# **APPENDIX B – MANDATORY REQUIREMENTS**

## **MANDATORY REQUIREMENT – FORM 1 – PROPONENTS DECLARATION**

**Acknowledgment of Addendums**

We acknowledge receipt of \_\_\_\_\_\_\_ addendums and agree that the addendum/addenda form part of the RFP. I am aware that failure to acknowledge the correct amount of Addendum(s) may result in the disqualification of my Proposal at DNSSAB’s sole discretion.

**Proponent's Declaration**

Please initial beside each statement with which you agree. For DNSSAB's purpose, only those Proponents who have accepted (checked) each statement of the Proponent's Declaration will be considered, unless further communicated; failure to agree to any statement may disqualify your Proposal at DNSSAB’s sole discretion.

|  |  |
| --- | --- |
|  |  |
|  | I/WE have reviewed all documents associated with this RFP and agree to all its terms and conditions. |
|  | I/WE declare that the Proposal submitted has been made entirely in accordance with the terms and conditions outlined in the RFP. |
|  | I/WE declare that this Proposal is the only Proposal submitted by us and that no other Proposal was submitted, by us, using a different name, subsidiary, or by any other means. |
|  | I/WE declare that this Proposal offers a single Solution and does not contain multiple Solutions and/or Pricing strategies based on distinct acceptance periods or conditions. |
|  | I/WE declare that this Proposal was submitted by a Proponent (and all Participating Entities) who is not an Opposing Party in legal action against the DNSSAB. |
|  | I/WE declare that this Proposal is made without collusion, connection, knowledge, comparison of figures or arrangement with any other Proponent, Company, firm or persons making a submission and is in all respects fair and without collusion for fraud. |
|  | I/WE declare that the Proponent's Company empowers the undersigned to negotiate all matters with DNSSAB's representatives relative to this RFP and any future Contract, and the person named below has the authority to submit this Proposal on behalf of the Proponent’s Company. |
|  | 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 DNSSAB’s Personnel 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’s employees, and/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 that in any way pertain to the Scope of Work outlined in this RFP or to the employee of the Proponent. |
|  | 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 in the Solution 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 comply with the Act's regulations. |

**DECLARATION OF A CONFLICT OF INTEREST** (*if applicable, provide details below*)

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**DECLARATION OF A JOINT SUBMISSION** (*if applicable, provide details below*)

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**Completed by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | |  | |
| Organization / Agency |  | | Authorized Signature | |
|  | |  | |  |
| Full Name of Signatory | |  | | Title |
| Date | |  | |  |

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## **MANDATORY REQUIREMENTS – FORM 2 – REQUIRED CONFIRMATION**

Please ensure to answer all questions below as either a Yes or No based on your Submission and Company. Please note that if any question has an answer of *No*, your Submission may be disqualified.

|  |  |  |
| --- | --- | --- |
| YES | NO | I / WE can confirm that: |
|  |  |  |
|  |  | I/WE have submitted a copy of a current Business License or Letters of Incorporation. |
|  |  | I/WE will submit verification of Commercial General Liability Insurance coverage of at least $2,000,000.00 per occurrence. |
|  |  | I/WE will submit a copy of a current Certificate from Workplace & Safety Insurance Board (WSIB). |
|  |  | I/WE are able to provide District-Wide Outreach Services within the District of Nipissing. |
|  |  | I/WE are currently using HIFIS (as identified in RFP) or are willing to use HIFIS moving forward. |
|  |  | Our organization is local to the District of Nipissing. |
|  |  | Our organization is or is willing to become a Coordinated Access Nipissing (CAN) Community Partner Agency |
|  |  | Have proven demonstratable experience in managing funding requirements and reporting. |
|  |  | Have proven demonstratable experience in complying with all applicable legislation, directives and regulations pertaining to provision of social services for vulnerable populations. |

**Completed by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | |  | |
| Organization / Agency |  | | Authorized Signature | |
|  | |  | |  |
| Full Name of Signatory | |  | | Title |
| Date | |  | |  |

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# **APPENDIX C – PROPOSAL APPLICATION**

