KOOTASCA Community Action

Cook, Lake, Itasca & Koochiching County
MN Housing FHPAP Grant Cycle 2021-2023

Request for Sub-Grantee Proposal
for Services in Lake & Cook Counties

CLIK HIAC FHPAP RFP INSTRUCTIONS

I. INTRODUCTION & PURPOSE:

KOOTASCA Community Action, Inc. (KOOTASCA), is a MN Housing Family Homeless Prevention and Assistance Program (FHPAP) grantee for the counties of Cook, Lake, Itasca and Koochiching Counties. KOOTASCA is soliciting proposals to perform rental and other direct assistance through targeted service models that have been adopted by the CLIK HIAC FHPAP Advisory, and are described in this RFP. These assistance models ensure that persons who are homeless or at imminent risk of homelessness in Cook, Lake, Itasca, and Koochiching Counties are provided with vital resources to resolve their homelessness, or threat of homelessness, and promote stability and health.

If applications are not viable, do not cover the populations service models expected in this RFP, CLIK HIAC may opt to retain funding to directly provide this service model or may reissue a request for proposal to the broader FHPAP region to identify a provider that can provide this missing service model(s).

This RFP is seeking proposals designed to provide **rental and other assistance** for families with dependent children, single adults, and unaccompanied or parenting youth under between the ages of 18-24 who are:

1. Currently in their own housing and **can** demonstrate an imminent risk of homelessness;
2. Currently without housing and staying in a homeless shelter, including domestic violence shelter, or in a place not intended for human habitation;
3. Frequently moving to live with other households in housing to which they have no legal claim and from which they have been notified they will have to move within 30 days; or
4. Lacking the resources and support networks needed to either obtain immediate housing or remain in existing housing.

II. DATE RFP ISSUED: April 12, 2021

III. SOLICITATION: Please submit your application by email to:
Cara Lundquist
CLIK HIAC Member
Northeast Minnesota Continuum of Care Coordinator
clundquist@live.com

Proposals for Family Homeless Prevention and Assistance Program must be received by CLIK HIAC Committee later than ***4:00 pm Wednesday April 28, 2021***. **No late proposals will be accepted.**

IV. PROPOSED TIME TABLE:

RFP Issued	Monday April 12 2021
Proposals Due	Wednesday April 28 2021
Selection & Ranking Committee Review	Monday May 3 2021
Recommendation to FHPAP Advisory Committee & Vote of Approval (via email)	Wednesday May 5 2021
Contracts Developed with Grantee and Sub Grantees	July 2021
Projects Begin	October 1, 2021

V. PROJECT DESCRIPTION

In June 1993, the Minnesota Legislature passed the Family Homeless Prevention and Assistance Statute, allocating funding to meet the following goals:

1. Prevent homelessness
2. Reduce the duration of homelessness
3. Eliminate repeat episodes of homelessness

The Family Homeless Prevention and Assistance Program (FHPAP) is designed to serve families with children, single adults and unaccompanied or minor parent youth age 18-24 who are either homeless or at serious risk of homelessness. The Minnesota Housing Finance Agency (Minnesota Housing) is administering the program under the guidance of the Minnesota Interagency Council on Homelessness.

The purpose of the program is to **encourage and support the use of innovation or the use of best practices in improving our response to homelessness and the risk of homelessness in Cook, Lake, Itasca and Koochiching counties by keeping a <u>focus on efforts to create housing solutions</u> for those in need.**

One of the strengths of the FHPAP has been its flexibility for local grantees to respond to the local needs and conditions giving rise to homelessness or the threat of homelessness. However, by statute or program directive:

- FHPAP funds **may not** to be used to acquire, rehabilitate, or construct emergency shelters, transitional or permanent supportive housing.
- FHPAP funds **may not** be used for operating costs of emergency shelter or permanent supportive housing.
- FHPAP funds **may not** be used to pay more than 24 months of assistance.
- FHPAP funds **may not** be used for supportive services for residents of permanent supportive housing.
- Unless it can clearly be demonstrated that direct client assistance funding is available from other sources, it is the expectation that support services (generally the cost of staff to provide services) will not exceed 50% of the total budget. This provision applies, in total, across all sub-grantees of Northeast MN FHPAP and is not intended to be strictly applied to each individual sub-grantee. **However,** agencies developing proposals in response to this RFP are **<u>strongly</u>** advised to keep this target in mind in developing your program budget.
- No administrative expenses are allowed.

