*The Homeless Leadership Board reserves the right to change these terms and conditions at any time based on any new information released by U.S. Department of Housing and Urban Development.*

**Bonus Project Funding Rapid Re-Housing for Families and Individuals**

**Application Cover Sheet**

Click/tap here to enter your Agency Name.

Click/tap here to enter your Project Name.

|  |  |
| --- | --- |
| 1. Applicant Agency:
 | **Click here to enter text.** |
| 1. Agency CEO/Executive Director/Area Director:
 | **Click here to enter text.** |
| 1. Agency Primary Contact for this Proposal:

Name: **Click here to enter text.**Title: **Click here to enter text.**1. Address: Click here to enter text.
2. Email: Click here to enter text.
3. Phone #: Click here to enter text.
 |
| 1. Federal Tax ID or EIN:
 | Click here to enter text. | 1. DUNS Number:
 | Click here to enter text. |
| 1. What is the estimated start and end date of the project? **Click here to enter text.**
 |
| 1. How does the organization establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds that may be awarded under the terms of this RFP?

Click here to enter text. |
| 1. Total Project Budget (annually):

$Click here to enter text. | 1. Amount Requested (annually):

$ Click here to enter text. | 1. Percent of Amount Requested of Total Annual Project Budget:

Click here to enter text.% |
| Source(s) of Project Funding | Amount of Project Funding |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**ORGANIZATION**

1. Describe the organization’s mission, basic organization and management structure of your organization.Include evidence of internal and external coordination and an adequate financial accounting system**.** (**Narrative is limited to 2500 characters with spaces.**)

Click or tap here to enter text.

**EXPERIENCE**

1. Provide a description that addresses the entire scope of the proposed project.Be sure to include the experience of the applicant in working with the proposed population and in providing housing similar to that proposed in the application. (**Narrative is limited to 3000 characters with spaces.**)

Click or tap here to enter text.

1. **Demonstrate how this project follows the Housing First model**. Clearly describe the program design to show how it meets the HUD definition of Housing First.
	1. Please complete and submit **Attachment A.** **Housing First/Low Barrier Questionnaire**.
	2. Demonstrate the process of how the project will address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases. (**Narrative is limited to 750 characters with spaces.**)

Click or tap here to enter text.

1. Describe your organization’s experience in effectively utilizing HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on exiting grants. (**Narrative is limited to 2500 characters with spaces.**)

Click or tap here to enter text.

**DESIGN OF HOUSING & SUPPORTIVE SERVICES**

|  |  |
| --- | --- |
| Population | Total Households to be Served |
| Single Person Households | Click or tap here to enter text. |
| Multi-Person Households | Click or tap here to enter text. |
| Of the households above, how many will be: | Total Households to be Served |
| Families | Click or tap here to enter text. |
| Unaccompanied Youth (18-24 years) | Click or tap here to enter text. |
| Chronically Homeless | Click or tap here to enter text. |
| Veterans | Click or tap here to enter text. |
| Survivors of Domestic Violence | Click or tap here to enter text. |

1. **Need Statement:** Briefly explain the need for this project in your geographic location and describe how the proposed project fills any gap in the provision of services for your target population. Mention whether or not your project will duplicate services in the area and why this duplication is necessary.(**Narrative is limited to 1500 characters with spaces.**)

Click or tap here to enter text.

1. Describe how this project will fully leverage mainstream resources for supportive services. (**Narrative is limited to 1500 characters with spaces.**)

Click or tap here to enter text.

* 1. Describe specific activities that will be in place to identify and enroll all Medicaid- eligible program participants. (**Narrative is limited to 1500 characters with spaces.**)

Click or tap here to enter text.

* 1. Demonstrate how the project will include Medicaid-financed services, including case management, behavioral health services or other services important to supporting housing stability. This may include Medicaid-financed services either by the recipient receiving Medicaid coverage payments for services provided to project participants or through formal partnerships with one or more Medicaid billable providers (e.g., Federally Qualified Health Centers). Where projects can demonstrate that there are barriers to including Medicaid-financed services in the project, demonstrate that the project leveraged non-Medicaid resources available in the CoC’s geographic area, including mainstream behavioral health system resources such as mental health or substance abuse prevention. (**Narrative is limited to 1500 characters with spaces.**)

Click or tap here to enter text.

**PROPOSED PERFORMANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Performance Measure | Target Benchmark | Data Source | Proposed Benchmark |
| Participants spend XX days from project entry to residential move-in | 30 days | APR Q22c | Click or tap here to enter text. |
| Minimum percent move to permanent housing | 80% | APR Q23a & Q23b; See Worksheet 2 | Click or tap here to enter text. |
| Maximum percent of participants return to homelessness within 12 months of exit to permanent housing | 15% | Custom ART Report | Click or tap here to enter text. |
| Minimum new or increased earned income for project stayers | 10% | APR Q19a1 (Only includes participants who have been in the project for 365+ days.) | Click or tap here to enter text. |
| Minimum new or increased non-employment income for project stayers | 20% | APR Q19a1 (Only includes participants who have been in the project for 365+ days.) | Click or tap here to enter text. |
| Minimum new or increased earned income for project leavers | 15% | APR Q19a2 | Click or tap here to enter text. |
| Minimum new or increased non-employment income for project leavers | 10% | APR Q19a2 | Click or tap here to enter text. |
| Minimum percent of participants with zero income at entry | 30% | APR Q16 | Click or tap here to enter text. |
| Minimum percent of participants with more than one disability | 30% | APR Q13a2 | Click or tap here to enter text. |
| Minimum percent of participants entering project from place not meant for human habitation | 30% | APR Q15 | Click or tap here to enter text. |

**RAPID RE-HOUSING COMPONENTS**

1. Rapid Re-Housing is an intervention designed to help families and individuals to quickly exit homelessness and return to permanent housing. Rapid Re-Housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household.
	1. **Component One:** Housing Identification. Please include in your narrative plans to: 1) recruit landlords to provide housing opportunities for families and individuals experiencing homelessness; 2) address potential barriers to landlord participation such as concern about the short-term nature of rental assistance and tenant qualifications; and 3) assist households to find and secure appropriate rental housing.
	2. **Component Two:** Rent and Move-In Assistance. Clearly describe how the project will provide assistance to cover move-in costs, deposits, and the rental and/or utility assistance (typically six months or less) necessary to allow families and individuals to move immediately out of homelessness and to stabilize in permanent housing.
	3. **Component Three:** Rapid Re-Housing Case Management and Services which will: 1) help families and individuals experiencing homelessness identify and select among various permanent housing options based on their unique needs, preferences, and financial resources; 2) help families and individuals experiencing homelessness address issues that may impede access to housing (such as credit history, arrears, and legal issues); 3) help families and individuals negotiate manageable and appropriate lease agreements with landlords; 4) make appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing; 5) monitor participants’ housing stability and be available to resolve crises, at a minimum during the time RRH assistance is provided; 6) provide or assist the household with connections to resources that help them improve their safety and well-being and achieve their long-term goals. (This includes providing or ensuring that the household has access to resources related to benefits, employment and community-based services (if needed/appropriate) so that they can sustain rent payments independently when rental assistance ends); and, 7) ensure that services provided are client-directed, respectful of families and individuals’ right to self-determination, and voluntary.

Clearly demonstrate how this project will follow the Rapid Re-Housing (RRH) model which will minimally include all of the core components listed above. (**Narrative is limited to 7500 characters with spaces.**)

Click or tap here to enter text.

1. Describe how you plan to track the single-person and multi-person households in order to ensure that they remain permanently housed 12 months after they have been rapidly re-housed.Please describe the methods you will use to touch base periodically with the single-person and multi-person households after project discharge. (**Narrative is limited to 2500 characters with spaces.**)

Click or tap here to enter text.

1. Describe specifically how participants will be assisted to both increase their employment and/or income to maximize their ability to live independently. (**Narrative is limited to 1500 characters with spaces.**)

Click or tap here to enter text.

**TIMELINESS**

1. Describe the estimated schedule for the proposed activities, the management plan and the method for ensuring effective and timely completion of all work. (**Narrative is limited to 2500 characters with spaces.**)

Click or tap here to enter text.

**FINANCIAL**

1. Please attach the organization’s most recent financial audit.

[ ]  The audit found no exceptions to standard practices

[ ]  The audit identified agency as “low risk”

[ ]  The audit indicates no findings

If one or more of these were not met, please explain.(**Narrative is limited to 750 characters including spaces.**)

Click or tap here to enter text.

1. In the tables below, demonstrate how this project will match additional resources to develop a comprehensive project which meets the needs of the chronically homeless and ensure successful program outcomes.

Amount of Match Dollars this Project will provide to the CoC: **$Click or tap here to enter text.**

Percent of Total Project Budget: **Click or tap here to enter text.%**

|  |  |
| --- | --- |
| **Source(s) of Match** | **Amount of Match Dollars** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

1. **Annualized Budget:** Please provide a line item budget for each category listed below. For personnel, include title, responsibilities associated with this project, and percent of time spent on project. Make certain that expenditures are in line with allowable costs as explained in the Federal Register.

Add rows to table as needed-Budget is not a part of the page limit

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expenses** | **CoC Request** | **25% HUD Match** | **Additional Funds** | **Total** |
| Salaries |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Fringe Benefits |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Travel |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Equipment |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Supplies |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Total Direct Costs | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Indirect Charges – 7% Maximum | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total** **(Sum of Total Direct Costs and Indirect Charges)** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Program Income** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

\* Your 25% match can be cash and/or in-kind.

1. **Budget Narrative:** In narrative format, justify your project expenses and explain how the expenditure relates to your project Objectives and why it is necessary to achieve your anticipated Outcomes, in one page or less.

Click or tap here to enter text.

**PROJECT EFFECTIVENESS**

1. **Demonstrate how 100% of program entries will come from Coordinated Entry referrals.** (**Narrative is limited to 750 characters including spaces.**)

Click or tap here to enter text.

**LOCAL CRITERIA**

1. What is average cost per single-person household or multi-person household for the **proposed** contract year? Cost Per Unit equals the Total Project Budget divided by the Proposed Number of Single-Person Households/Multi-Person Households to be served.  *Ensure that the total Project budget* ***includes the Match Dollars*** *and demonstrate how this figure was derived.* Please indicate if the cost unit is “per single-person household” or “per multi-person household”. **See Attachment B. Worksheet**

|  |  |  |
| --- | --- | --- |
| Total Project Budget | Proposed Number of Households to be Served | Cost Per Unit |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

RFP Bonus project rapid re-housing Individual check list

Click/tap here to enter your Agency Name.

Click/tap here to enter your Project Name.

|  |
| --- |
| **AUTHORIZED SIGNATURE** |
| “I certify that the information contained in the Continuum of Care (CoC) Program Process **Request for Proposal** is true and accurate and understand that it will be used in the process of ranking this project against all other applications submitted for the **Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2019 Continuum of Care Program Competition**.I understand that I must notify the Pinellas County Homeless Leadership Board, the Collaborative Applicant and the HMIS Lead Agency, of any changes to the information contained in the CoC Program Process. I also understand that I am required to inform the CEO of the Pinellas County Homeless Leadership Board, in advance, regarding any communication with the Department of Housing and Urban Development, including the field office headquartered in Jacksonville, Florida, regarding any changes being requested to the contract, any contractual obligations, or the program design, that directly changes the scope of the project or service delivery.I further understand that the CoC program rule establishes responsibilities for the CoCs, including monitoring recipient and subrecipient performance within their geographic area (Title 24 CFR Part 578.7 (6).)I agree to participate in a minimum of one (1) annual site visit for this project by staff members of the Pinellas County Homeless Leadership Board. I understand that I will be provided a written report summarizing the monitoring compliance notification and any findings or audit concerns. If applicable, I understand that I will have 30 calendar days to provide a written response to the on-site monitoring compliance notification.I further understand that if the Pinellas County Homeless Leadership Board receives a formal written complaint regarding noncompliance with guidelines, processes, and procedures, that the Pinellas County Homeless Leadership Board staff must act in the capacity of the monitoring agency and investigate the formal complaint, which will involve reviewing all related documentation and interviewing former and current staff who may have knowledge of the alleged events. I understand that once the investigation is complete, the Pinellas County Homeless Leadership Board will submit the findings in writing and advise as to what actions will be taken, if any.I agree to provide reports (if applicable) to all relevant parties of the funding entity to ensure that the funded program(s)/services are meeting minimum threshold requirements of progress. By signing below, I certify that I have the necessary authority to bind my agency as set forth herein, and that the responsibilities of the agency will survive my separation from the agency for any reason.”The completed RFP includes the documents listed below: [ ]  Signed application from the Agency CEO/Executive Director/Area Director[ ]  Copy of the most recent Organizational Financial Audit[ ]  Project Application [ ]  Completed Attachment A. Housing First/Low Barrier Questionnaire[ ]  Completed Attachment B. WorksheetSignature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name and Title of Authorized Representative: Click here to enter text.Date: Click here to enter a date. |

***Questions by email: Susan Finlaw-Dusseault*** ***sfdusseault@pinellashlb.org***