

# 2013 BOSCOG RFP for Voluntary Reallocation of Funds

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## RFP for Voluntary Reallocation of Funds

**Overview:** *The Balance of State Continuum of Care will consider Request for Proposals from organizations that wish to voluntarily reallocate their current funds (Transitional or SSO) to fund a Rapid Re-housing Project or Permanent Housing Project for Chronically Homeless Individuals and Chronically Homeless Families. The agency that chooses to do so will have the right of first refusal for the funds. This will be forwarded as a recommendation to the U.S. Department of Housing and Urban Development. Pertinent details regarding this grant:*

**Please Note:** *The Balance of State Program Evaluation Committee has designed this application form according to its understanding of the NOFA. Completion of this form in no way absolves agencies from reading the NOFA themselves. The Balance of State Program Evaluation Committee is not responsible for any omissions or misinterpretations of the NOFA. If applicants wish to supply additional material that they believe is in line with the NOFA, they should feel free to do so.*

**Eligible Applicants:** Eligible project applicants for CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local government, and public housing agencies, as such term is defined in 24 CFR 5.1000.

**Additional HUD requirements:** HUD will deny application in which there are:

- Outstanding obligation to HUD in which no arrears or payment agreement has been made
- Audit finding(s) for which a response is overdue or unsatisfactory
- History of inadequate financial management accounting practices
- Evidence of untimely expenditures on prior award
- History of other major capacity issues that have significantly affected the operation of the project and its performance
- History of serving ineligible program participants or expending funds on ineligible costs

**The BOSCOG will minimally require that new projects meet the following criteria:**

1. **A PSH project must be a Housing First model.** Housing First is a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals. Research shows that it is effective for the chronically homeless with mental health and substance abuse disorders, resulting in fewer inpatient stays and less expensive interventions than other approaches.
2. **A PSH project** must prioritize those who are identified as most in need (those living on the street the longest, homeless households with children living in unsheltered situations, and those medically vulnerable) for placement into appropriate housing.
3. **A PSH project** must serve chronically homeless individuals and/or families.
4. **A RRH project** must serve households with children and justify the RRH project is needed as opposed to a new PSH project.

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**Project Applicant:** \_\_\_\_\_

**Project Sponsor (If applicable):** \_\_\_\_\_

**Service Areas:** \_\_\_\_\_

**Grant Amount Available:** \_\_\_\_\_

**Grant Period:**  **One Year**     **Three Year** (Most applicants must request funding for a 1-year grant term. The exception is that new projects requesting funds for acquisition, rehabilitation, or new construction are only eligible for a minimum of 3-year grant terms.)

**Proposed Project Characteristics:** The following requirements must be met and defined in your answers below:

- The type, scale and location of housing must fit with needs of program participants.
- The type, scale and location of supportive services, and the mode of transportation to those services must fit the needs of the program participants.
- There must be a plan for ensuring program participants will be individually assisted with obtaining benefits of the mainstream health, social and employment programs for which they are eligible. And the plan must meet the needs of the program participants.
- The program participants must be assisted in obtaining and remaining in PH in a manner that fits their needs.
- The program participants must be assisted with both increasing their incomes and living independently using mainstream housing and service programs in a manner that fits their needs.
- There must be amenities (such as grocery stores, pharmacies, etc.) that are accessible in the community.

**Definition of Chronically Homeless:** According to the CoC Interim Rule (Part 578, Subpart A, Section 578.3), a Chronically Homeless person is

- 1) An individual who:
  - a. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - b. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
  - c. Can be diagnosed with one or more of the following conditions:
    - i. Substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- 2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in section 1 of this definition, before entering that facility, or
- 3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in section 1 of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

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1) HUD's priorities are permanent supportive housing projects for **chronically homeless individuals and chronically homeless families** and **rapid re-housing for families**. Within permanent housing, applicants may choose to serve a certain subpopulation of the chronically homeless, such as veterans or families. Do you intend to serve a particular subgroup of chronic clients? If so, which group?

2) How many units do you propose operating?

	Number of Units	Funding Source(s)
Leased with CoC Funds (partially or in full)		
Additional Units (include owned units here)		
<b>Total Number of Units</b>		

a. Will the units serve singles, families, or both? (If both, how many units will be made available to each?)

	Year 1	Year 2 (if applicable)	Year 3 (if applicable)
Proposed Singles to be Served			
Proposed Families to be Served			

b. Explain why you have chosen the number of units you have, and how the size of your program will help you best serve your community. For rapid re-housing projects, explain whether the program will provide short term (up to 3 months) or medium term (3-12 months) rental assistance. Also explain the plan to determine the amount or percentage of rental assistance.

