**APPENDIX C: STAGE I - MANDATORY REQUIREMENTS SUBMISSION FORM**

**Proponent Information**

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| Agency: |       |
| Agency Address: |       |
| Contact Person: |       |
| Contact Email/Phone: |       |

**Proponent's Declaration**

Please initial beside each statement with which you agree. For DNSSAB's purpose, only those Proponents who have accepted (initialled) each statement of the Proponent's Declaration will be considered; failure to agree to any statement will disqualify your Proposal.

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|       | I/WE have read, reviewed and understand all terms and conditions outlined in this RFP, its Appendices, any applicable Addenda, and DNSSAB’s Purchasing Policy #CORP-01. |
|       | I/WE agree to be bound by the terms and conditions contained in the RFP, its Appendices, any applicable Addenda, and DNSSAB’s Purchasing Policy #CORP-01. |
|       | I/WE agree to provide all goods and/or services outlined in this RFP, its Appendices, and/or any Addendum, including but not limited to the Scope of Work, Pricing and other specifications, within the terms and conditions as defined herein. |
|       | I/WE declare that the Proposal submitted has been made entirely in accordance with the terms and conditions outlined in this RFP, its Appendices, any applicable Addenda, and DNSSAB’s Purchasing Policy #CORP-01. |
|       | I/WE declare that this Proposal is the only Proposal submitted. No other Proposal was submitted under the same or different names or as multiple options within the same Proposal.  |
|       | I/WE declare that any potential and/or actual conflict of interest has been disclosed to DNSSAB. |
|       | I/WE declare that this Proposal was submitted by a Proponent with the capacity to contract (not a minor and of sound mind) |
|       | I/WE declare that this Proposal was submitted by a Proponent (and all subcontractors) who is not an Opposing Party in a legal action against DNSSAB. |
|       | I/WE declare that this Proposal is made without collusion, connection, knowledge, comparison of figures or arrangement with any other Proponent, firm or persons making a submission and is in all respects fair and without collusion for fraud. |
|       | I/WE declare that the undersigned is empowered by the Proponent to negotiate all matters with DNSSAB's representatives relative to this Proposal and any future Contract, and the person named below has the authority to submit this Proposal on behalf of the Corporation, Company, or Partnership. |
|       | I/WE declare that no persons associated with the Proposal have initiated communication about this RFP after it was issued and before the Closing Date or before one or more contracts are entered in respect of the Scope of Work, which is its subject, with any member of the DNSSAB Board, DNSSAB Staff, and/or the media. |
|       | I/WE declare that no person associated with the Proposal has been convicted of a criminal offence, including but not limited to fraud or theft. |
|       | I/WE declare that no person associated with the Proposal has been convicted of any quasi-criminal offence pursuant to applicable legislation or regulations including but not limited to the Occupational Health and Safety Act, as amended, where the circumstances of that conviction demonstrate a disregard on the part of the Proponent for the health and safety of its workers, DNSSAB employees, or the general public. |
|       | I/WE declare that no person associated with the Proposal has committed professional misconduct, acts, or omissions that adversely reflect on the commercial integrity of the Proponent. |
|       | I/WE declare that if any future Contract is to be negotiated with DNSSAB regarding the subject matter herein, the negotiations and the Contract shall be governed, construed and enforced under the laws of the Province of Ontario and the federal laws of Canada. |
|       | I/WE, including Non-Resident Proponent, shall comply with all Federal, Provincial (Ontario) and Municipal Laws, Acts, Ordinances, regulations, and By-Laws, which in any way pertain to the Scope of Work outlined in this RFP or to the employee of the Proponent. |

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|       | I/We, including Non-Resident Proponents, shall charge applicable HST for Ontario. |
|       | I/WE agree that any and all employees or personnel subject to the provision of the goods and/or services completed by this RFP will be properly trained under the Occupational Health and Safety Act, that every supervisor appointed is a ‘competent person’ as defined in the Act, and all work shall be in compliance with the Act’s regulations. |
|       | I/WE declare that the proposed program and/or service in the submitted Proposal is not listed as an ineligible initiative within APPENDIX B: INELIGIBLE INITIATIVES. |

**Acknowledgment of Addendums**

We acknowledge receipt of       addendums; and agree that the addendum/addenda form part of the RFP.

**Required Documents**

Proponents are required to submit each of the following document(s) with this form. Failure to provide the required documentation will result in disqualification, and your Proposal will receive no further consideration.

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| --- | --- | --- |
| **YES** | **NO** |  |
| **[ ]**  | **[ ]**  | I/WE have submitted a copy of a current Business License (which confirms five or more years of business). |
| **[ ]**  | **[ ]**  | I/WE have submitted verification of General Liability (Damage and Liability) Insurance coverage of at least $5 000 000.00. |
| **[ ]**  | **[ ]**  | I/WE have submitted a current and valid copy of our Letter of Good Standing (Schedule 2) from the Workplace Safety and Insurance Board or verification of employer's liability insurance or submission of a letter of Good Standing from WSIB that confirms status as Independent Operator status along with an identification number. |
| **[ ]**  | **[ ]**  | I/WE have submitted a current and valid copy of our Certificate of Clearance (Schedule 1) from the Workplace Safety and Insurance Board or verification of employer's liability insurance. |

**Completed by:**

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|       |  |       |
| **Agency** |  | **Authorized Signature** |

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| **Name** |  | **Title** |

**APPENDIX D: STAGE I - PARTICIPATING ENTITY SUBMISSION FORM**

Participating Entity agreements made by the Proponent will not release the Proponent from any obligation to DNSSAB concerning the performance of its obligations under the contract. DNSSAB will not be responsible for payment to the Proponent's Participating Entities if the Proponent defaults on its responsibilities. It is the responsibility of the Proponent to communicate this information to its Participating Entities.

