

1. BIDDER INFORMATION

Bidder Organization Name	
Bidder Organization's Headquarter Address	
City/State/Zip	
Name of Executive Director or Equivalent	Title
Phone	Email
Name of Contact Person	Title
Phone	Email
Type of Entity/Organizational Structure	Non-Profit Public Agency
Response Date	

2. REQUEST FOR INTEREST RESPONSE

Submit in writing how your organization meets the following requirements:

- a. Experience**
 - (1) State your organization’s experience in providing licensed crisis residential services described above to the priority population including program location, and**
 - (2) Provide an example of a grant you received for a construction project and how you manage both the funds and the project.**

Submit in writing how your organization meets the following requirements:

b. Facilities - Describe the facilities for housing these services, including:

- (1) Condition,**
- (2) Capacity,**
- (3) Location, and**
- (4) Plan for obtaining site control if proposed facilities are not currently owned.**