VI.   PROGRAM REPORTING (HMIS)

The State of Minnesota, from which the funding originates requires the entry of client level data and the submission of program reports through the Homeless Management Information System (HMIS). Successful bidders will indicate their willingness and capacity to comply with this requirement.

FHPAP providers are required to submit the following:
- HMIS data quality reports (monthly)
- HMIS program outcomes reports (monthly)
- Expense claims to the grantee (monthly)
- Other reporting requirements (as identified by KOOTASCA Community Action)

VII.   FUNDING

KOOTASCA Community Action is currently developing its application to Minnesota Housing for FHPAP funding. Minnesota Housing anticipates the Grant award notifications to occur in **July 2021**.

KOOTASCA Community Action will submit a funding request to MN Housing for Cook, Itasca, Koochiching and Lake Counties. This request is based on an analysis of the FHPAP resources in the current biennium, the needs assessment conducted by CLIK-HIAC (KOOTASCA Community Action's FHPAP Advisory Committee), and the

Community Need Determination as established by Minnesota Housing. Responses to this RFP should include budgets that reasonably fit within the projected funding request.

Upon receipt of proposals from the community, KOOTASCA will convene a selection committee to review the proposals and make contingent funding recommendations. Funding is contingent on the level of appropriation determined in the current legislative session and funding distribution decisions made by the Minnesota Housing Board of Directors. When KOOTASCA is informed of an award amount from the Minnesota Housing, funding recommendations based on that award will be presented to the KOOTASCA Community Action Board for final approval.

This RFP is for funding through the Family Homeless Prevention and Assistance Program for the biennium that runs from October 1, 2021 to September 30, 2023. KOOTASCA Community Action intends to provide **rental assistance, utility and other similar assistance as well as case management services** for people who are either homeless, at imminent risk of homelessness, or doubled- up in Lake and Cook Counties.

VIII. CULTURAL COMPENTENCY

This Request for Proposal welcomes and encourages proposals from organizations that can provide linguistically and culturally competent homeless prevention and rapid rehousing assistance to residents of Cook, Lake, Itasca, and Koochiching counties who have limited English language proficiency and are experiencing homelessness or are at serious risk of homelessness. It is the preference of the KOOTASCA to select providers that have the staff and expertise to provide culturally sensitive, effective service to the wide range of diverse populations that are represented in the service area.

IX. CLIENT ELIGIBILITY AND PRIORITIES

KOOTASCA, as grantee for the MN Housing FHPAP program, is seeking proposals to create a broad-based network of homeless prevention and rapid rehousing services. Proposals will be selected that show the greatest potential to successfully prevent people at risk from becoming homeless, to rapidly rehouse people experiencing homelessness, and to provide services designed to promote housing stability. Additionally, proposals are expected to demonstrate collaboration with other resources, programs and providers in the community to maximize the capacity to create lasting housing solutions for program participants.

Eligible recipients are families with children, single adults (or childless couples) and unaccompanied or parenting youth ages 18-24. In addition, the FHPAP CLIK HIAC has used the 2018 Community Needs Assessment to establish the following eligibility for services and funding priorities:

Additional Eligibility Requirements
- People with income of less than 200% of federal poverty guidelines based on household size;
- People who are homeless or at-risk of homelessness

Homeless is defined as:
- Currently without housing and staying in an emergency shelter, domestic violence shelter, or in a place not intended for human habitation; or
- Frequently moving to live with other households in housing to which they have no legal claim and from which they have been notified they will have to move within 30 days for adult households or within 45 for unaccompanied youth (age 18-24); and
- Lacking the resources and support networks needed to obtain immediate housing.

