

CONSUltant/Subcontractor application

Please read the instructions carefully and complete all of the requested information. Incomplete applications will not be considered. Your signed and completed application and attachments may be submitted by mail to Business Office, TAC, 31 St. James Ave. #950, Boston MA 02116 *or* emailed to info@tacinc.org.

# part one: organizational information

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| **Contact Person:** |       |
| **Title:** |       |
| **Mailing Address:** |       |
| **City:** |       | **State:** |       | **Zip:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email:** |       |
|  |  |
|  |  |
| **Company/Consultant Name:** |       |
| **Type of Entity:****(check one)** | [ ]  | **Sole Proprietor** | [ ]  | **Corporation** |
| [ ]  | **LLC** | [ ]  | **Other:** |  |
| **Tax Number:** |  |
| **DUNS Number:** |  |

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| **Has the organization submitted, or does the organization intend to submit, an application directly to HUD for technical assistance funds?** | [ ]  | Yes | [ ]  | No |
| **If yes, please explain:** |
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|  |  |  |  |  |
| **Has the organization applied, or does the organization intend to apply, as a subcontractor to another HUD technical assistance provider?** | [ ]  | Yes | [ ]  | No |
| **If yes, please explain:** |
|       |
| **To what other entities has this organization been a subcontractor or consultant in the past 18 months?** |
|       |
| **Insurance:** **Upon request, could the organization provide a certificate of insurance?** | [ ]  | Yes | [ ]  | No |

# organizational biography

In the space below, please provide a general description of your organization and its experience and qualifications in the areas of affordable housing; community planning; Continuum of Care program and planning; the design and delivery of services to prevent and end homelessness; behavioral health systems planning; *Olmstead* planning; organizational development; training and technical assistance; and related topics. Please describe your experience with planning and programming for subpopulations including homeless and at-risk youth; transition-age youth; veterans; people with mental health issues; and people with substance use disorders. Please include a corporate résumé or brochure if one is available. Please also provide details, including résumés, on the experience and expertise of the key individuals in your organization who would provide consulting services.

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# Individual Consultant Biography

If you are an individual consultant, please provide a general description of your experience and qualifications in the areas of affordable housing; community planning; Continuum of Care program and planning; the design and delivery of services to prevent and end homelessness; behavioral health systems planning; *Olmstead* planning; organizational development; training and technical assistance; and related topics. Please describe your experience with planning and programming for subpopulations including: homeless and at-risk youth; transition-age youth; veterans; people with mental health issues; and people with substance use disorders. Please include your résumé.

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# part two: billing information

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| **Status** **(check all that apply):** | [ ]  | **Organization is independently audited.** |
| [ ]  | **Organization is subject to a federal single audit.** |
| [ ]  | **Organization has an approved federally negotiated indirect cost rate.** |
|  | [ ]  | **Organization is not federally audited and does not have federally negotiated indirect cost rates. The rates listed below are determined by individual.** |
|  | [ ]  | **Not Applicable** |

# Proposed Rate Schedule

Please include the information below for each person who would be providing technical assistance services. Check “staff” or “subcontractor” based on the person’s relationship to your own organization. Note that the fully loaded rate should include direct labor costs and all applicable indirect labor costs (such as fringe benefits, overhead, and G&A) but not travel, which is paid separately at the government rate. The fully loaded rate must not include a fee or profit, and must be consistent with rates charged to other government and non-government clients for comparable work.

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| --- | --- | --- | --- | --- | --- |
| **Name:** |       | [ ]  | Staff | [ ]  | Subcontractor |
| **Title:** |       |  |  |  |  |
| **Email:** |       |  |  |  |  |
| **Fully loaded hourly billing rate:** | 2017: |       | 2018: |       | 2019: |       | 2020:  |       |
|  |
| **Name:** |       | [ ]  | Staff | [ ]  | Subcontractor |
| **Title:** |       |  |  |  |  |
| **Email:** |       |  |  |  |  |
| **Fully loaded hourly billing rate:** | 2017: |       | 2018: |       | 2019: |       | 2020:  |       |
|  |
| **Name:** |       | [ ]  | Staff | [ ]  | Subcontractor |
| **Title:** |       |  |  |  |  |
| **Email:** |       |  |  |  |  |
| **Fully loaded hourly billing rate:** | 2017: |       | 2018: |       | 2019: |       | 2020:  |       |
|  |
| **Name:** |       | [ ]  | Staff | [ ]  | Subcontractor |
| **Title:** |       |  |  |  |  |
| **Email:** |       |  |  |  |  |
| **Fully loaded hourly billing rate:** | 2017: |       | 2018: |       | 2019: |       | 2020:  |       |
|  |
| **Name:** |       | [ ]  | Staff | [ ]  | Subcontractor |
| **Title:** |       |  |  |  |  |
| **Email:** |       |  |  |  |  |
| **Fully loaded hourly billing rate:** | 2017: |       | 2018: |       | 2019: |       | 2020:  |       |

# recent rate history

For some clients, including federal funders, TAC must demonstrate that rates are competitive. In this section, please provide the *lowest* rates charged during the previous 12 months. Include at least three examples, including at least one for each person listed above.

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| **Name of Client:** |       |
| **Contact Person:** |       |
| **Title:** |       |
| **Telephone:** |       |
| **Consultant Staff:** |       |
| **Performance Period:** |       | **Fully loaded hourly billing rate:** |       |
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| **Name of Client:** |       |
| **Contact Person:** |       |
| **Title:** |       |
| **Telephone:** |       |
| **Consultant Staff:** |       |
| **Performance Period:** |       | **Fully loaded hourly billing rate:** |       |
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| **Title:** |       |
| **Telephone:** |       |
| **Consultant Staff:** |       |
| **Performance Period:** |       | **Fully loaded hourly billing rate:** |       |
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| **Telephone:** |       |
| **Consultant Staff:** |       |
| **Performance Period:** |       | **Fully loaded hourly billing rate:** |       |
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# part three: certification and submission

The undersigned hereby certifies that they are the duly authorized representative and have the authority to submit this application on behalf of the consultant. The undersigned further certifies that the information included in this application and in any attachments in support hereof is true, correct, and complete to the best of their knowledge and belief. The undersigned authorizes TAC to contact the clients referenced herein to obtain performance information for the purpose of evaluating this application.

IN WITNESS WHEREOF, the consultant has caused this document to be duly executed in their name on this       day of      , 2017.

|  |  |
| --- | --- |
| **Consultant:** |       |
|  |  |
| **Signature:** |       |
| **Name:** |       |
| **Title:** |       |

**Please include with your application:**

Corporate résumé or brochure if available.

Résumés for all personnel named in the application.

Contact information for three professional references.

Your signed and completed application and attachments may be submitted by mail to Business Office, TAC, 31 St. James Ave. #950, Boston MA 02116 *or* emailed to info@tacinc.org.