Prince Street Project Request for Proposal Application
Community Service Provider Partnership Opportunity

Instructions: Before completing this application, please review the Request for Proposal Guide in its entirety. This fillable PDF is intended to gauge your agency's interest in partnering with us and is non-binding. Responses should reflect your best anticipated projections.

Organizational Information:

1. Legal Name of Organization
2. Program Name
3. Primary Mailing Address
4. Primary Telephone Number
5. Website
6. Federal Tax ID (EIN) / DUNS (whichever is appropriate)
7. Primary Contact's Name
8. Title/Role
9. Email address
10. Executive Director's Name
11. Email address

Organizational Overview:

1. Mission Statement

2. Briefly describe your organization's history and primary programs

3. What population(s) does your organization primarily serve? (e.g. age, income level, cultural background, insurance status)

4. How many unduplicated clients did your organization serve last year?

Proposed Services:

1. What specific services are you proposing to deliver on-site the Prince Street Project? Be as specific as possible.

2. What days and hours would your staff be available on-site? (e.g., Mondays, Wednesday, Fridays from 9:00am – 3:00pm

3. How many clients do you estimate you would serve per month through this partnership?

4. Describe any intake, eligibility, or referral requirements clients must meet to access your services.

5. How does your service model align with trauma informed and culturally competent care principles?

Space & Operational Needs:

1. What type of space does your program require? (e.g. confidential office, shared space, meeting room, conference room, exam room)

2. Do you require any specialized equipment or technology? Please describe. (e.g. secure file storage, dedicated phone line, medical equipment)

3. How many staff would be present at any given time?

4. Is there any accessibility or environmental accommodation required for your staff or clients?

Partnership & Compatibility:

1. Why is your organization interested in partnership with the Prince Street Project? What drew you to this opportunity?

2. Specifically explain your organization's experience with under-resourced individuals experiencing housing insecurity, low-income, or similar.

3. Describe any existing relationships your organization has with the Lancaster County Homelessness Coalition or the community we serve?

4. How does your organization oversee client confidentiality?

5. Describe how this co-location would benefit both organization and the broader community.

Certification & Signature:

By signing below, the authorized representative of the organization certifies that all information provided in this Request for Proposal is accurate and complete, that the organization is in good standing, and that the signatory has the authority to commit the organization to the terms described herein.

Signature

Printed Name

Title

Date Submitted