At imminent risk of homelessness is defined as:
- Eviction within 2 weeks from a private dwelling (including housing provided by family or friends); or
- Discharge within 2 weeks from an institution in which the person has been a resident for more than 180 days (including prisons, mental health institutions, and hospitals); or

- Residency in housing that has been, or is scheduled to be condemned by housing officials and is no longer safe for human habitation; or
- Facing other crisis (health, trauma, dramatic loss of income, other) that is immediately compromising their ability to retain housing; or
- High overcrowding (the number of persons exceeds health and/or safety standards for the housing unit size and/or may result in a lease violation or loss of subsidy); and
- Lacking the resources and support networks needed to retain or immediately relocate to safe, affordable housing.

Target Populations: The percentages below indicate the proposed target percentage of households served per population		Target Service Models: The percentages below indicate the proposed target percentage of funding allocated to each service model within each population	
45%	Families	Homeless Prevention	50%
		Short-term rapid rehousing	35%
		Intermediate-term rapid rehousing	15%
10%	Unaccompanied youth	Homeless Prevention	15%
		Short-term rapid rehousing	15%
		Intermediate-term rapid rehousing	70%
45%	Singles (Adults and adult couples without children	Homeless Prevention	25%
		Short-term rapid rehousing	75%

X.   PROGRAM STRATEGIES

One of the great strengths of the FHPAP program is the degree of flexibility provided to communities to create a response to homelessness that best meets local needs. The following is a list of eligible FHPAP activities.

FHPAP Model #1—Light Touch (for Homeless Prevention ONLY)

Description of Model	Light touch services accompanied at times with very minimal financial assistance to help resolve housing crisis.	
	At Risk of Homelessness	Homeless
Client Eligibility	- At risk of homelessness (including doubled up) - Low income (less than 200% poverty level) - Employed or starting a job within the current month, or connected to other income (SSI, etc.) that will likely be sustainable. - Likely to stabilize with minimal assistance (one-time guidance/assistance) - Homeless Prevention Targeting Tool score of 0-12	Not eligible under FHPAP
	Service Set (very short-term—less than one month)	Assistance Set (1 time)
Program Strategies Offered	- Light Case Management including: - Basic budget awareness (where you can save, where you can add income) - Problem solving - Tenant education - Referrals - Housing list, applications - Legal Aid, Homeline - Employment services - MH/CD (ARMHS) - Mainstream resources - Immigrant resources - Light advocacy on behalf of client	One-time financial assistance, as needed (no more than $100) may include: - Transportation assistance (gas, minor assistance) - Other material and financial assistance

Performance Standards	• **80%** of households will not return to homeless prevention programs within next 3 months (immediate crisis resolved)

FHPAP Model #2—One-Time Assistance (for Prevention and Homeless)

Description of Model	One-time financial assistance accompanied with light touch services to help resolve housing crisis.	
	At Risk of Homelessness	Homeless
Client Eligibility	• At imminent risk of homelessness • Low income (less than 200% poverty level) • Employed, likely to be employed or connected to other income (SSI, etc.) that will likely be sustainable within 1 month. • No other means to resolve crisis, likely to become homeless but for this assistance. • Likely to stabilize with limited assistance (within 1 month) • Prevention Targeting Tool score of 13-15	• Homeless (including doubled up) • VISPDAT score less than 8 • Low income (less than 200% poverty level) • Employed, likely to be employed or connected to other income (SSI, etc.) that will likely be sustainable within 1 month. • No other means to resolve crisis, likely to become homeless but for this assistance. • Likely to stabilize with limited assistance (within 1 month)
	Service Set (one-time or one month)	Assistance Set (one-time)

