**Instructions**: Provide detailed responses in the text boxes to the questions below. If additional attachments are required as specified below, submit the attachments in the order they are requested below. There is no page limit for this Appendix E – Technical Response to Questions or any associated attachments.

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| **Vendor Name** |  |

1. **What is your capacity to provide a response for county -wide cold weather emergency shelter and coordination with related services to individuals and families experiencing homelessness, to ensure the safe and positive support and resources to the population?**

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1. **Describe, in narrative form, your approach to collaborating with municipalities, related providers and others for the proposed county as indicated in Subsection 2.1.5., as it relates to the overall Scope of Services.**

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1. **Describe, in narrative form, your experience in opening or operating a facility, utilizing hotels and/or other housing facilities to meet community needs. If applicable, describe your experience providing a regional, cold weather shelter facility.**

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1. **Describe your knowledge of the geographic area and population needs for services within the geographic area for which you are applying. Include your experience in assisting the target population.**

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