**Section 1.0 Proponent Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.0 GENERAL BUSINESS INFORMATION** | | | | |
| Organization Type: | Registered Charity | Not for Profit | | For Profit |
| Legal Name: | | | | |
| Address: | | | | |
| City / Town: | | | | |
| Province: | | Postal Code: | | |
| Phone Number: | | Website: | | |
| Incorporation Number: (Charter/Letters Patent) | | Incorporation Date: | | |
| Business Number (Canada Revenue Agency): | | |  | |
| Preferred Language of Correspondence: | | |  | |

|  |  |
| --- | --- |
| **1.1 ORGANIZATION DETAILS** | |
| Please describe your Organizations Current Main Mandate and Activities: | |
| How many employees does your organization currently have? | |  |

|  |  |  |
| --- | --- | --- |
| **1.1 ORGANIZATION DETAILS Cont’d** | | |
| Has your organization undergone any important transformations in the last two years? | Yes | No |
| If answered YES to the above, please provide a description of the changes: | | |
|  | | |
| |  |  |  | | --- | --- | --- | | **1.2 LEGAL SIGNING OFFICERS** | | | | Number of signatures required to bind the organization into a legal agreement? | | | |  | Name | Title | | 1 |  |  | | 2 |  |  | | | |

**Section 2.0 Project Details**

|  |  |
| --- | --- |
| **2.0 PROPOSAL APPLICATION CONTACT (Primary Contact)** | |
| First Name: | Last Name: |
| Position Title: | |
| City / Town: | |
| Province: | Postal Code: |
| Phone Number: | Email: |

|  |  |
| --- | --- |
| **2.1 GENERAL PROJECT INFORMATION** | |
| Project / Proposal Title: | |
| Project / Proposal Duration (start date): | To (end date): |
| Location(s) of Project / Proposal Activities (if different from Organization’s address): | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.2 PROJECT FUNDING DETAILS** | | | |
| Please describe any current or future funding you anticipate for your proposed Project or Service? | | | |
| Source | Source Type | Cash ($ value) | In-Kind ($ value) |
|
|  |  |  |  |
|  |  |  |  |
| **IMPORTANT:**   * The Proposed Budget Form must also be completed and submitted with the application form for your project to be considered. | | | |

|  |  |
| --- | --- |
| **2.3 FINANCIAL PROJECT CONTACT** | |
| Name: | Contact Number: |
| Title: | Email: |

|  |
| --- |
| **2.4 PROJECT DESCRIPTION** |
| Please provide a brief description of your proposed project. |
| Be sure to include how the project / proposal will fulfill the requirements of this RFP. Please tie this into Section 2.2 – Objectives, from this RFP.  Explain how this service will demonstrate and place emphasis on the following criteria:   * Equitable and responsive access to services including availability throughout the District of Nipissing, 7 days a week and engagement and response to requests in the community for individuals in public spaces, who for example may be ‘sleeping rough’ or living outdoors at that moment in time (ex. sleeping in car, encampments etc.). * Culturally Relevant Supports for Indigenous Peoples * Sustainable and collaborative outcomes; * Innovative and timely solutions; * Building on existing community programs and services. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.5 TARGET POPULATION** | | | | | | | | | | |
| Please provide information on the client groups served as part of your project / proposal.  **Only check those most relevant to your project / proposal.**  HPP emphasizes measurable outcomes, and your project will be evaluated in terms of service to each population you identify below (check all that apply): | | | | | | | | | | |
| **2.6 TARGET HOMELESS POPULATION: (check all that apply)** | | | | | | | | | | |
| Unsheltered individuals  Provisionally accommodated individuals | | | | | | | | Emergency sheltered individuals  Individuals at imminent risk of homelessness | | |
| **2.7 GENDER - SERVICES ARE SPECIALIZED FOR: (check all that apply)** | | | | | | | | | | |
|  | |  | Male | Female | | | Gender Diverse | | Serve all Genders | |
| **2.8 AGE – SERVICES ARE SPECIALIZED FOR: (check all that apply):** | | | | | | | | | | |
| Children (0-11)  Youth (12-24) | | | | | | Adults (25-64)  Seniors (65+) | | | | Serve all Ages |
| **2.9 PRIORITY POPULATION(s): (check all that apply):** | | | | | | | | | | |
| Indigenous People  Refugees / Immigrants  Racialized People / Visible Minorities | | | | | | | | Veterans  Youth exiting child welfare system  People exiting a medical facility / service  People exiting a correction facility | | |
| **2.10 PROJECT OUTCOMES AND DELIVERABLES:** | | | | | | | | | | |
| The aim of the HPP data elements is to gather an understanding of the services accessed by participants experiencing homelessness and understand if the program supports the journey out of homelessness towards stable housing. Please describe your proposed project’s expected results and deliverables. (Must be specific, concrete and measurable.) Refer to Section 2.2 Objectives in the RFP Document. | | | | | | | | | | |
|  | | | | | | | | | | |
| **2.11 PROJECT NEED & RATIONALE** | | | | | | | | | | |
| Explain how the need for this project / proposal addresses the identified gap for those experiencing unsheltered homelessness. | | | | | | | | | | |
|  | | | | | | | | | | |
| **2.12 EVALUATION STRATEGY** | | | | | | | | | | |
| Describe how you will track and report on the progress and performance of your project / proposal. Please include specific, concrete, and measurable targets and indicators that directly tie to the activities you described above and the HPP indicators from Section 2.2 of the RFP. | | | | | | | | | | |
|  | | | | | | | | | | |
| **2.13 PROJECT COLLABORATIONS/PARTNERSHIPS** | | | | | | | | | |
| Will any other organizations, networks or partners be involved in carrying out this project / proposal:  Yes  No | | | | | | | | | |
| If YES, please identify the role(s) and expertise each partner will bring to the project / proposal: | | | | | | | | | |
| Partner Organization | | | | Role / Expertise | | | | | |
|  | | | |  | | | | | |
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| **2.14 COORDINATED ACCESS NIPISSING (CAN)** | | | | | | | | | |
| PLEASE NOTE:  If funded, you will be required to participate in CAN and be a signatory in good standing for the CAN/HIFIS Data Sharing Agreement.  This will include, but is not limited to:  • Filling service vacancies through the CAN Priority and Matching process.  • Completing standardized assessments of clients and adding/updating their information in the HIFIS database  • Participating in CAN task groups, including the CAN Executive and CAN Team weekly Action-Oriented Case Conferencing. | | | | | | | | | |
| Describe your agency’s current involvement and experience with CAN. | | | | | | | | | |
| Briefly describe how this service will interact with and contribute to the CAN system. | | | | | | | | | |

