

HOPWA

SHORT TERM RENTAL ASSISTANCE SERVICES PROPOSAL FORM (REQUIRED) FY2012-2013

I certify that any and all information contained in this RFP is true; and I further certify that this RFP is made without prior understanding, agreement, or connections with any corporation, firm or person submitting an RFP for the same services and is in all respects fair and without collusion or fraud. I agree to abide by all terms and conditions of the RFP, and certify that I am authorized to sign for the proposer's firm. Please print the following and sign your name:

Name of Organization	
Business Address	
City, State, and ZIP code	
Authorized Representative First Name	Authorized Representative Last Name
Telephone number	Fax number
Email address	

Authorizing Signature: _____

PROPOSAL PRICING

SERVICE DELIVERY COST: The proposed **cost per service/per case** shall include full compensation for labor and any other costs for the Proposer to be able to run this program. The underwriting cost should be based on performing the services for approximately **100 clients**.

The estimated amount reserved for this program is of \$500,000. This is an estimated amount that includes the payments the City will make on behalf of the clients. A portion of this amount will be considered toward the Service Delivery Cost your agency is proposing.

Service Delivery Cost: \$ _____ per client case

Amended STRMU Rating Sheet

All proposals offering STRMU Services will be scored against the following criteria

Short Term Rental, Mortgage, & Utility Rating Sheet	Max. Points
I. Organizational Capacity and Demonstrated Effectiveness (Maximum 25 Points)	
A. General financial stability of organization on the basis of whether HOPWA funding will comprise (<i>max 15 points</i>): <ul style="list-style-type: none"> ▪ 40% or less of total operating budget; OR..... ▪ 41% to 60% of total operating budget; OR..... ▪ 61% to 80% of total operating budget; OR..... ▪ 81% or more of total operating budget..... 	15 10 5 0
B. Proposer has demonstrated success in same or similar programs	5
C. Demonstrates strong fiscal management and controls	5
II. Understanding of Need (Maximum 15 Points)	
A. Proposal demonstrates understanding of the AIDS epidemic in Miami-Dade County and Miami-Dade residents infected/ affected by AIDS	5
B. Proposal demonstrates understanding of factors that impact housing stability of low income persons living with AIDS and consumer's housing preferences and needs	5
C. Proposal demonstrates understanding of need for temporary assistance to prevent homelessness	5
III. Soundness of Service Approach (Maximum 25 Points)	
A. Service approach described in Proposal is responsive to service deliverables set forth in the RFP.	5
B. Service approach described in Proposal sets forth a well-thought-out method for assessing potential for and assisting clients achieve self sufficiency at the end of the assistance.	5
C. Demonstrated capacity to maintain staffing stability (i.e. years of experience of staff providing similar services)	5
D. Proposed staffing level (including administrative oversight) is well-defined and adequate (i.e. experience and certifications)	5
E. Demonstrated ability to manage verification and compliance requirements, client recordkeeping and regular reporting	5
IV. Outcome Measurements Identified and Established/Proposed Mechanisms to Track Clients and Evaluate Program Outcomes and Performance (Maximum 20 Points)	
A. Proposal describes measurable service outcomes resulting from service referrals	5
B. Proposal describes system for tracking clients and evaluating program outcomes and performance	5

C. Proposal describes system for scheduling and tracking inspections	5
D. Proposal describes system for generation and distribution of inspection reports	5
V. Demonstrated Integration with the existing HIV/AIDS Continuum of Care & Treatment in Miami-Dade County (Maximum 15 Points)	
A. Copies of referral or partnership agreements with other HIV/AIDS care providers	4
B. Copies of service provision contract(s) or similar documentation with Ryan White Title I, Title II, PAC Waiver or other funding sources for HIV/AIDS services	5
C. Membership participation on Miami-Dade HIV/AIDS Partnership and/ or its committees	3
D. Letters of support	3
VI. Reasonable Cost – Benefit Ratio (Maximum 20 Points)	
Service delivery cost will be ranked in comparison to other applications submitted in response to this RFP. Points will be assigned as follows (<i>max 20 points</i>):	
▪ Cost is in the lowest 25%; OR	20
▪ Cost is in the 26% - 50% range; OR	15
▪ Cost is in the 51% - 75% range; OR	10
▪ Cost is in the highest 25%.....	5
MAXIMUM Points Available	120
MINIMUM Points for Consideration in Ranking	75