

City of Savannah

DAY SERVICES CENTER FOR PEOPLE EXPERIENCING HOMELESSNESS

REQUEST FOR PROPOSALS

1.0 Broad Description of Project

The City of Savannah seeks to establish an agreement with a Provider to operate a Homelessness Day Services Center to provide respite and supportive services to individuals experiencing homelessness in Savannah, Georgia. Services shall be geared toward meeting the basic daytime needs of participants who are currently experiencing homelessness such as food, clothing, hygiene necessities, and shelter from weather conditions. Additionally, access to supportive services shall be provided to address the underlying causes of homelessness.

The Provider shall facilitate partnerships and collaborations to ensure that Day Center services are coordinated with other services provided throughout the Continuum of Care and to ensure the City's investment is used to leverage additional investments by public and private organizations to in order to sustain the proposed program long-term. The Provider must be able to demonstrate direct and coordinated links to community partners.

1.1 Eligible Applicants

This Request for Proposals is limited to Savannah-Chatham County Continuum of Care (CoC) agencies and/or partner agencies providing shelter services to individuals and families experiencing homelessness in the city limits of Savannah, Georgia. Agencies with demonstrated experience in emergency shelters and advocacy activities are encouraged to respond to this Homelessness Day Services Center Request for Proposals (RFP).

1.2 Scope of Services

Multiple contracts may be awarded to successful proposers with the capacity to carry out the following. Proposed programs and/or activities must benefit individuals experiencing homelessness in Savannah, Georgia.

- (1) Serve as an intake agency for Day Center clients in need of basic daytime needs of participants who are currently experiencing homelessness such as food, clothing, hygiene necessities, and shelter from weather conditions.
- (2) Manage day-to-day center operations (including basic maintenance, certified food services, janitorial services, and center monitoring services)
 - (a) Minimum hours of operation: Monday – Friday 8:30 a.m. – 5:00 p.m.
- (3) Provide assessment/intake of program participants using the local CoC Homeless Management Information System (HMIS)
- (4) Provide case management
 - (a) Connection to supportive services

- (b) Life skills training
- (c) Employment services and/or referral to job training programs
 - i. Vocational training
 - ii. Job readiness training
- (5) Provide referrals/linkages to the following services (as applicable)
 - (a) Counseling services/behavioral health services
 - (b) Medical health care services
 - (c) Oral health care services
 - (d) Vision screenings
 - (e) Mental health care services
 - (f) Prescription assistance
 - (g) Behavioral health care services
 - (h) Substance use treatment
 - (i) Legal aid services
 - (j) GED program or adult literacy program
 - (k) Harm reduction
 - (l) Immigration services
 - (m) Shelter diversion programs
 - i. Alternative housing arrangements
 - ii. Financial resources to achieve permanent housing
 - iii. Housing Case Manager
- (6) Provide access to the following services
 - (a) Nutritious meals and clean drinking water
 - (b) Transportation from remote sites to the day center
 - (c) Laundry services
 - (d) Shower facilities
- (7) Outreach and promote the program to the target population
- (8) Optional services
 - (a) Computer lab to check email, build resumes, or job search
 - (b) Recreational space (e.g., watching television, playing cards, reading and writing)
 - (c) Mail receiving services
 - (d) Locker/bag check safe storage for employment purposes only
 - (e) Access to public transportation assistance
 - (f) Access to personal care services (i.e., haircuts, clothing for employment/interviews)

1.3 Proposal Format

Applicants are required to submit a narrative response to the following questions using the outline as it appears below. All responses must be labeled accordingly.

- (1) **Applicant Experience:** Please describe your organization's experience and capability to provide the service being proposed. In your response, please include the following:

- (a) Organization’s mission.
 - (b) Organization’s experience in addressing and prioritizing equity and inclusion in program and service delivery, governance, hiring practices, etc. Include relevant program data and statistics, staff and Board of Director’s demographic breakdown, and clients served.
 - (c) Years of experience serving people experiencing homelessness.
 - (d) Description of programs provided to people experiencing homelessness and locations where services were provided.
 - (e) Other information that demonstrates your organization’s capability and capacity to deliver the program being proposed.
- (2) Proposed Program:** Please provide a description of your proposed program and services. In your response, include the following:
- (a) Detailed description of the services to be provided – Include a description of any evidence based/evidence-informed practices that will be implemented. Refer to the Scope of Services for requirements.
 - (b) Assessment/Intake Process and Eligibility Verification – Include a detailed description of the assessment or intake process and how client eligibility will be collected and validated.
 - (c) Equity and Inclusion – Include a description of how the proposed program/services will address and incorporate equity and inclusive practices.
 - (d) Number Served – Include an approximate number of people to be served by the program and daily center capacity.
 - (e) Program Hours and Locations – The City desires for the program to be as accessible as possible. Identify the specific locations, days, and times when program services will be available, including physical addresses. If services will be available at multiple sites, indicate which services will be available at each site.
 - (f) Outreach and Marketing Plan – Include a description of how the program will be promoted to clients and how clients will get to the location and access services.
 - (g) Proposed Staffing Plan– Include staff names, title, relevant experience, role in the proposed program, number of hours per week in the program proposed, and reporting/supervision structure or organizational chart.
 - (h) Partner Organizations – The City of Savannah encourages organizations to partner with each other to reach as many areas of the community as possible where assistance may be needed. For example, a shelter may not have the capacity to perform transportation activities required for the program and may seek to enter a partnership with an experienced organization to perform this function. NOTE: Partner agencies are subject to all program requirements related to the program component they manage including monitoring, record keeping etc. Please describe any new or existing partnerships the Provider plans to pursue to assist with implementation of the program. Include a letter(s) of support from partner organizations, with the proposed

role(s) of partners and whether the relationship is/will be voluntary or paid. Identify the lead Agency.