Program Strategies Offered[1]	• Case Management including:
	  o Budgeting
	  o Problem solving
	  o Tenant education
	• Referrals
	  o Housing list, applications
	  o Legal Aid, Homeline
	  o Employment services
	  o MH/CD (ARMHS)
	  o Mainstream resources
	  o Immigrant resources
	• Advocacy on behalf of client
	  o Landlord engagement
		One-time financial assistance may include (target <$750 single, <$1,000 family):
		• Rental Assistance
		  o 1st/Last rent
		  o Deposit
		  o Housing application fees (no more than 2 per household)
		• Utility assistance (including past due)
		• Transportation assistance (when directly connected to housing stability services/assistance)
		• Other material and financial assistance (only upon approval of Grantee)

Performance Standards	• **90%** of households will be housed at program exit • **85%** of households will not become homeless. • **75%** of households will not return to homeless prevention programs within the next year.	

FHPAP Model #3—Short-term Assistance (for Prevention or Homeless)

Description of Model	Short-term financial assistance (including a portion or all of rent) with light-touch support services provided on a short-term basis (less than 6 months)	
Priority populations	• Returning to FHPAP • Less than 100% poverty level • Extreme high cost burden for rent (60%+)	
	At Risk of Homelessness	Homeless
Client Eligibility	• At imminent risk of homelessness • Low income (less than 150% poverty level) • Employed, likely to be employed or connected to other income (SSI, etc.) that will likely be sustainable within 3 months. • No other means to resolve crisis, likely to become homeless but for this assistance. • Likely to stabilize with limited assistance (within 6 months)	• Homeless • VISPDAT—singles 4-8 or higher • Low income (less than 150% poverty level) • Employed, likely to be employed or connected to other income (SSI, etc.) that will likely be sustainable within 3 months. • No other means to resolve crisis, likely to become homeless but for this assistance.

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[1] Services and Assistance listed need not be PROVIDED to each household, but must be AVAILABLE to households as needed/requested (directly through the provider or by close access to partner organizations).

	• Homeless Prevention Targeting Tool score of 16-20	• Likely to stabilize with limited assistance (within 6 months)
	Service Set (less than 6 months)	Assistance Set (less than 6 months)

Program Strategies Offered[2]	• Case Management and referrals that include:
	  ○ Wrap-around services
	  ○ WRAP team participation (for those exiting institutions)
	  ○ Financial management, budgeting—rent wise[3]
	  ○ Employment training and support (referrals and review resumes, interview prep, clothing for interviews, etc)
	  ○ Transportation assistance
	  ○ Tenant education
	  ○ Connections to MH/CD services, diagnostics/assessments
	  ○ Connections to mainstream resources—SNAP, SSI, SOAR, etc.
	• Housing search and placement
	• Landlord mediation, education & engagement
	• Connections to legal assistance—escrow, habitability, UD prevention, expungement, outstanding warrants
		Short-term financial assistance may include:
		• Rental Assistance
		  ○ 1st/Last rent
		  ○ Deposit
		  ○ Housing application fees (no more than 2 per household)
		• Utility assistance (including past due)
		• Transportation assistance (when directly connected to housing stability services/assistance)
		• Other material and financial assistance (only upon approval of Grantee OR all expenses must be approved by program manager and reported to advisory committee at next scheduled meeting)

Performance Standards	• **85%** of households will be housed at program exit • **80%** of households will not become homeless. • **75%** of households will not return to homeless prevention programs within the next year.	

FHPAP Model #4—Medium-term Assistance (Prevention) / Rapid Rehousing (Homeless)

Description of Model	Medium-term financial assistance (including a portion or all of rent) with support services provided on a medium-term basis (up to 24 months)	
Priority populations	• No income • HHs served by short-term that reveal higher barriers (thru reassessment), need ongoing support • HHs with disabilities	
	At Risk of Homelessness	Homeless
Client Eligibility	• At imminent risk of homelessness • No or Low income (less than 100% poverty level) • Employed, likely to be employed or connected to other income (SSI, etc.) that will likely be sustainable within 1 month. • No other means to resolve crisis, likely to become homeless but for this assistance. • Likely to stabilize with limited assistance (within 1 month) • Homeless Prevention Targeting Tool score of 21 or more • Households that entered Short-term Assistance who are later identified to need Medium-term Assistance (must have approval from Grantee)	• Homeless (including doubled up) • VISPDAT—singles 9 or higher; families • Low income (less than 150% poverty level) • Employed, likely to be employed or connected to other income (SSI, etc.) that will likely be sustainable within 3 months. • No other means to resolve crisis, likely to become homeless but for this assistance. • Likely to stabilize with limited assistance (within 3 months)

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[2] Services and Assistance listed need not be PROVIDED to each household, but must be AVAILABLE to households as needed/requested (directly through the provider or by close access to partner organizations).

