Youth Homelessness Demonstration Program

Request for Proposals

PART 2A: COORDINATED ACCESS AND RAPID RESOLUTION

January 7, 2019

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| Project Name: |  |  |
| Applicant Organization: |  |  |

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| Applicant 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: |
|  |
| Project Partner: |
| Executive Director/CEO: |
| Mailing Address: |
| Telephone: | Fax: | E-Mail: |
| Project Partner: |
| Executive Director/CEO: |
| Mailing Address: |
| Telephone: | Fax: | E-Mail: |
|  |
| Budget Summary: |
| *Funds Request:* |  |  |  |
| Match (Cash): |  |  |  |
| Match (In-Kind) |  |  |  |
| Other: |  |  |  |
| TOTAL PROJECT BUDGET: |  |  |  |
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| 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 coordinated entry policies, Homeless Management Information System requirements, CSB’s Partner Agency Standards, Columbus and Franklin County HEARTH Policies and Procedures, HUD Regulation 24 CFR Part 578, and the program structure proposed in this application. We confirm that we will work with the Youth Core Team, Youth Action Board, Continuum of Care, and CSB on program implementation consistent with the Coordinated Community Plan to Prevent and End Homelessness for Youth. |
|  |  |  |
| Applicant Executive Director/CEO |  | Title |  |  |
|  |  |  |
| Name |  |  | Date |  |
|  |  |  |  |  |  |

**Address all questions listed below. The entire application should not exceed 25 pages**,excluding any documentation attached for question 4. Please do not attach additional materials, beyond the requested documentation for question 4.

1. **Describe your experience (if any) in effectively utilizing federal funds and performing the activities proposed in the application,** given funding and time limitations. Describe why you are the appropriate entity(ies) to receive funding. Provide examples that illustrate your experience and expertise in the following: (1) working with and addressing the target population(s) identified housing and supportive service needs; (2) developing and implementing relevant programs and services; (3) identifying and securing matching funds from a variety of sources; and (4) managing basic organization operations including financial accounting systems.
2. **Describe your experience (if any) in leveraging other Federal, State, local and private sector funds.** Include experience with leveraging federal, state, local and private sector funds.
3. **Describe your basic organization and management structure.** Include evidence of internal and external coordination. Include organization and management structure.
4. **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.
5. **Do you have any unresolved monitoring or audit findings for any HUD or other federal grants?** If so, describe the findings.
6. **Provide a description that addresses the entire scope of the proposed project:** Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations, and the reason CoC Program funding is required. Describe how the project will meet the characteristics included in the RFP under Program Specifications, including the proposed staff composition and their respective roles. The information applicants provide in this narrative must not conflict with information provided in other parts of the application.
7. **Describe your experience working with youth up to and including the age of 24.** If the project will have a specific youth sub-population focus, identify the sub-population and describe your experience working with this group.
8. **Describe your experience providing services for people with unique needs and/or underserved populations.**
9. **Describe your experience helping youth or other populations obtain outcomes related to:**
	* **Education & Employment**
	* **Social, Emotional, and Physical Well-being**
	* **Permanent Connections**
10. **Describe your organizational mission and how this project relates to your mission.**
11. **How many days from the execution of the grant agreement will you be able to begin program operations? Will it be feasible for the project to be under grant agreement by July 1, 2019? Provide an overall project timetable that includes key milestones related to project start-up, including key hires, participant services, partnerships, other key activities, and related dates.**
12. **List key partnerships with community providers and the services they will provide for program participants.**

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| --- | --- | --- |
| **Agency/Organization** | **Program** | **Services** |
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1. **Describe how you will motivate and engage program participants throughout the duration of programming.** An acceptable response will acknowledge the needs of the target population and include plans to address those needs through current and proposed peer supports, community connections, and participant-led activities.
2. **Describe the supports and options that will be provided to youth who are unsuccessful that will ensure they do not continue to return to homelessness.**
3. **Describe how you will provide transportation assistance to participants to attend mainstream benefit appointments, employment training, or jobs if they do not have access to their own transportation or related assistance.**
4. **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. **Describe the specific training that will be provided to program staff prior to engagement with youth, including specific topics and how staff will be trained.**
2. **Describe the ongoing staffing and onboarding plan that will assure continuity of care and full staffing throughout the duration of the project, including staff recruitment, onboarding, coverage, and other staffing practices.**
3. **Explain your plan for how direct client service productivity will be documented by each member of the team, and how management will assure productivity standards are continually monitored and achieved.**
4. **Describe your Quality Assurance (QA) process, including what is measured, feedback mechanisms, and how that information is reported.**
5. **Describe how youth are and will be involved in QA and continuous improvement efforts.** Describe how participants will be engaged to provide regular feedback on their satisfaction with project quality, responsiveness and effectiveness. Include how current and former participants will provide input in ongoing project improvement.
6. **Does this project propose to allocate funds according to an indirect cost rate?** If yes, provide the rate. Has this rate been approved by your cognizant agency? Do you intend to use the 10% *de minimis* rate?

**Enter the quantity, detail, and total budget request for each supportive services cost being requested for a two year grant period.**

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| --- | --- | --- |
| **Eligible Costs** | **Request** | **Detail** |
| Assessment of service needs | $ |  |
| Assistance with moving costs |  |  |
| Case management |  |  |
| Child care |  |  |
| Education services |  |  |
| Employment assistance |  |  |
| Food |  |  |
| Housing/counseling services |  |  |
| Legal services |  |  |
| Life skills |  |  |
| Mental health services |  |  |
| Outpatient health services |  |  |
| Outreach services |  |  |
| Substance abuse treatment services |  |  |
| Transportation |  |  |
| Utility deposits |  |  |
| Operating costs\* |  |  |
| Administrative costs (up to 7%) |  |  |
| **Funding request** |  |  |
| **Match (at least 25%)** |  |  |
| **TOTAL** |  |  |

\*Operating costs are the costs for a facility that is used to provide supportive services for program participants. Maintenance, building security, furniture, utilities, and equipment are the only allowable costs.

1. **Will this project generate program income as described in 24 CFR 578.97 that will be used as match?** Briefly describe the source of program income and estimate the amount of program income that will be used as match.
2. **How will you meet the 25% match requirement?** Describe each source of match funds, how much each source will provide, whether the match is cash or in-kind, and the specific use of cash or in-kind funds for eligible program activities. Applicants are encouraged to include match above HUD’s minimum 25% requirement.