the sealed envelope containing the proposal response with the proposal number, proposal name, proposal due date and time, and your firm’s name. Hard copies must be delivered to:

Christian Martin  
Lower Polk CBD  
1151 Sutter Street, Suite 1  
San Francisco, CA 94109



## CERTIFICATION FORM NOTE

THIS PAGE MUST BE COMPLETED AND INCLUDED WITH THE SUBMITTAL CERTIFICATION

The undersigned hereby certifies, on behalf of the RESPONDENT named in this Certification (the "Respondent"), that the information provided in this RFP submittal to THE LPCBD is accurate and complete, and I am duly authorized to submit same. I hereby certify that the RESPONDENT has reviewed this RFP in its entirety and accepts its terms and conditions.

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(Name of Respondent)

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(Signature of Authorized Representative)

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(Typed Name of Authorized Representative)

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(Title)

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(Date)

## RFP SUBMITTAL REQUIREMENTS CHECKLIST

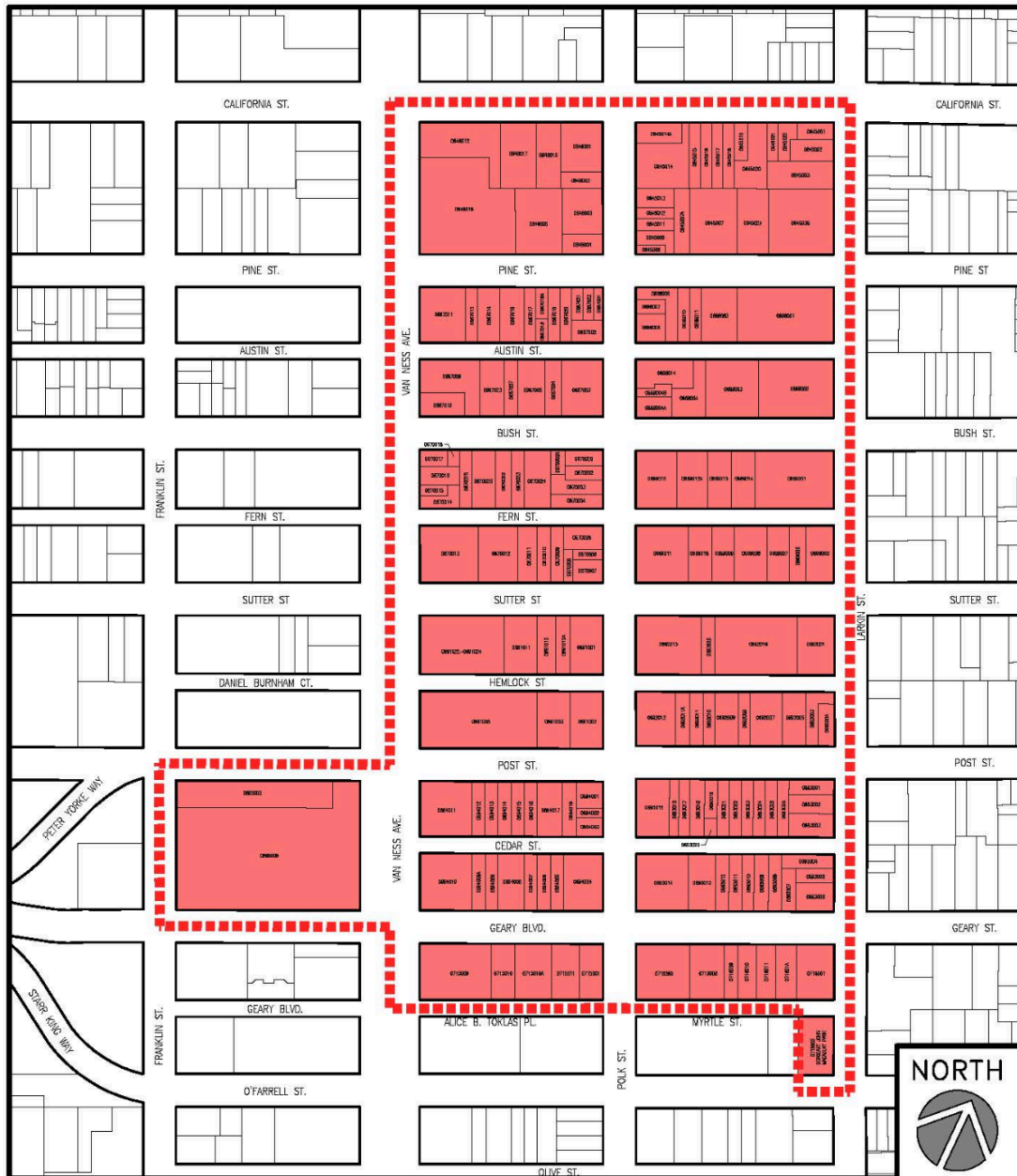
Please provide Checklist with response to RFP

- ✓ Letter of Interest
- ✓ Certification Form Note
- ✓ Certificate of Good Standing (Corporation) or Certificate of Existence (Limited Liability Company) issued by the Secretary of State (If RESPONDENT is a joint venture, a Certificate of Good Standing or Certificate of Existence, as applicable, must be submitted for each entity comprising the joint venture.)
- ✓ Certificates of Insurance
- ✓ State Licenses and or Certifications for any workers who hold social worker (CSW, MSW, etc.) certificates.
- ✓ Evidence of Financial Stability (most recent financial statements)
- ✓ 2017 Business License as filed with the SF Office of the Treasurer & Tax Collector
- ✓ References
- ✓ Conflict of Interest Statement & Supporting Documentation
- ✓ Description of Company
- ✓ Capacity of Company
- ✓ Pricing Proposal
- ✓ MBE/WBE, and Local Hiring if applicable
- ✓ This RFP Submittal Requirements Checklist

# APPENDIX A: MAP AND BOUNDARIES OF NSP TARGET AREA



## LOWER POLK COMMUNITY BENEFIT DISTRICT



PREPARED BY KPFF

## APPENDIX B: CONFLICT OF INTEREST STATEMENT

### [Respondent] Conflict of Interest Statement

The owner(s), corporate members or employees of [Respondent], shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with the [The LPCBD NOP]. Each individual shall thus disclose to the [The LPCBD] any personal interest or direct relationship which he or she may have and shall refrain from participation in any decision making in related manners.

Any owner, corporate member or employee of [Respondent] who is an officer, board member, a committee member or staff member of a related organization shall identify his or her affiliation with such agency or agencies; further, in connection with any policy committee or board action specifically associated with [The LPCBD], he/she shall not participate in the decision affecting that entity and the decision must be made and/or ratified by the full board.

At this time, I am a Board member, a committee member, or an employee of the following organizations/companies:

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Now this is to certify that I, except as described below, am not now nor at any time during the past year have been:

- 1) A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party; doing business with the [The LPCBD] which has resulted or could result in person benefit to me.
- 2) A recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with the [The LPCBD].

Any exceptions to 1 or 2 above are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with the [The LPCBD].

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

**Respondent**  
**Address**  
**Telephone**