

In an effort to streamline the process of submitting applications, staff has separated out the fillable forms.

Attached is the Application Checklist with links to the forms and documents embedded in each checklist item.

Please submit the proposal as one PDF document to [SocialServicesRFP@weho.org](mailto:SocialServicesRFP@weho.org).

# CITY OF WEST HOLLYWOOD SOCIAL SERVICES PROPOSAL - 2022 PROPOSAL CHECKLIST

Agency Name:

Program Name:

Submit the proposal as one complete PDF document to [SocialServicesRFP@weho.org](mailto:SocialServicesRFP@weho.org)

Cover Page [\(here\)](#)

Statement of Applicant's Eligibility [\(here\)](#)

Proposal Checklist (Completed)

Proposal Narrative [\(here\)](#)

Administrative Information for New Applicants [\(here\)](#)

Agency & Program Income Summary [\(here\)](#)

Summary of Government Grants and Contracts and Services to West Hollywood Community Members [\(here\)](#)

Exhibit A (Scope of Services) [\(here\)](#)

Exhibit B (Budget) [\(here\)](#)

If your agency has NOT contracted with City in 2019, submit one (1) of each of the following documents:

IRS letter confirming 501(c)(3) status (copy), or Board resolution and 501(c)(3) status letter sponsoring organization

Roster of Board of Directors with affiliations

Most recent complete agency annual financial statement (audit preferred) and most recent IRS Form 990

Also, please indicate whether your agency can supply the following materials in support of your application. These materials may be requested during the RFP review process, and will be required before the City authorizes contracts.

MATERIALS	HAVE	DO NOT HAVE
By-Laws		
Articles of Incorporation		
Written Personnel Policies		
Written Fiscal Policies		
Client Evaluation and Grievance Process		
Copy of your agency's sexual harassment policy		
General Liability Insurance of \$1 Million per occurrence		
Workers Compensation Insurance as required by the State		
Crime Coverage Insurance of \$10,000		
Medical Malpractice Insurance - \$1 Million per occurrence*		
Professional Liability Insurance - \$1 Million per occurrence*		
Professional Liability of Errors & Omissions Insurance - \$1 Million per occurrence*		
Auto Liability, if applicable		

Note: As part of all social services contracts, the City requires that insurance policies name the City of West Hollywood as an additional insured.

\* If applicable for medical and counseling programs.