[3] Financial management services/support will be an expected service component for all households who have previously been served by FHPAP

	Service Set (up to 24 months)	Assistance Set (up to 24 months)

Program Strategies Offered[4]	• Case Management including:
	  o Wrap around services
	  o WRAP team participation (for those exiting institutions)
	  o Financial management, budgeting—rent wise
	  o Lifeskills
	  o Employment training and support (referrals and review resumes, interview prep, clothing for interviews, etc)
	  o Connections to MH/CD services, diagnostics/assessments
	  o Connections to mainstream resources—SNAP, SSI, SOAR, etc.
	  o Tenant education
	• Housing search and placement
	• Landlord mediation, education & engagement
	• Family Reunification
	• Connections to legal assistance—escrow, habitability, UD prevention, expungement, outstanding warrants
		• Medium-term Rental Assistance (including)
		  o Monthly rent
		  o 1st/Last rent
		  o Deposit
		  o Housing application fees (no more than 2 per household)
		• Utility assistance (including past due)
		• Furniture, Household items
		• Transportation assistance (when directly connected to housing stability services/assistance)
		• Other material and financial assistance (only upon approval of Grantee)

Performance Standards	• **85%** of households will be housed at program exit • **80%** of households will not become homeless. • **75%** of households will not return to homeless prevention programs within the next year.	

XI. PARTICIPATION IN COORDINATED ENTRY (THRESHOLD REQUIREMENT)

Federal requirements mandate Continuums of Care (CoC) to create and implement a coordinated response system to those at-risk of becoming homeless, or who are already homeless. The State of Minnesota has established minimum statewide requirements for Coordinated Entry participation for all state funded homeless projects. Coordinated Entry participation will be mandatory for those applicants who are chosen to receive the FHPAP funding.

Minnesota Coordinated Entry System Statewide Strategy document defines "participation" in Coordinated Entry as:
- Projects must publish written standards for client eligibility and enrollment determination.
- Projects must communicate project vacancies (bed and/or unit) to the Coordinated Entry administrative entity established by Northeastern Minnesota CoC.
- Persons experiencing a housing crisis must access services and housing using Northeastern Minnesota CoC coordinated entry defined access points.
- Projects must enroll only those clients referred according to the Northeastern Minnesota CoC's Coordinated Entry designated referral strategy.
- Projects must participate in the CoC's Coordinated Entry planning and management activities as established by Northeast Minnesota CoC's Governing Board.

XII. ADDITIONAL EXPECTATIONS OF SELECTED APPLICANTS

The following are additional expectations as identified by the FHPAP Advisory Committee for selected applicants:

- Will use MN Prevention Targeting Tool to determine household eligibility.

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[4] Services and Assistance listed as OFFERED need not be PROVIDED to each household, but must be AVAILABLE to households as needed/requested (directly through the provider or by close access to partner organizations)

- Adhere to budget and outcome projections.
  - Spending and number of households served each quarter should generally be within designated variance of prorated budget/outcomes.
- Provide timely reporting of financials and outcomes to Grantee and Advisory Committee.
- Ensure accurate data entry into HMIS.
- Maintain required documentation for households served.
- Be adequately prepared to participate in Grantee and Funder site visits and file reviews annually.
- Participate in housing meetings including CLIK-HIAC
  - Active attendance required to vote: having attended at least 50% of meetings over the past 12 months. Organizations that meet the 50% attendance threshold may assign an alternate to vote in their place.
- Participate in regional housing meetings.