3) What type of housing arrangement do you envision for your clients?

Congregate Sites (PSH only) \_\_\_\_\_ Scattered Sites \_\_\_\_\_ Other (explain) \_\_\_\_\_

4) Please explain how you intend to acquire permanent housing (e.g., construction, purchase, leasing, rental, repurposing existing units)?

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### 5) Filling the Gap in Services:

- a. Are there any other permanent supportive housing providers in your area?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- b. If so, do they serve anyone other than chronically homeless clients?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
*(if yes, please explain)*
- c. Over all, how many beds do they have available? \_\_\_\_\_
- d. If you currently receive HUD funding, what are the most recent utilization rates for those programs?  
(Note that this information can be obtained through Service Point.)
  - i. January rate:
  - ii. April rate:
  - iii. July rate:
  - iv. October rate:
- e. If there are other permanent supportive housing programs in your area (particularly if they are not full), please explain why you believe there is still a local need for more Permanent Supportive Housing for chronically homeless clients.
- f. If your project is for RRH, explain how the CoC is already addressing chronic homelessness in your area through other means.
- g. Explain why the need to create a new RRH is of greater need than creating new PSH for chronically homeless persons in your area.
- h. Describe your proposed location and explain why it will be a good fit for the clients you propose serving.

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**6) Selecting Eligible Clients:** All new permanent housing or rapid re-housing projects are required to ensure that 100% of the persons served have to come from the street, place not meant for human habitation, or emergency shelter/motel voucher program.

- a. Explain how you intend to fulfill this requirement. Do you anticipate arrangements with local shelter providers or street outreach workers?

**7) What types of supportive services do you propose offering to your clients?**

- a. Where will they be offered?
- b. How will the type, scale and location of the supportive services best meet the needs of your proposed clients?

**8) Working with sub-grantees:** Do you intend to work with any sub-grantees for this project?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list them and explain what their roles will be in the project and why you have selected them.

**9) What is your plan for ensuring that clients are connected to mainstream benefits and employment opportunities?**

**10) How close is your proposed location to key amenities, such as grocery stores or pharmacies?**

- a. How easy will it be for residents to access public transportation? If there are any accessibility issues, explain how you propose to overcome them.

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**11)** How do you plan to ensure that clients remain in permanent housing?

- a. For clients exiting your program, what is your plan for helping them to obtain and remain in other permanent housing?

**Agency Capacity and Characteristics:** Program applicants must meet the eligibility requirements of the COC program as described in the COC interim rule and provide evidence of eligibility required in the application (e.g. nonprofit documentation). Program applicants must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application & to administer federal funds. Demonstrate capacity may include a description of the applicant's experience with similar projects and with successful administration of other federal funds.

**12)** Describe your agency's administrative capacity in managing a federal grant and please attach your most recent agency audit.

**13)** In order to administer the program, does your agency currently have staff in place to run the program, or will you have to hire staff? If you must hire staff, how long will it take to hire/train them and what is the needed to timeframe to complete this?

**14)** Describe your agency's experience administering programs for persons that are homeless and your outcomes with those programs.

**15)** If your agency intends to use any additional funds beyond those being requested here for the completion of this project, please describe them here.

Source

Amount

Use

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**16)** Is your agency currently an active member of your local Continuum of Care and the Balance of State Continuum of Care?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which one? If not, why not?

- a. If your agency is a member of the local CoC, describe your agency's role:
  
- b. How often does someone from your agency attend the local CoC meetings and the Balance of State Continuum of Care quarterly meetings?

**17)** Is your agency currently a participant in HMIS?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain why. (Note that all projects, except those serving domestic violence survivors, will be required to enter their data into HMIS.)

### Proposed Budget

*Please note that Non-Housing Activities (Item B) can only comprise 20% of costs, before accounting for the 7% eligible for administrative costs. Also, if the proposed project involves acquisition, rehabilitation, or new construction, you must apply for a 3-year grant term, and budget accordingly. All other projects must apply for a 1-year grant term and supply 1-year budget numbers.*

Total Project Request for Housing Activities: .....	A.	\$ _____
Total Project Request for Non-Housing Activities: .....	B.	\$ _____
Project Total (A + B): .....	C.	\$ _____
Admin funds (up to 7%) .....	D.	\$ _____
TOTAL PROJECT REQUEST: .....	E.	\$ _____
Total Cash Match**:	F.	\$ _____
Total In-Kind Match: .....	G.	\$ _____
Total Projected Budget (E+F).....	H.	\$ _____

\*\*Please list the sources and amounts of match below: