**Homelessness Prevention for Families**

**Rapid Re-Housing for Families and Single Adults**

**August 2020**

**Part 2: APPLICATION**

**1. Applicant and Project Information**

If applicant is not currently a CSB–funded agency, please review CSB administrative and program standards at [www.csb.org](http://www.csb.org).

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| **1. Applicant and Project Information** |
| **Date:** |
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| **Name of Lead Organization (project sponsor):** |
| **Mailing Address:** |
| **Contact Person:** |
| **Telephone: E-mail:** |

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| **2. Authorization and Applicant Certifications** |

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| Acting as a duly authorized representative, I hereby affirm that the governing body of the below named organization has reviewed and accepts all the guidelines, requirements and conditions described in the Community Shelter Board Request for Proposals. If selected, we agree to collaborate with CSB to develop and implement the program(s) consistent with the Request for Proposal and participate in the local Homeless Management Information System. |
| **Applicant Organization:** | **Date:** |
| **Authorized Signature:** |
| **Name/Title:** |

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| **3. Proposal Guidelines** |

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| Narrative questions and requests for information, set forth below, should demonstrate an overarching understanding of the purpose of the HP and/or RRH programs, as well as the applicant’s experience and readiness. **The response should be succinct.** In particular, applicants should demonstrate the following:1. Programmatic vision and approach for how the proposed project(s) will prevent homelessness and/or effectively re-house households experiencing homelessness.
2. Utilization of evidence-based and promising practices that will be incorporated in services delivery including, but not limited to national RRH practice standards, Housing First, progressive engagement and assistance, motivational interviewing, and harm reduction strategies that will help households resolve the immediate housing crisis.
3. Cultural Competency reflected in every process and structure of service delivery and relevant to assisting a diverse array of people experiencing a housing crisis who may also have physical, mental or emotional conditions that impact their ability to obtain and maintain housing.
4. Current success helping a wide diversity of people experiencing housing instability or homelessness in their efforts to locate, secure, and maintain permanent housing.
5. Existing and proposed community collaborations with community-based housing and service partners to support prevention, rapid housing placement and stabilization, increase household choice, and facilitate access to housing and non-housing related community-based assistance, such as employment training and retention, legal assistance, cash and non-cash benefits, and physical and behavioral health care.
6. Use of effective ongoing program management and performance and quality improvement practices, including effective management of staff productivity and performance, use of client input, and ongoing evaluation of program performance.
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**4. Applicant Experience**

* 1. **How many years has the Applicant been offering housing or housing assistance to people experiencing homelessness?**

[ ]  6+ Years

[ ]  3 – 5 Years

[ ]  1 – 2 Years

[ ]  Less than 1 Year

1. **How many years has the Applicant been offering supportive services to people experiencing homelessness?**

[ ]  6+ Years

[ ]  3 – 5 Years

[ ]  1 – 2 Years

[ ]  Less than 1 Year

1. **How many years does the Applicant have experience operating a substantially similar HP and/or RRH project(s)?**

[ ]  6+ Years

[ ]  3 – 5 Years

[ ]  1 – 2 Years

[ ]  Less than 1 Year

[ ]  No experience

1. **Identify what programs you are applying for through this RFP. You can apply for multiple program types.**

[ ]  Family Homelessness Prevention

[ ]  Family Rapid Re-housing (expansion of current family rapid re-housing)

[ ]  Single Adult Rapid Re-Housing

**Experience and Capacity Description:** Provide a brief (no more than 1 page) description of your organization’s experience operating HP and/or RRH or similar project(s) and capacity to operate the program(s) as described in the RFP.

**5. Project Description**

*Response to questions in this section should not exceed 6 pages. Do not change the font or margins.*

1. Describe your proposed approach to initial engagement with households referred to the program, program intake, and assessment process, and establishment of an Individualized Housing Stabilization Plan (IHSP) with household members.
2. Describe your proposed approach to helping households maintain or locate and secure safe and decent permanent housing that is consistent with their IHSP.
3. Describe your proposed approach to stabilizing households in permanent housing.
4. Describe your proposed approach to engaging household members who are difficult to locate and/or engage in program services.

1. Describe your approach to regular re-assessment and how you will determine household need for additional financial assistance and services. Refer to CSB’s standardized Case Review and Closure Checklist, available on CSB’s website [here](https://www.csb.org/providers/csb-hearth). Use of this Checklist is required.
2. Describe your proposed approach to identifying, recruiting, and retaining landlord partners.
3. Describe the minimum staff qualifications for program staff, including formal education, training, relevant licensure, and experience.
4. Describe the training new staff will undergo upon hire and the ongoing training staff will be expected to complete, including specific topics and expected frequency of training. Specify the timeframe during which newly hired staff will be expected to complete initial training.
5. Describe the proposed program staffing plan that will assure continuity of care, full staffing, and productivity once the program is fully implemented. Identify the point-in-time caseload capacity per each full-time equivalent HP and/or RRH case manager in the chart below. Add rows if applying for more than one program type.

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|  | **Caseload Capacity per 1 FTE HP/RRH case manager**  | **TOTAL Program Caseload Capacity** **(all case managers FTEs)** |
| **Point-in-time capacity (maximum number of active cases)** |  |  |

1. Describe any services your agency directly administers that will be made available to households, including any special or prioritized referral arrangements, and how such services will address the housing or non-housing related needs of the participating households.
2. Identify other community services and resources the program will connect households to for housing- and non-housing-related needs. Describe any current or proposed service referral and coordination arrangements, including any special or prioritized referral arrangements, and how such services will address the housing- or non-housing- related needs of participating households.
3. Identify the following proposed outcomes, per the RFP:
* Number of households served during the grant term, per project type. If you are proposing to expand a current family RRH program, identify how many families the applicant will serve during the grant term that will receive expanded assistance, as compared to the current intervention.
* Average length of participation, per project type.
* Average number of months for provision of rental assistance and average financial assistance per household, including security deposits.

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| **6. Budget** |

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| Complete one Budget worksheet (FY21 CSB Gateway Budget), including one Salary and Wages worksheet and a detailed Budget Narrative. Complete the budget for 9/1/2020 – 6/30/2022. The budget must include estimated move-in costs that will be administered through CSB’s DCA process. CSB will pay the first month’s rent and security deposits through the DCA process. The applicant will pay subsequent months’ rent and will submit invoices to CSB for reimbursement of these costs. * Complete the below chart to designate the DCA funding that CSB will administer. If applying for more than one program type, add rows to reflect each program type separately.
* In the budget worksheet, show these costs under the following expense categories: Client Rent; Security Deposits, Last Month’s Rent; and Utilities Payments, Deposits, and Arrearages. If applying for more than one program type, use separate columns for each program type.
* Only include funding for space costs if actual additional costs are incurred. Applicants may use match funding for space costs.
* The budget narrative should include an explanation of all the expenses associated with each line item. The explanation should make clear the assumptions involved in determining the budgeted amounts.
* The budget narrative should also detail all sources of revenue. State whether the funding has been secured or is pending, as well as time frames for funding and any limitations or funding parameters that are relevant. This could include match fund requirements from other funders, funding that is designated for a particular use or expense such as a staff position, etc.

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| Program Type | Total Funding Requested | Projected CSB-Administered Move-in Costs | Projected Applicant Award |
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If you have questions, please contact Grants and Compliance Director Heather Notter, at 614-715-2542 or hnotter@csb.org.  |