

# CITY OF SAVANNAH LITTER CLEAN TEAM PROPOSAL FORM

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## APPLICANT CONTACT INFORMATION

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**Agency Name:**

**Agency Address:**

**Agency Website/Email Address:**

**Name of Primary Contact for Proposal:**

**Primary Contact's Phone Number:**

**Primary Contact's Email Address:**

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## Part A - Agency Overview, Certification, And Accreditation

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Please provide the following information.

1. **Agency Mission:** State the formal mission of the agency submitting this proposal.
2. **Agency Background:** Describe the agency's background, including number of years in operation, types of programs and services provided, and overall organizational structure including management and oversight.
3. **Is the agency or any of its program(s) accredited by a State, Federal, or other agency? If yes, please identify the name of the accrediting agency.**
4. **Is the agency a legally-formed non-profit corporation recognized in the State of Georgia? If yes, attach copies of the agency's certificate of registration from the Georgia Office of Secretary of State. If no, please explain the legal status of the agency.**
5. **Please enter the agency's tax identification number.**
6. **Is the agency tax exempt? If yes, attach a copy of the agency's tax-exemption letter from the Internal Revenue Service or a copy of the agency's most recently filed IRS Form 990.**

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7. Is the agency a church sponsored organization and does it intend to carry out any religious activities as part of the proposed program for which funds are being requested? If yes, please explain.

**STOP!** IF THE AGENCY IS NOT A LEGALLY FORMED NON-PROFIT CORPORATION RECOGNIZED IN THE STATE OF GEORGIA, IT DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM. THE AGENCY MUST ALSO PROVIDE PROOF OF TAX EXEMPT STATUS PRIOR TO CONTRACT EXECUTION.

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## Part B - Program Strategy

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The City of Savannah is seeking to purchase litter abatement services in support of Strategic Plan goal 3.1: Reestablish and Preserve Neighborhoods and goal 4.4: Soft Skills and Workforce Training for Unemployed and Underemployed. The goal of the Litter Clean Team Litter Removal Program is to expand solid waste service capabilities and improve community cleanliness while also providing job training and employment for work ready homeless individuals and persons living with disabilities experiencing challenges to obtaining employment.

Please respond to the following questions to help the City understand your agency's program strategy, if selected

### Management Strategy

1. Describe how your Litter Clean Team will be structured, including the number of paid workers and supervisors as well as management's and the board of directors' oversight roles.
2. What are the minimum qualifications your agency will require the supervisor(s) managing the Litter Clean Team to have?
3. How many Litter Clean Teams can your agency manage?
4. Is your agency able to provide Litter Clean Team services anywhere in the downtown/convention district? (MLK, Jr. Boulevard on the west, East Broad on the east, Savannah River on the north, and Park Avenue on the South)
5. Agency Background/Experience: Please describe the agency's experience working with the targeted population(s) as well as providing employment or other training programs to homeless individuals or persons living with disabilities, including: a) types of programs or services provided; b) number of participants served; and c) program or service outcomes/successes.
6. Is the agency able to meet the minimum insurance requirements? If the agency does not currently have the required insurance, will the agency be able to secure insurance prior to services, if approved for a contract?

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## Recruitment and Training Strategy

Describe how your agency will:

1. Recruit individuals to participate in the Litter Clean Team?
2. Determine participant eligibility?
3. Assess participant work-readiness at entry?
4. Provide soft skills and workforce training to workers hired for the Litter Clean Team.

## Supportive Services Strategy

A required component of this program is to ensure program participants have access to support services, to help each individual address barriers and achieve the highest level of employment success possible. Supportive services may include but are not limited to: soft skills and/or job skills training, counseling, health and wellness, financial literacy, transportation, child care, work clothes, housing, etc.

1. Please list the supportive services each participant will receive and identify the names and roles of any partners that will provide these services.
2. Are the cost of services from partner agencies provided in-kind or fee-based services? If fee-based, are the costs included in the proposed fees for this service?

## Service Delivery Strategy

1. The City has the option to contract for services seven days a week. In the space provided, please place an "X" next to the days of the week your agency is able to provide this service, if approved.

|  |           |
|--|-----------|
|  | Sunday    |
|  | Monday    |
|  | Tuesday   |
|  | Wednesday |
|  | Thursday  |
|  | Friday    |
|  | Saturday  |

2. The Litter Clean Teams will supplement the work of the City's Downtown Cleanliness Team by providing litter collection services primarily during the afternoon hours from 2:00 p.m. to 6:00 p.m.
  - a. Is your agency able to provide litter collection services during these hours?
  - b. Please identify any other days and times your agency can provide litter removal services, if additional services are needed.

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3. Describe the workflow/work completion plan for how your agency will respond, from the point of receiving a City work request to the Litter Clean Team assembling and completing litter pick-up in designated project work areas.
  
4. What is the agency “back-up plan” when workers fail to appear for work?

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## Part C – Fee Proposal

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Note: When developing the agency’s fee proposal, please consider all of your program cost and any supplemental funding sources and/or in-kind services that may help to reduce these costs.

To ensure equal evaluation of all Proposers’ fees received, please propose a fee based on the following scenario:

Litter removal fee for 11,000 square feet of park area: \$ \_\_\_\_\_

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## Part D - Authorizing Signatures – **Please print, sign and attach to proposal**

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1. Does the agency certify all information submitted in this proposal is accurate and true?
  
2. Does the agency’s governing Board approve submission of this proposal?

Print Name of Agency's Executive Director: \_\_\_\_\_

Executive Director’s Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Print Name of Board Chairman or Authorized Signatory: \_\_\_\_\_

Board Chairman or Authorized Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

*Note: If signature is not that of the Board Chairman,  
please enter position and/or role of the authorized signatory: \_\_\_\_\_*