**Request for Proposals for   
Gender-Based Violence Prevention and Intervention Services**

**Grant Period:**

**July 1, 2020 – June 30, 2025**

**01 COVER SHEET**

**Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal Tax ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FSP Supplier ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Program Title** | **Service Category**  Select one (1) from the following:   * Emergency Shelter Program * Crisis Line Services * Legal Services * Transitional Housing * Intervention / Advocacy * Prevention / Education | **Amount Requested** |
|  |  |  |

**Program Director: Name, Title, Address (if different from above), Phone, Fax, E-mail.**

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**Financial Officer: Name, Title, Address (if different from above), Phone, Fax, E-mail:**

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***Statement of Understanding About Availability of Funds***

***Applicant understands that: (1) no funds are committed to this RFP at this time; (2) the release of this RFP must not be construed as a commitment, nor a guarantee that funds will become available;***

***(3) the Department is not obligated to fund programs unless funds are available, and applicants submit correctly completed documents required by the Department. The Department reserves the right to grant partial funding as necessary.***

***Statement of Compliance to Terms of RFP and Contract Agreement***

***By submitting this application, applicant signifies acceptance of the responsibility to comply with all Department requirements stated in the RFP. If awarded grant funds, applicant further agrees to administer the grant in accordance with the City and County of San Francisco’s contract agreement.***

**Agency Official Authorized to Sign for Applicant:**

**Print Name­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_**