

REQUEST FOR QUALIFICATIONS

RESEARCH, EVALUATION AND DATA SUPPORT SERVICES AND EQUITY CONSULTING SERVICES

SOURCING EVENT ID: 0000008037
DATE ISSUED: March 24, 2023
DEADLINE FOR SUBMISSION: April 24, 2023

ATTACHMENT I – PROPOSAL COVERSHEET AND REFERENCES

Section I – Proposer Information

APPLICANT'S CONTACT INFORMATION (IF USING A NONPROFIT FISCAL AGENT, PLEASE PROVIDE ALL INFORMATION FROM THIS SECTION FOR THE AGENT IN A SEPARATE ATTACHMENT):	
Organization Name:	
Contact Name:	
Title:	
Street Address:	
City & Zip Code:	
Telephone:	
E-mail:	
Organization's current annual budget	\$
Is the organization a registered City Supplier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is your Supplier ID?	
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
If Yes, what is your Business Tax Registration ID?	

Do you certify that you have complied and will continue to comply with the terms of this RFQ's "Limitation on Communications during Solicitation" section (see Section 9)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your organization enrolled with Paymode-X to receive electronic payments from the City (Please be advised the City is transitioning to a replacement to Paymode in April 2023)? https://www.paymode.com/city_countyofsanfrancisco	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming LBE preference on this solicitation per Chapter 14B? Note: To claim LBE preference for this solicitation, you must be certified in the following LBE certification categories by the Proposal Due Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, list LBE Certification Category/Categories	
Have you submitted with your Proposal all the Required Supporting Documentation outlined in the accompanying solicitation document?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you reply NO to any document, please explain.	
Have you submitted with your Proposal all the Minimum Qualification Documentation outlined in the accompanying solicitation document?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you reply NO to any document, please explain.	
Do you have 3 years of experience within the last 5 years providing the services requested by this Solicitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you reply NO, please explain.	
Have you submitted with your Proposal a Written Proposal that complies with the requirements of the accompanying solicitation document?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you reply NO to any document, please explain.	
Have you submitted with your Equity Statement that complies with the requirements of the accompanying solicitation document?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you reply NO to any document, please explain.	

Section II – Proposer Questionnaire

RFQ Service Area(s) Your Organization is Applying In:	
<input type="checkbox"/> RFQ Service Area 1: Data Analysis <input type="checkbox"/> RFQ Service Area 2: Survey Design and Administration <input type="checkbox"/> RFQ Service Area 3: Planning, Implementation, and Continuous Learning <input type="checkbox"/> RFQ Service Area 4: Evaluating Impact <input type="checkbox"/> RFQ Service Area 5: Data Partnership Support	<input type="checkbox"/> RFQ Service Area 6: Biannual Racial Equity Staff Survey

DCYF Service Area(s) in Which Your Organization Possess Content Knowledge (DCYF Service Areas Applicable to RFQ Service Areas 1-5; DCYF Service Areas Not Applicable to RFQ Service Area 6):	
<input type="checkbox"/> DCYF Service Area: Early Childhood Education <input type="checkbox"/> DCYF Service Area: Educational Supports <input type="checkbox"/> DCYF Service Area: Emotional Well-Being <input type="checkbox"/> DCYF Service Area: Enrichment, Leadership & Skill Building <input type="checkbox"/> DCYF Service Area: Family Empowerment	<input type="checkbox"/> DCYF Service Area: Justice Services <input type="checkbox"/> DCYF Service Area: Mentorship <input type="checkbox"/> DCYF Service Area: Out of School Time (OST) <input type="checkbox"/> DCYF Service Area: Youth Workforce Development (YWD)

APPLICANT'S EXPERIENCE & CURRENT WORK:			
Is your organization currently providing services for DCYF?	<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		
<i>If yes, please provide the information below for the current services you are providing to other San Francisco City Departments</i>			
CITY DEPARTMENT	CONTRACT LENGTH	CONTRACT AMOUNT	BRIEF DESCRIPTION OF SCOPE OF WORK
		\$	
		\$	
		\$	
		\$	
		\$	

Section III – Proposer References

All proposers, including current Contractor, must provide references for at least three (3) organizations of the approximate size and volume comparable to services described in this Solicitation. Upon request, successful proposer(s) may also 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 I

Organization Name:	
Contact Name:	
Title:	
Street Address:	

City & Zip Code:	
Telephone:	
E-mail:	
Number of Years Providing Service	

Reference 2

Organization Name:	
Contact Name:	
Title:	
Street Address:	
City & Zip Code:	
Telephone:	
E-mail:	
Number of Years Providing Service	

Reference 3

Organization Name:	
Contact Name:	
Title:	
Street Address:	
City & Zip Code:	
Telephone:	
E-mail:	
Number of Years Providing Service	

Section IV – 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 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 Sourcing Event #0000008037 Research, Evaluation and Data Support 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:	

Section V – Proposer Certification of Truth, Accuracy, and Completeness

I certify that based on information and belief formed after reasonable inquiry, the statements and information contained in this document are true, accurate, and complete. Additionally, by submitting this bid/proposal, I attest that I have reviewed and accepted all terms found in this solicitation, any and all addenda issued to this solicitation, and City’s contract terms.

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