

Unified Homelessness Grant Application Department of Children and Families (DCF) for Fiscal Year 2022-23

ESG-CV3 Request for Proposals (RFP) Application

**Agency**

**Insert Agency Name**

**Project Name**

**Insert Project Name**

**Amount Requested**

**Insert Amount Requested**

**Project Type (Check One\*)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Homelessness Prevention** | **Rapid Rehousing** | **Street Outreach** | **Emergency Shelter** |
| Please Check Here | Please Check Here | Please Check Here | Please Check Here |

**\*Please Note:**

If an Agency would like to apply for More than One Project, please include additional separate applications.

# Form 1: Application Profile

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Name | |  | | | FEIN | | |  |
| Address | |  | | | Phone | | |  |
| **PROJECT ADMINISTRATOR** | | | | **CONTACT PERSON FOR THIS PROPOSAL** | | | | |
| Name |  | | |  | | | | |
| Title |  | | |  | | | | |
| Phone |  | | |  | | | | |
| Email |  | | |  | | | | |
| **PROJECT INFORMATION** | | | | | | | | |
| **Funding**  ESG-CV3 | | | **Project Name** | | | **Project Type** Homelessness Prevention Rapid Rehousing  Street Outreach  Emergency Shelter | | |
| **Brief Project Summary (1-2 sentences)** | | | | | | | | |
| **Funds Requested** | | | **Other Dedicated Funds (Note: none required)** | | | | **Total Project Budget** | |
| **Total Number of Households to Be Served** | | | | | | | **Average Cost Per Household** | |
| **Location to be Served**  Both Okaloosa and Walton Okaloosa only  Walton only  Other (please list) | | | | | | | **Population to be Served** Households without Children Families with Children | |

As a duly authorized officer for this agency, I certify that the information in this proposal is true and correct. I certify that I am aware that providing false information on this proposal can subject the individual signing such application to criminal sanction.

I agree to participate in a minimum of one (1) annual site visit for each funded project and/or service. In addition, I agree to provide accurate and completed monthly, quarterly, and annual reports, by the requested due dates, to all relevant parties of the funding entity to ensure that the funded project(s)/services are meeting minimum threshold requirements of progress.

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| --- | --- | --- | --- |
| Name |  | Title |  |
| Signature |  | Date |  |

# Form 2: Project Description

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| **1. What problem does this project solve in the effort to end homelessness?** *(Narrative is limited to 2500 characters with spaces.)* |
| **2. Describe how this project fits into the CoC’s System of Care. The System of Care is defined as the CoC’s coordinated efforts to prevent and end homelessness.**  *(Narrative is limited to 1500 characters with spaces.)* |
| **3. Describe the collective impact of the proposed project, including who the project will serve and how it will help.** *(Narrative is limited to 1500 characters with spaces.)* |
| **3a. How does this project help a household become housed?** *(Narrative is limited to 1500 characters with spaces.)* |
| **3b. How does this project integrate with the CoC’s Coordinated Entry System?** *(Narrative is limited to 2500 characters with spaces.)* |
| **3c. How does this project provide a connection to permanent solutions?** *(Narrative is limited to 1500 characters with spaces.)* |

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| **3d. How does this project focus on critical supports and services needed to achieve housing?**  *(Narrative is limited to 2500 characters with spaces.)* |
| **4. Describe the collective impact of the proposed project, how it will help achieve established goals identified in the CoC Plan, and how it supports the CoC’s efforts to achieve the HUD System Performance Measures.** *(Narrative is limited to 3000 characters with spaces.)* |
| **5. Describe how every component of the project’s design and operation will be approached with an understanding of trauma, and the impact trauma has on those receiving services.** *(Narrative is limited to 2500 characters with spaces.)*  *Please describe how all of the necessary principle aspects of trauma informed care will be incorporated and embedded into the proposed project’s design.* |
| **6. Demonstrate how this project follows the Housing First model.** *(Narrative is limited to 2500 characters with spaces****.)***  *Clearly describe the program design to show how it meets the HUD definition of Housing First.* |

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**7. Projected Performance Outcomes**

Indicate the projected performance outcomes for the activities proposed here.

|  |  |
| --- | --- |
| **Objective** | **Proposed Annual Performance for ESG-CV3 Project** |
| Number of individuals or households projected to apply for assistance. | Households without children: |
| Families with children: |
| Number of individuals or households projected to be assisted as part of the activities under this project proposal. | Households without children: |
| Families with children: |
| Number of individuals or households to be assisted to remain in their homes and avoid becoming homeless during the project period. *(If not applying for prevention services, please enter NA.)* | Households without children: |
| Families with children: |
| Number of individuals or households to be assisted to move into permanent housing during the project period. | Households without children: |
| Families with children: |
| Number of individuals or households projected to return to the Homeless Crisis Response System within 12 months of receiving services from the project within this  proposal. | Households without children: |
| Families with children: |
| Number of individuals or households projected to increase their earned income while being served as part of the activities  under this project proposal. | Households without children: |
| Families with children: |
| Number of individuals or households projected to increase their unearned income while being served as part of the activities under this project proposal. | Households without children: |
| Families with children: |

