**Exhibit A – Minimum Threshold Requirements & Documentation Checklist**

Minimum Threshold Requirements: Only Offeror’s who meet the minimum threshold requirements will be scored. Missing items from the checklist, Exhibit A, will be communicated to the contact person and the alternate person designated on the RFP application, via e-mail, based on the timeline in the RFP. Items submitted after the deadline will not be considered.

Offeror must submit this checklist with all of the forementioned documents.

Offeror: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **MINIMUM THRESHOLD** (Allowable Deficiency Correction Items) |
|  | Signed Exhibit A – Minimum Threshold Requirements and Documentation Checklist |
|  | RFP must be submitted via e-mail, according to the format specifications in Section I, 2.3 Proposal Format. |
|  | Offeror must submit all of the required Exhibits as indicated in the Part II Section 16, RFP Forms which include:  Application (Exhibit B)  Offeror Experience Form (Exhibit C)  Offeror Capacity Form (Exhibit D)  Offeror Funders Form (Exhibit E)  Offeror Certification Form (Exhibit F)  Offeror Reputation Certification Form (Exhibit G)  Offeror Accounting Practices Certification Form (Exhibit H)  Offeror Board of Directors Form (Exhibit I)  MFA’s Third-Party Code of Conduct Form (Exhibit J) |
|  | Offeror must be one of the following:   * A non-profit organization with 501(c)(3) status whose primary mission is to provide assistance and services to individuals and families who are experiencing homelessness; or * A unit of general-purpose local government; or * A tribal government |
|  | Offeror must submit proof of current registration (2024 or 2025) as a charitable organization with the New Mexico Attorney General’s Office or proof of exemption therefrom. |
|  | Offeror must submit an electronic copy of their fiscal year 2023 or 2024 independent Certified Public Accountant (CPA) auditor’s report conducted in accordance with Government Auditing Standards (GAS) or a letter from Housing New Mexico | MFA indicating that we have already received and approved your current audit. The audit must include the following:   * Repeat and/or unresolved audit findings or any pending investigations * Management response letter to any finding(s) and corrective action to clear the finding **or** provide details of the current status of the finding(s)   Offerors who are a local public body (housing authorities, local governments), must have an audit that was conducted by a certified auditor that has been approved by the New Mexico State Auditor’s office and is on the state Auditor’s list. |
|  | Business License |
|  | Offeror Mission Statement |
|  | Offeror Executive Summary |

|  |  |
| --- | --- |
|  | **Additional Documents Required for Scoring** |
|  | Provide the number of individuals (from the total number served) who exited to permanent housing opportunities between 1/1/24 to 12/31/24 (data will be verified by CAPER report) |
|  | Provide a one-page detailed account of the experience the Offeror’s management staff has had with federal grant funded programs. (This is in addition to and separate from Exhibit C) |
|  | Provide a copy of the Offeror’s current Organizational Chart |
|  | Provide up-to-date resumes of the Executive Director, Finance Director and/or Fiscal Manager, and Program Manager to demonstrate the administrative and financial management capacity necessary to accept and account for the use of public housing |
|  | Provide memorandums of understanding detailing collaboration with other organizations |
|  | Provide an explanation of how the shelter selects and trains all volunteers and paid staff |
|  | Provide a statement as to whether or not your organization conducts background checks on staff who will be working with children |
|  | Provide the agency’s policy on the use and/or possession of alcohol and illegal drugs in the shelter |
|  | Provide the agency’s policy about how the shelter handles possession of weapons |
|  | Provide certification showing that at least one staff person is trained in emergency first aid procedures |
|  | Provide the results from the most recent HQS/Habitability Inspection of the shelter |
|  | Provide the agency’s emergency plan covering fire, flood, and other disasters |
|  | Provide the agency’s grievance policy |
|  | Provide the most recent monitoring reports from all funding sources listed on the Funders Form (Exhibit E) |
|  | Provide evidence of coordination with other targeted homeless services (MOUs, letters of agreement, etc.) |

I certify that all information provided in this RFP application is true and correct, and that I have the authority to bind the Offeror to the assurances, as witnessed by my signature below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Exhibit B - Application**

**Request for Proposal**

Emergency Solutions Grant

Emergency Housing Assistance Program (EHAP)

Housing New Mexico | MFA

7425 Jefferson Street NW

Albuquerque, New Mexico 87109

(505)843-6880

Entity Type: Non-Profit Unit of Local Government Tribal

Offeror \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Title

E-Mail Phone

Alternate Contact Person Title

E-Mail Phone

Offeror Website

**Exhibit C – Experience**

What populations does your organization primarily serve? Check all that apply.

