

REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ #7191)
 COUNTY OF SAN DIEGO DISTRICT ATTORNEY'S OFFICE
 COMMUNITY CRIME PREVENTION AND RECIDIVISM AND REDUCTION SERVICES
 STATEMENT OF QUALIFICATIONS QUESTIONNAIRE

SECTION 1: VENDOR INFORMATION AND IDENTIFICATION OF SERVICES TO BE PROVIDED.

Organization _____

Contact Person _____ **Title** _____

Address _____ **Phone Number** _____

Email / Webpage _____

| Type of Entity/Organizational Structure | Please Check |
|---|--------------------------|
| Corporation | <input type="checkbox"/> |
| Sole Proprietor | <input type="checkbox"/> |
| Joint Venture | <input type="checkbox"/> |
| Limited Liability Partnership | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> |
| Limited Liability Corporation | <input type="checkbox"/> |
| Nonprofit 501 (C) 3 | <input type="checkbox"/> |
| Church not incorporated | <input type="checkbox"/> |
| Church incorporated | <input type="checkbox"/> |
| Other: (Please state). | <input type="checkbox"/> |

CHECK ALL BOXES BELOW FOR PROPOSED SERVICES TO BE PROVIDED BY YOUR ORGANIZATION:

| Type of Services (Categories) | Please Check |
|---|--------------------------|
| Personal Growth or Developmental Programs | <input type="checkbox"/> |
| Counseling Services | <input type="checkbox"/> |
| Job Training and Placement | <input type="checkbox"/> |
| Wellness and Nutritional Programs | <input type="checkbox"/> |
| Coiffure Services | <input type="checkbox"/> |
| Internship Programs | <input type="checkbox"/> |
| Transportation Services | <input type="checkbox"/> |
| Building Security Services | <input type="checkbox"/> |
| Youth Diversion Programs | <input type="checkbox"/> |
| Mentoring Programs | <input type="checkbox"/> |
| Apparel Services | <input type="checkbox"/> |
| Barber Services | <input type="checkbox"/> |
| Temporary Housing Options | <input type="checkbox"/> |
| Educational and Literacy Programs | <input type="checkbox"/> |
| Mental Health Assessments | <input type="checkbox"/> |
| Physical Health Assessments | <input type="checkbox"/> |
| Personal Finance and Consumer Skills | <input type="checkbox"/> |
| Temporary Housing Options | <input type="checkbox"/> |
| Cognitive Behavioral Therapy | <input type="checkbox"/> |
| Other: Please List _____ | <input type="checkbox"/> |
| Note: Organizations may propose service types not listed above if services contribute to crime prevention and recidivism reduction efforts. | |

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STATEMENT OF QUALIFICATIONS QUESTIONNAIRE

SECTION 2: MINIMUM MANDATORY REQUIREMENTS

PLEASE NOTE THAT RESPONSES TO THE MINIMUM MANDATORY REQUIREMENTS ARE ON A PASS/FAIL BASIS. UNLESS SPECIFICALLY STATED OTHERWISE WITHIN THE QUESTIONNAIRE. ANY ORGANIZATION THAT IS UNABLE TO ANSWER THE APPLICABLE YES TO ANY OF THE SPECIFIED YES/NO QUESTIONS WITHIN THE MINIMUM MANDATORY REQUIREMENTS SECTION OF THE QUESTIONNAIRE OR FAILS TO PROVIDE ANY REQUESTED INFORMATION AND EVIDENCE WILL NOT BE CONSIDERED.

1. Confirm Yes/No that your Organization has at least 2 years of experience providing crime prevention and recidivism reduction type services or programs. For example, the services listed in Section 1, including but not limited to Personal Growth or Development Programs, Counseling Services, Apparel Services, Barber Services, etc. Yes () No ()
 - a. List the services your organization has provided that meets this requirement including:
 - Brief Description of Services Provided
 - Names of customers, organizations, and/or agencies that you provided services to
 - Dates of services provided (going back at least two years)

County may request for contact references and reserves the right to request clarification and/or request additional information from Offerors if necessary.

2. County's expectation is for service to be provided in the South San Diego Region [i.e. south of Interstate 8]. Please acknowledge that your Organization will provide services in the communities in the South San Diego Region. Specific locations [i.e. zip codes] will be determined and specified at the task level (Step 3).
Yes () No ()

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STATEMENT OF WORK

7. Describe any current information your organization maintains to demonstrate the impact/effectiveness of services provided to the target population.

8. Please describe your organization's ability and capacity to deliver services in multiple languages and to diverse literacy levels.

9. Confirm that your organization has ability to provide services during the day, evening, and on weekends?
Yes () No () Please indicate your proposed hours of business.