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| **8. Performance. *(Narrative is limited to 1500 characters with spaces.)***  *Explain how the agency/organization will ensure project performance outcomes will be met or exceeded.* |
| **9. Data management. *(Narrative is limited to 1500 characters with spaces.)***  *Explain how the agency/organization monitors and reviews data quality, include the frequency in which reviews are conducted.* |
| **10. Okaloosa/Walton HMIS and Coordinated Entry Compliance. *(Narrative is limited to 1500 characters with spaces.)***  *Explain how the agency/organization will ensure the project maintains compliance with Pasco HMIS and Coordinated Entry policies and procedures.* |

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**Form 2 Continued, Questions 11-16: Quality Assurance**

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| **11. Describe how the project will ensure quality services are provided to individuals or households at-risk of or experiencing homelessness in your community.** *(Narrative is limited to 3000 characters with spaces.)* |
| **12. Describe how the project will monitor and provide follow-up services for individuals or households at- risk of or experiencing homelessness in your community.** *(Narrative is limited to 3000 characters with spaces.)* |
| **13. Describe the professional development offered to project staff that is designed to improve service delivery provided by agency/organization.** *(Narrative is limited to 3000 characters with spaces.)* |
| **14. Describe how the agency/organization would continue to provide quality services in the community in the case of reduced or loss of funding.** *(Narrative is limited to 3000 characters with spaces.)*  *(e.g., reallocation of services based on established priorities, how services would be scaled to meet changing needs, etc.)* |
| **15. Describe how the agency/organization has worked to remove traditional barriers to housing and services for individuals or households in need of assistance.** *(Narrative is limited to 3000 characters with spaces****.)*** |
| **16. Describe how the agency/organization will ensure that services are provided throughout the entirety of the CoC’s geographic area. *(Narrative is limited to 3000 characters with spaces.)*** |

# Form 3: Housing First Questionnaire

**Agency: Project Name:**

There is a large and growing evidence base demonstrating that Housing First is an effective solution to homelessness. Consumers in a Housing First model access housing faster and are more likely to remain stably housed. This is true for both PSH and rapid re-housing programs. A variety of studies have shown that between 75 percent and 91 percent of households remain housed a year after being rapidly re-housed.

Please answer the following questions related to the proposed project’s eligibility criteria and project rules. The questionnaire will be scored 0 points for each “Yes” answer and 1 point for each “No” answer. The higher the score, the closer the project is to a Housing First model.

Do not alter, change, or add additional information to this questionnaire. Questionnaires submitted that are altered, changed, or have additional comments will be rejected and receive a score of 0.

|  |  |
| --- | --- |
| 1. Will the project require a background screening prior to project entry (excluding sexual predator/offender check)? | D YES D NO |
| 2. Will the project prohibit persons with certain criminal convictions (e.g. violent felonies, arson) from entering your project (excluding registered sexual offender/predator)? | D YES D NO |
| 3. Will the project require participants to be clean and sober prior to project entry and/or during project stay? | D YES D NO |
| 4. Will the project require alcohol/drug tests on participants suspected of being under the influence? | D YES D NO |
| 5. Will a positive alcohol/drug test result in termination from the project and/or require participant to participate in substance abuse treatment and/or detox to resume project services? | D YES D NO |
| 6. Will the project require participants to have a mental health evaluation prior to project entry? | D YES D NO |
| 7. Will the project require project participants who demonstrate mental health symptoms to participate in mental health services and/or medication compliance (excluding those who present a danger to self or others) as a condition of services? | D YES D NO |
| 8. Will the project require participants to have income at time of project entry? | D YES D NO |
| 9. Will the project require participants to obtain an income as a condition of remaining in the project? | D YES D NO |
| 10. Will the project require participants to participate in supportive services (such as vocational training, employment preparation, budgeting or life skills classes (not  including required case management meetings) as a condition of continued services? | D YES D NO |