DV/Violence Survivors

Youth

Families/Individuals

Other (please describe)

How long has your organization been providing services to those experiencing homelessness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Counties does your shelter serve?

|  |  |  |
| --- | --- | --- |
| Bernalillo | Harding | Roosevelt |
| Catron | Hidalgo | Sandoval |
| Chaves | Lea | San Juan |
| Cibola | Lincoln | San Miguel |
| Colfax | Los Alamos | Santa Fe |
| Curry | Luna | Sierra |
| De Baca | McKinley | Socorro |
| Dona Ana | Mora | Taos |
| Eddy | Otero | Torrance |
| Grant | Quay | Union |
| Guadalupe | Rio Arriba | Valencia |

As it relates to providing services outside of your primary location, how will you address the geographic obstacles associated with assisting those that are experiencing homelessness?

Click or tap here to enter text.

What is the primary mission of your organization?

Click or tap here to enter text.

List what types of services/programs, other than shelter operations, your agency is currently offering.

Click or tap here to enter text.

What types of current and/or prior experience does your organization have ***housing*** individuals and families experiencing homelessness?

Click or tap here to enter text.

**Exhibit D - Capacity**

**Offeror:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following information regarding key staff positions that relate to this program for your organization:

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Staff Member** | **Years at Organization** | **Years in Current Position** |
| **Executive Director** | Enter name. | Enter years | Enter years |
| **Accountant or Fiscal Officer** | Enter name. | Enter years | Enter years |
| **Program Manager** | Enter name. | Enter years | Enter years |
| **Housing Stability**  **Case Manager** | Enter name. | Enter years | Enter years |

For each position listed above, write a brief description of their experience as it relates to housing, homelessness and/or administering federal assistance grants.

Executive Director:

Click or tap here to enter text.

Accountant/Fiscal Officer:

Click or tap here to enter text.

Case Manager:

Click or tap here to enter text.

**Exhibit E - Current Funders**

**Offeror:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a complete list of all funders, **NOT including** **Housing New Mexico | MFA**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source/Grant** | **Amount Received** | **Last Date Monitored if applicable** | **List Outstanding Findings, if applicable** |
| Enter Funding Source | Enter amount | Enter date | Enter findings |
| Enter Funding Source | Enter amount | Enter date | Enter findings |
| Enter Funding Source | Enter amount | Enter date | Enter findings |
| Enter Funding Source | Enter amount | Enter date | Enter findings |
| Enter Funding Source | Enter amount | Enter date | Enter findings |
| Enter Funding Source | Enter amount | Enter date | Enter findings |
| Enter Funding Source | Enter amount | Enter date | Enter findings |
| Enter Funding Source | Enter amount | Enter date | Enter findings |

**Exhibit F - offeror’s Certification**

Enter Offeror’s name (“Offeror”) is submitting a proposal to the Housing New Mexico | MFA to be considered for funding with the Emergency Solutions Grant Emergency Housing Assistance Program.

Offeror certifies that:

It will abide by all applicable federal and state of New Mexico laws and all applicable statutory, regulatory, and judicially created rules and guidelines.

It understands that Housing New Mexico | MFA will monitor its performance and compliance.

It is in good standing with all its funding sources.

It complies with Equal Employment Law and all government regulations regarding nondiscriminatory employment practices.

It understands and represents that any contract it enters into with Housing New Mexico | MFA will be binding in all respects.

It is currently registered with the NM Attorney General’s Registry of Charitable Organizations.

This proposal shall be valid until contract award or 90 calendar days from the proposal due date, whichever is longer.

**I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED IN THE PROPOSAL IS TRUE AND CORRECT, AND THAT I HAVE THE AUTHORITY TO BIND THE OFFEROR TO THE ASSURANCES, AS WITNESSED BY MY SIGNATURE BELOW.**

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit G - offeror’s reputation Certification**

**Offeror:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any current or pending litigation, allegations, administrative proceedings, or investigations by any party, especially any regulatory agency or funding entity, which could potentially impact the reputation or financial viability of the agency. (*If none, write “None”)*

Click or tap here to enter text.

**I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT, AND THAT I HAVE DISCLOSED ANY ISSUES THAT COULD IMPACT THE REPUTATION OF THE AGENCY.**

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit H - Accounting Practices Certification**

**Offeror:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offeror has a functioning accounting system that is operated in accordance with Generally Accepted Accounting Principles (GAAP) or has designated an entity that will maintain such an accounting system that is consistent with GAAP and agrees to maintain the system as long as it administers the ESG Rapid Re-Housing and Homeless Prevention Program.

If the offeror uses another designated entity, provide the name of the agency/firm/individual.

Enter name of agency/firm/individual

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit I - Board of directors/Commissioners**

|  |  |
| --- | --- |
| Name | Enter name |
| Home Address | Enter address |
| Employer | Enter employer |
| Position on Board | Enter position |
| Area of Expertise/Qualification | Enter area of expertise/qualification |
| Years on Board | Enter number of years |
| Term Expiration Date | Enter date |
|  |  |
| Name | Enter name |
| Home Address | Enter address |
| Employer | Enter employer |
| Position on Board | Enter position |
| Area of Expertise/Qualification | Enter area of expertise/qualification |
| Years on Board | Enter number of years |
| Term Expiration Date | Enter date |
|  |  |
| Name | Enter name |
| Home Address | Enter address |
| Employer | Enter employer |
| Position on Board | Enter position |
| Area of Expertise/Qualification | Enter area of expertise/qualification |
| Years on Board | Enter number of years |
| Term Expiration Date | Enter date |
|  |  |
| Name | Enter name |
| Home Address | Enter address |
| Employer | Enter employer |
| Position on Board | Enter position |
| Area of Expertise/Qualification | Enter area of expertise/qualification |
| Years on Board | Enter number of years |
| Term Expiration Date | Enter date |
|  |  |
| Name | Enter name |
| Home Address | Enter address |
| Employer | Enter employer |
| Position on Board | Enter position |
| Area of Expertise/Qualification | Enter area of expertise/qualification |
| Years on Board | Enter number of years |
| Term Expiration Date | Enter date |

(Use additional pages if necessary.)

**EXHIBIT J – Housing New Mexico | MFA THIRD-PARTY CODE OF CONDUCT**

1. Preamble. Housing New Mexico | MFA, an instrumentality of the state government, exists to serve the citizens of the State of New Mexico. To maintain the respect, trust, and confidence of the public, and consistent with Housing New Mexico | MFA’s commitment to conduct its business in an ethical and legal manner, Housing New Mexico | MFA requires that all Third Parties doing business with Housing New Mexico | MFA comply with this Third-Party Code of Conduct and otherwise uphold the highest standards of ethics and behavior.
2. Purpose. The purpose of this Code of Conduct is to provide general guidelines and a minimum standard of conduct for Third Parties doing business with Housing New Mexico | MFA.
3. Definitions. For the purpose of this Third-Party Code of Conduct, the following words and phrases shall have the following meanings:

" Housing New Mexico | MFA Employee" means any person employed directly by MFA and any person employed through a staffing agency or by contract and for whom MFA has the right to direct and control the work performed.

" Housing New Mexico | MFA Member" means a Member, and with respect to an ex-officio Member, his or her proxy, of the Board of Directors of the Housing New Mexico | MFA.

" Housing New Mexico | MFA Management" means the Executive Director/Chief Executive Officer, Chief Housing Officer, Chief Financial Officer, Chief Lending Officer and Director of Human Resources employed by the Housing New Mexico | MFA.

"Transaction" means any transaction including, but not limited to any sale, purchase, or exchange of tangible or intangible property or services; any loan, loan commitment or loan guarantee; any sale, purchase, or exchange of mortgage loans, notes, or bonds; or any other business arrangement or contract therefor.

1. Conflicts of Interest. Third Parties should avoid engaging in any activity that would conflict, interfere, or even create the appearance of a conflict with their business with Housing New Mexico | MFA. Third Parties must disclose any potential conflicts to Housing New Mexico | MFA in writing as soon as practicable upon discovery or recognition. Examples of potential conflicts include, but are not limited to:

* Engaging in a conflict-of-interest transaction prohibited by Section F of Housing New Mexico | MFA’s Code of Conduct, which can be found at housingnm.org.
* Providing gifts and entertainment to any Housing New Mexico | MFA Employee, Housing New Mexico | MFA Management or Housing New Mexico | MFA Member in an attempt to improperly influence Housing New Mexico | MFA business decisions.

Housing New Mexico | MFA shall not enter into any Transaction with a former Housing New Mexico | MFA Member or former Housing New Mexico | MFA Management for a period of one (1) year after such person ceases to be an MFA Member or Housing New Mexico | MFA Management, except with prior approval of a disinterested majority of all current Housing New Mexico | MFA Members.

To the extent applicable, Third-Party shall disclose conflicts of interest required pursuant to state or federal law, including but not limited to 2 CFR 200.112.

1. Anti-Discrimination and Anti-Harassment Policy. Housing New Mexico | MFA is committed to maintaining an employment environment in which all individuals are treated with respect and dignity and expects the same from Third Parties doing business with Housing New Mexico | MFA. Housing New Mexico | MFA expects that Third Parties will maintain a workplace where employment-related decisions are based on performance, ability, or other legitimate, non-discriminatory bases and are never based on race, color, national origin, ancestry, citizenship status, religion, sex, sexual orientation, gender identity, age, physical or mental disability, serious medical condition, marital status, status with regard to public assistance, veteran status, or any other legally protected status. Housing New Mexico | MFA also maintains and expects Third Parties to maintain a workplace that is free of unlawful harassment. This includes harassment based upon any of the above legally protected status (such as age, sex, religion, national origin, etc.) and which creates an intimidating, hostile, or offensive working environment. This also includes sexual harassment which is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment, submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual; or such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidated, hostile, or offensive working environment. Housing New Mexico | MFA will also not tolerate any form of unlawful discrimination or harassment of an Housing New Mexico | MFA Employee by any Third-Party including by its employees, owners, managers, members, directors, agents, or representatives
2. Confidential Information and Intellectual Property. Third Parties doing business with Housing New Mexico | MFA must protect any confidential or proprietary information that belongs either to Housing New Mexico | MFA or any other third-party with whom Housing New Mexico | MFA does business, if such other third-party has provided Housing New Mexico | MFA with confidential or proprietary information. Confidential or proprietary information includes, but is not limited to, any non-public financial information, business processes and systems, intellectual property, personally identifiable information of Housing New Mexico | MFA’s customers, and personally identifiable or private information about any Housing New Mexico | MFA Employee, Member, Management, third-party, or customer, such as identity, medical, employment, or financial information. To the extent necessary for a Third-Party to share Housing New Mexico | MFA’s confidential or proprietary information with a sub-contractor, Housing New Mexico | MFA expects the Third-Party to implement adequate controls at a level no less than those set forth in this Third-Party Code of Conduct with such sub-contractor. Third Parties must not infringe upon the intellectual property rights of other companies or organizations. Third Parties must return all confidential and proprietary information in their possession to Housing New Mexico | MFA when the contractual relationship between Housing New Mexico | MFA and the Third-Party has terminated, unless otherwise specified by contract. The obligation to protect Housing New Mexico | MFA’s confidential and proprietary information continues even after any business relationship between Housing New Mexico | MFA and the Third-Party ends. Housing New Mexico | MFA may require that Third Parties sign a separate confidentiality and non-disclosure agreement.
3. Onsite Visitor Requirements. While on Housing New Mexico | MFA’s premises, Third Parties must comply with all Housing New Mexico | MFA rules and procedures, including security measures and requests. These may include but are not limited to:

* Registering with reception.
* Accessing only authorized areas unless accompanied by a Housing New Mexico | MFA Employee.
* Promptly reporting known security violations and property loss or damage.
* Complying with all MFA facility requirements, including maintaining a substance-free and violence-free workplace.
* Any public health and safety policies in effect, including wearing a face mask.

1. Compliance with Laws, Regulations, Policies and Procedures and Contracts. All Third Parties must comply with all applicable state and federal laws, codes, and regulations and Housing New Mexico | MFA’s policies and procedures to the extent applicable to the Third-Party and must not violate any terms and conditions established by contract with Housing New Mexico | MFA.
2. Business Integrity. Any and all forms of illegal or inappropriate activity by a Third-Party doing business with Housing New Mexico | MFA, including, but not limited to, corruption, misrepresentation, extortion, embezzlement, or bribery, are strictly prohibited and may result in termination of any or all agreements with Housing New Mexico | MFA.

OFFEROR ACKNOWLEDGMENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed) Date

Signature