**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 D – Technical Response to Questions or any associated attachments.

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| **Vendor Name** |  |
| **Proposed County** |  |

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

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1. **Describe your approach to collaborating with municipalities, related providers and other stakeholders within the proposed county as indicated in Subsection 2.1.4., as it relates to the overall Scope of Services.**

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1. **Describe your experience in opening or operating a shelter 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 county(ies) and population needs for services within the county(ies) for which you are applying. Include your experience in assisting the target population.**

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