**Proponent's Declaration**

Please initial beside the statement which best describes how Participating Entities are associated with your Proposal:

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| --- | --- | --- |
| [ ]  | Yes | If Participating Entities are associated with this Proposal, provide details using the table below. |
| [ ]  | No | If by own forces, state so here (initial) |

**If Yes above, provide a list of all Participating Entities that will be providing support/services as part of this Proposal (add as many rows as necessary)**

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| **Agency** | **Contact Person** | **Role of Agency** |
|       |       |       |
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**Completed by:**

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| **Agency** |  | **Authorized Signature** |

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| **Name** |  | **Title** |

**APPENDIX F: STAGE II - EXPERIENCE SUBMISSION FORM**

All Proponents must provide details about their agency, partnerships, and history working with individuals and families who are homeless, at risk, or at imminent risk of homelessness. *If you deem a question to be not applicable to you, you must explain or outline why it is so.* Please see APPENDIX G: STAGE II – EVALUATION FORM for the evaluation form being used to assess your responses.

1. Please provide a brief history of your agency; include details of your agency's purpose, strategic plans, and organizational structure.

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1. Confirm and briefly outline your agency’s relevant policies and procedures around financial accountability, environmental sustainability, accessibility, and confidentiality.

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1. Please identify your agency’s relevant qualifications, experience and/or expertise in delivering programs and/or services to at-risk individuals and families. If this is a joint submission, ensure to capture all agencies involved.

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1. Describe any initiatives that your agency has completed of the same or similar magnitude as what you have proposed. Be specific as to any success stories and/or targets achieved.

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1. Identify and describe the network of community partners which will support your proposed programs and/or services.

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**Completed by:**

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| **Agency** |  | **Authorized Signature** |

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|       |  |       |
| **Name** |  | **Title** |

**APPENDIX H: STAGE III - SCOPE SUBMISSION FORM**

All Proponents must provide a detailed response to the Scope of Work by fully answering each of the questions noted below. *If you deem a question to be not applicable to you, you must explain or outline why it is so.* Please see APPENDIX G: STAGE II – EVALUATION FORM for the evaluation form being used to assess your responses.

1. Describe in detail how your proposed program and/or service can help Households secure safe and appropriate long-term housing.

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1. Confirm if and how your Proposal supports one or more of the following priority initiatives: coordination of services and supports for Households; specialized housing supports for Households; homelessness/housing outreach services; and/or eviction prevention, housing stability and retention programs. If your Proposal does not support a priority initiative, please outline what other priority your proposed program and/or service addresses.

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1. Describe how your proposed programs and/or services will fit within the Coordinated Access system in Nipissing.

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1. Please describe the quality and cost control measures in place for this Proposal.

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1. Please describe your implementation plan. Ensure to confirm resources, staffing (current and/or new), and the timelines and milestones to launch.

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1. Please outline the anticipated challenges/risks with your proposed program and/or service. Ensure to include the identified mitigation strategies.

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1. Please describe your plan to accommodate increased needs.

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1. Walk us through the client experience as they engage with your proposed program and/or service. Provide a step-by-step guide that starts from initial contact and ends with the expected change or impact.

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1. Outline and describe what is included in your service offerings/activities for Households on a daily, weekly, monthly and/or yearly schedule.

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1. Confirm your predicted year one target of unique Households who will be supported by your proposed program and/or service

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1. Describe how you will assess and review the impact of your proposed program and/or service and explain how you will know if it is achieving its intended outcomes.

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1. Confirm your service location(s) and hours; both normal and emergency.

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1. Describe your wind-down plan for the transition or ending of services at the contract end date.

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**Completed by:**

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| **Agency** |  | **Authorized Signature** |

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| **Name** |  | **Title** |

# APPENDIX J: STAGE IV - BUDGET SUBMISSION FORM

Provide a detailed breakdown of all costs associated with your proposed program and/or service. All costs must be fully itemized and complete (no estimates). All costs must be in Canadian dollars with HST excluded. **All costs submitted shall be considered firm for the length of any Contract, including for any renewal or extension term(s).** Please see APPENDIX I: STAGE III - EVALUATION FORM for the evaluation process for this component. If your program is joint, ensure to itemize and breakdown how costs are shared – *for example,* if an FTE is shared between three partners, please note how much of the FTE wages are each partner's responsibility (i.e., Partner A has 0.5 FTE, Partner B has 0.25 FTE and Partner C has 0.25 FTE).

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| **STAFFING COSTS** |
| **ROLE** | **CASELOAD** | **FTE OR PTE #** | **HOURLY RATE** | **WEEKLY HOURS** | **YEARLY COSTS** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **PROGRAMMING COSTS** |  |
| **Itemized all costs (i.e., direct client benefits, client transportation support, rental fees, etc.)** | **INCLUSIVE COSTS****(per year cost)** |
|       |       |
|       |       |
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| **OTHER COSTS** |  |
| **Itemized all costs (i.e., staff transportation, equipment, technology, etc.).**  | **INCLUSIVE COSTS****(per year cost)** |
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| **OTHER REVENUE SOURCES** |  |
| **Itemized all other Revenue Sources for the proposed program and/or service**  | **FUNDING****(per year cost)** |
| User Fee |       |
| Payback Programming |       |
| Other Governmental sources |       |
| Other Non-Governmental Sources |       |
| Other |       |

**Completed by:**

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| **Agency** |  | **Authorized Signature** |

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| **Name** |  | **Title** |