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| --- | --- | --- |
| 11. Will the project require participants to be ‘progressing’ in their goals to remain in the project? | □ YES | □ NO |
| 12. Will the project require participants to sign a services or treatment plan agreement to receive your services?  (Please note a service plan is not the same as a housing plan.) | □ YES | □ NO |
| 13. Will project participant have to do “chores” as a part of project stay and/or will project participants who do work around the facility receive special treatment or be rewarded with special benefits? | □ YES | □ NO |
| 14. Will the project include curfews and/or required ‘lights out’ time for all participants? | □ YES | □ NO |
| 15. Will the project exclude or refuse project entry based on race, color, religion, national origin, disability, sex, sexual orientation, gender identity, and/or gender expression? | □ YES | □ NO |
| 16. Will the project include any requirements, outside of those typically found in a lease agreement or in “community-living’’ conduct rules? Examples of typical “community-  living” rules include agreement to be non-violent, and agreement to no weapons on site. | □ YES | □ NO |
| 17. Will a project participant be asked/forced to leave the project and/or will agency refuse service if project participant is disrespectful to a staff member or other project participant, including making verbal threats, acting belligerently, or “having an attitude?” | □ YES | □ NO |
| 18. Will project participants have to travel to the agency’s office(s) to receive the majority of their services, including case management, after they are housed? | □ YES | □ NO |
| 19. Will the project exclude any dependent children in the household, based on age and/or gender, from remaining with the household at the project? | □ YES | □ NO |
| 20. Will the project prohibit any member(s) of a household (as defined by the household), based on age, gender, biological relationship and/or marital status, from residing  together at the project? | □ YES | □ NO |
| 21. Will the project exclude any family composition type: single dad, single mom, same gender couples, opposite-gender couples, multi-generational, and non-romantic groups who present for services as a family? | □ YES | □ NO |
| 22. Will project require project participants to be “placed” in accordance with their sex assigned at birth and/or “perceived” gender; and/or require participant to “prove” their gender identity prior to receiving services? | □ YES | □ NO |
| **TOTAL SCORE** |  | |

**Certification of Responses**

*I attest that the answers above are an accurate reflection of the policies held by my agency and will be observed by agency staff for the proposed project.*

**Signature: Date:**

**Printed Name and Title:**

# Form 4: Budget Summary

Agency: Project Name: Project Type: Rapid Rehousing Prevention Outreach Emergency Shelter

***In completing the budget summary below, please note the ESG eligible costs found in*** [24 CFR 576](https://www.law.cornell.edu/cfr/text/24/part-576) ***in addition to the alternative requirements and flexibilities and changes in the*** [ESG-CV Notice***.***](https://www.hud.gov/sites/dfiles/OCHCO/documents/20-08cpdn.pdf)

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM DESCRIPTION** | **ESG-CV3 FUNDING REQUEST** | **OTHER FUNDS** | **TOTAL BUDGET** |
| **Homelessness Prevention (See ESG Regs for Details)** |  |  |  |
| Rent Assistance | $ | $ | $ |
| Relocation and Stabilization Services - Financial Assistance | $ | $ | $ |
| Relocation and Stabilization Services - Services | $ | $ | $ |
| Hazard Pay | $ | $ | $ |
| Landlord Incentives | $ | $ | $ |
| Volunteer Incentives | $ | $ | $ |
| Training | $ | $ | $ |
|  |  |  |  |
| **Rapid Rehousing** |  |  |  |
| Rent Assistance | $ | $ | $ |
| Relocation and Stabilization Services - Financial Assistance | $ | $ | $ |
| Relocation and Stabilization Services - Services | $ | $ | $ |
| Hazard Pay | $ | $ | $ |
| Landlord Incentives | $ | $ | $ |
| Volunteer Incentives | $ | $ | $ |
| Training | $ | $ | $ |
|  |  |  |  |
| **Emergency Shelter** |  |  |  |
| Essential Services | $ | $ | $ |
| Operations | $ | $ | $ |
| Hazard Pay | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Volunteer Incentives | $ | $ | $ |
| Training | $ | $ | $ |
|  |  |  |  |
| **Street Outreach** |  |  |  |
| Essential Services | $ | $ | $ |
| Hazard Pay | $ | $ | $ |
| Handwashing Stations & Portable Bathrooms | $ | $ | $ |
| Volunteer Incentives | $ | $ | $ |
| Training | $ | $ | $ |
|  |  |  |  |
| **TOTAL PROPOSED BUDGET** | $ | $ | $ |

# Form 5: Budget Narrative

Agency: Project Name:

Project Type:

Rapid Rehousing

Prevention

Outreach

Emergency Shelter

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. Conclude your Budget Narrative with a paragraph explaining how Unified Homelessness Grant funds awarded will benefit the Okaloosa/Walton Continuum of Care (CoC), stakeholders, and the community and what you expect the short and long-term return on this investment.

For each proposed activity, the subgrantee must provide a detailed budget narrative answering the following criteria.

1. Description of the proposed Personnel Costs, including Fringe Benefits
2. Justification for the proposed Personnel Costs, including Fringe Benefits
3. Description of the proposed Client Financial Assistance Costs
4. Justification for the proposed Client Financial Assistance Costs
5. Description of the proposed Other Program Operation Costs
6. Justification for the proposed Other Program Operation Costs