Emergency Shelter for Single Men

Request for Proposals

APPLICATION

February 19, 2019

|  |  |  |
| --- | --- | --- |
| Project Name: |  |  |
| Agency: |  |  |

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| --- |
| Applicant/Recipient Organization: |
| Executive Director/CEO: |
| Mailing Address: |
| Telephone: | Fax: | E-Mail: |
| Applicant Federal Tax ID Number: |
|  |
|  |
| Project Name: |
| Contact Person & Title: |
| Mailing Address, if different from above: |
| Telephone: | Fax: | E-Mail: |
|  |
|  |
| Budget Summary: |
| *Funds Request:* |  |  |  |
| Match (Cash): |  |  |  |
| Match (In-Kind) |  |  |  |
| Other: |  |  |  |
| TOTAL PROJECT BUDGET: |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |
| To the best of my knowledge and belief, the information contained in this application is true and correct. This document has been duly authorized by the governing body of the applicant organization to comply with the required assurances if the application is approved. If selected, we affirm that we will abide by locally-established policies, Homeless Management Information System requirements, CSB’s Partner Agency Standards, Columbus and Franklin County HEARTH Policies and Procedures, and the program structure proposed in this application. We confirm that we will work with CSB and other system providers on program implementation. |
|  |  |  |
| Agency Executive Director/CEO |  | Title |  |  |
|  |  |  |
| Name |  |  | Date |  |
|  |  |  |  |  |  |

**Address all questions listed below. The application should not exceed 10 pages**,excluding any documentation attached for question 3 and the requested budget. *Please do not attach additional materials* beyond the documentation for question 3 and the budget.

1. **General Background:** Provide information on your organization, including relevant background, location(s), number of employees, any subsidiaries, any parent companies, and any affiliations/associations/other business relationships related to issues of homeless and/or poverty. *If your agency is already a CSB Partner Agency, you can skip this question.*
2. **Experience and Capacity:** Describe your experience operating an emergency shelter or similar project. Include the number of years you have provided similar programs. Describe your capacity to operate an emergency shelter as described in the RFP. *If your agency is already a CSB Partner Agency contracted for emergency shelter services, you can skip this question.*
3. **Describe your organization’s financial capabilities, financial accounting system, and internal financial controls.** For organizations not currently funded by CSB, attach the following documents to the proposal: 1) 501(c)3 letter from the IRS; 2) registration with the Ohio Secretary of State; 3) Board of Trustees roster with employers, relevant experience, and tenure with the Board; and 4) most recent audit and 990. *If your agency is already a CSB Partner Agency, you can skip this question.*
4. **Program Description:** Describe the project, core program services, and program staffing. Address each of the Program Specifications included in the RFP.
5. **Target population:** Describe your experience working with single men experiencing homelessness and who have various barriers. Describe your experience helping underserved populations. *If your agency is already a CSB Partner Agency contracted for emergency shelter services, you can skip this question.*
6. **Services:** Describe the services that will be available to participants, who will provide them, where they will be provided, and how often they will be provided.
7. **Staffing:** Complete the following chart, including both operations and supportive services staff, for the proposed project.Supportive services staff is defined as all staff members who work directly with participants to meet goals (e.g., case managers, case aides, engagement specialists, youth advocates). Operations staff is defined as all staff members who do not work directly with participants to meet goals (e.g., administrators, maintenance, finance, front desk staff).

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| --- | --- | --- |
| **First Shift** | **Second Shift** | **Third Shift** |
| **Supportive Services Staff on-site** |
| # of staff | # of FTE | # of staff | # of FTE | # of staff | # of FTE |
|  |  |  |  |  |  |
| **Operations Staff on-site** |
| # of staff | # of FTE | # of staff | # of FTE | # of staff | # of FTE |
|  |  |  |  |  |  |

1. **Training:** Describe the training staff will receive upon hire and periodically thereafter, along with the timelines within which this training will be completed.
2. **Collaboration:** Explain your ability and willingness to attend regular system operations and planning meetings and any related limitations. *If your agency is already a CSB Partner Agency contracted for emergency shelter services, you can skip this question.*
3. **Quality Assurance:** Describe your QA process, including what is measured, feedback mechanisms, and how that information is reported.
4. **Data:** Describe your willingness and capability to collect data in the local Homeless Management Information System, provide daily bedlists, and provide monthly bedlist audit reports. Describe your capabilities with regard to data privacy and security, including how you would secure the HMIS application and system data. *If your agency is already a CSB Partner Agency contracted for emergency shelter services, you can skip this question.*
5. **Budget:** Complete the provided budget spreadsheet. Carefully review the instructions on the first tab of the spreadsheet and complete all three budget tabs. Please account for all matching funds necessary to fully fund the emergency shelter program.