- (i) Organizational capacity for data collection and evaluation – Include a detailed description of the methods that will be used to collect the information, including specific measurable goals to assess program outcomes on clients served and performance measures that will be utilized to assess effectiveness of the services proposed.
- (j) Program timeline – Include a proposed timeline for administering the program.

(3) Proposed Sustainability Plan: The Provider shall ensure that the city’s investments are used to leverage additional investments/donations to the maximum extent possible to address the needs individuals and families experiencing homelessness. Please describe the proposed sustainability plan that includes the following:

- (a) How the agency plans to maintain the program and services should city funding not be available in future years.
- (b) Additional funding sources identified for the continued operation of the day center.
- (c) Specific strategies and a projected timeline to continue the Day Center program after the pilot year’s initial investment from the City of Savannah.
- (d) Specific services and activities to be continued, how many employees or volunteers will be needed, and how large (scale) the program will be.
- (e) Identify current and potential partners and other stakeholders needed to manage, operate, and sustain the selected services and activities.

(4) Budget: (use budget template in Attachment B) Provide a comprehensive itemized budget proposal. Include a detailed statement of hourly rates for all positions, full-time employees dedicated to the proposed program, subcontracting and consulting agreements, equipment and supplies, reimbursable expenses, in-kind contributions, other funding sources, etc. The budget should clearly explain all costs related to the services provided. Total expenses should not exceed the total of all funding sources.

1.4 Basis of Award

Proposals will be evaluated by a Proposal Review Committee (Review Committee). The Review Committee reserves the right to conduct interviews of any or all proposers as it deems necessary. Scores will be based on the following categories:

<u>Category</u>	<u>Points</u>
Applicant Experience	20
Proposed Program	40
Proposed Sustainability Plan	10
Budget	30
<hr/> Total	<hr/> 100

1.5 Proposal Deadline

All proposals must be submitted in accordance with the instructions contained in this Request for Proposals. All requested information must be included at the time the proposal is submitted. Proposals must be submitted electronically to the City of Savannah, Human Services Department, no later than 5:00 p.m., June 30, 2022 at: grants@savannahga.gov. Late proposals will not be accepted.

For more information about this opportunity, see the Homelessness Day Center Services Request for Proposals on the City's website at www.savannahga.gov/humanservices.

Attachment A: Proposal Certification

Organization:	
Address:	
City and Zip Code:	
Primary Contact:	
Contact Phone:	
Email:	
Funding Request:	\$
Approximate Number of Clients to be Served:	_____ Per (Check One): Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>
Proposed Days/Hours of Service:	

Certification

By signing below, I certify that to the best of my knowledge that the information contained in this proposal is accurate and complete and that I have legal authority to commit this Provider to a contractual agreement. I understand that final funding by the City of Savannah for any services of the type described in this Request for Proposals is based upon actual funding levels and approval of any contract by the Mayor and Aldermen of the City of Savannah.

I understand that the costs incurred in preparing and submitting this proposal for consideration by the City of Savannah shall not be reimbursed.

Signature:	Date:
Name:	Title:

Attachment B(1): Budget Template		[ENTER PROGRAM NAME] REVENUE [ENTER AGENCY NAME]
<i>This form should reflect the budget for the program proposed in your proposal. Please include funding from all sources which will be used to carry-out the Homelessness Day Services Center Program. Add additional rows if necessary.</i>		
REVENUE		2022 PROJECTED
Government Fees & Grants (Federal, State, Local)		
1.		
2.		
3.		
4.		
5.		
6.		
Subtotal		\$-
Private Grants		
7.		
8.		
9.		
10.		
Subtotal		\$-
Program Fees		
11.		
12.		
Subtotal		\$-
Membership Dues		
13.		
14.		
Subtotal		\$-
Other Support & Revenue		
15.		
16.		
17.		
18.		
Subtotal		\$-
19.	REVENUE (lines 1 thru 18)	\$-
20.	Revenue from City of Savannah	
21.	TOTAL REVENUE (line 19 + 20)	\$-

Attachment B(2): Budget Template	[ENTER PROGRAM NAME] EXPENDITURES [ENTER AGENCY NAME]
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This form should reflect the budget for the program proposed in your proposal. Please include all anticipated expenditures related to the Homelessness Day Services Center. Add additional rows if necessary. Utilize the appropriate column to show whether the expenditure will be paid using City of Savannah funding or other agency funding sources.

	EXPENDITURES	2022 EXPENSES (City of Savannah Funding)	OTHER EXPENSES	TOTAL EXPENSES
	PERSONNEL SERVICES			
22.	Salaries			
23.	Taxes and Benefits			
24.				
25.				
26.				
27.				
	CONTRACTUAL SERVICES			
28.	Utilities			
29.	Telephone			
30.	Travel/Training			
31.	Advertising			
32.	Occupancy Costs			
33.	Dues & Memberships			
34.	Professional Services			
35.	Insurance			
36.	Building Maintenance			
37.	Equipment Maintenance			
38.	Rentals (Equipment)			
39.	Printing and Publications			
40.				
41.				
42.				
43.				
44.				
45.				
46.				
	COMMODITIES			
47.	Operating Supplies			
48.	Postage			
49.	Equipment Purchases			
50.				
51.				
52.				
53.				

CAPITAL OUTLAY				
54.				
55.				
56.				
57.				
58.				
OTHER EXPENSES				
59.	Vehicle Maintenance			
60.				
61.				
62.				
63.				
64.				
65.				
66.				
67.				
68.				
69.	TOTAL PROGRAM EXPENSES (lines 22 thru 68)		\$-	\$-
70.	REVENUE (+/-) EXPENSES (lines 21 - 69)			\$-