**Section 3.0 Additional Information**

|  |
| --- |
| Use this section for any additional information. Please reference the section numbers that you are addressing: |
|  |

**Section 4.0 Declaration and Signatures**

|  |
| --- |
| This Proposal Application Form must be signed by individuals as indicated in Section 1.3 as prescribed by the organization’s statutes or by-laws. |
| * I declare I am legally authorized to sign and submit this application on behalf of the organization named in **Section 1.0.** * I declare that the information provided in this application and supporting documentation is true, accurate and complete to the best of my knowledge. * I declare that the organization is actively incorporated and will be for the duration of this project.   I understand that if the information described above is false or misleading, I or the organization may be required to repay some, or all of the funding received. |

**Completed by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | |  | |
| Organization / Agency |  | | Authorized Signature | |
|  | |  | |  |
| Full Name of Signatory | |  | | Title |
| Date | |  | |  |

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**Completed by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | |  | |
| Organization / Agency |  | | Authorized Signature | |
|  | |  | |  |
| Full Name of Signatory | |  | | Title |
| Date | |  | |  |

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# **APPENDIX D - BUDGET SUBMISSION**

Provide a detailed breakdown of all costs associated with your Solution, using the template below (or the posted Excel Budget Document). Proponents may submit their own Budget template but must contain relevant information as identified below. Prices must be fully itemized and complete (no estimates). Prices must be in Canadian dollars. (Exclude HST). Proponent(s) may be asked to provide a more detailed budget upon signing, and to be considered part of, an agreement.

**Staffing Budget (add more rows if necessary)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Price Item** | **ROLE/POSITION** | **Number of FTE’s** | **Hourly Wage** | **Hours per Week** | **Total Cost** |
| Project Staff Costs |  |  |  |  |  |
| Administrative Staff Costs |  |  |  |  |  |
| Other Staffing Costs |  |  |  |  |  |

**Programming Budget (add more rows if necessary)**

|  |  |
| --- | --- |
| **Price Item** | **Cost** |
| Programming Costs - Supplies and Materials |  |
| Programming Costs – Telephone and Utilities |  |
| Programming Costs – Postage / Mailing / Courier |  |
| Programming Costs – Training / Staff Development |  |
| Programming Costs – Travel |  |
| Programming Costs – Other |  |
| Programming Costs – Other |  |
| Programming Costs – Other |  |
| Programming Costs – Other |  |
| Programming Costs – Other |  |
| Programming Costs – Other |  |

**Administrative Budget (add more rows if necessary)**

|  |  |
| --- | --- |
| **Price Item** | **Cost** |
| Administrative Costs |  |
| Other Costs |  |

**TOTAL PROPOSAL Budget**

|  |  |
| --- | --- |
| **Total Categories** | **Total Submitted Budget** |
| Staffing & Programming & Administrative Budget |  |

**Budget Completed by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | |  | |
| Organization / Agency |  | | Authorized Signature | |
|  | |  | |  |
| Full Name of Signatory | |  | | Title |
| Date | |  | |  |

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