XIII.   PROPOSAL FORMAT

Proposers are instructed to use the following format in preparing all proposals. Failure to do so may result in a reduced rating by the Selection Committee.

RESPONSES MAY NOT EXCEED:
- Ten (10) single sided pages in length and should be prepared using no less than an 11-point standard font with standard one (1) inch margins.
- Other materials such as folder, binders and paper clips should not be submitted.
- Please do not include unrequested attachments such as program brochures, audit reports, letters of recommendation, full job descriptions, etc.

No late proposals will be accepted.   Note that applicants are limited to one proposal under this RFP. Submit your proposal to **Cara Lundquist at clundquist@live.com**

IX.   WITHDRAWL OF PROPOSAL/CHANGES

A proposal may be withdrawn upon written request of the proposer, prior to the proposal due date**.** For proposals submitted before the due date, changes may be made up to the deadline, provided the changes are initialed by the proposer or the proposer's agent. Once submitted a proposal becomes public property and will not be returned.

X.   CONFIDENTIALITY

Information supplied by the Proposer to the Grantee is subject to the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13. Such information shall become public unless it falls within one of the exceptions in the Act, such as security information, trade secret information, or labor relations' information pursuant to Minnesota Statutes Section 13.37. If the Proposer believes any non-public information will be supplied in response to the RFP, the Proposer shall take reasonable steps to identify and provide reasonable justification to the Grantee regarding which data, if any, falls within the Minnesota Government Data Practices Act exceptions. However, the Proposer agrees as a condition of submitting a proposal that the Grantee will not be held liable or accountable for any loss or damage which may result from a breach of confidentiality as may be related to the responses submitted.

The Grantee will not consider any cost information and references submitted by the Proposer to be non-public, confidential or trade secret material. Simply stating that the document is confidential or making a blanket claim of confidentiality without proper supporting justification is also not a valid reason to declare the document confidential. The names of the proposers will become public when the recommendations are made during the June 22 2021 CLIK HIAC meeting. No other information submitted by Proposers will be released until after a

contract for the stated service has been executed. (Minnesota Statute Section 13.591.) Information submitted by Proposers as part of this RFP will only be released in response to a written data request that is received by the Grantee.

CLIK – HIAC FAMILY HOMELESSNESS PREVENTION AND ASSISTANCE PROGRAM
APPLICATION FORM

October 1, 2021 – September 30, 2023

Applicant Name:		

Address:	**City:**	**Zip Code:**

Telephone:	**Fax:**

Federal ID Number:	**State Tax ID:**

Type of Applicant: Non-profit (registered) Faith Based Organization Other	**Service area:**

Contact Information

Chief Executive:	**Title:**
Telephone:	**E-mail:**
Program Contact 1:	**Title:**
Telephone:	**E-mail:**
Program Contact 2:	**Title:**
Telephone	**E-mail:**

Total Amount of Funds Requested:	$

This application is submitted by the undersigned with the full knowledge and consent of the governing body of this organization or unit of local government and is, to the undersigned's best knowledge, accurate in all details.

Signature _____   Date _____

Name and Title: _____

I.   **AGENCY CAPACITY AND FINANCIAL STABILITY**

A)   Provide a brief description of the organization including: **(Not required if a current sub-grantee)**

- The date of incorporation and legally incorporated name.

- A list of current services offered by your agency.

- A list of Board of Directors, their titles, the business affiliations.

- An organizational chart that clearly depicts the different lines of authority in your agency and identifies where staff related to this program are located on the chart.

B)   Describe whether your proposed service(s) will integrate with existing program(s) and what the relationship of this program to others within your organization.

C)   Attach or include a description of all funding sources, including in-kind, that will be used for this project. The CLIK-HIAC FHPAP Advisory Committee would like to see leverage of FHPAP dollars.

D)   Coordinated Entry and Prevention Targeting: All FHPAP sub-grantees are required to participate in the Coordinated Entry process and expected to use the Prevention Targeting Tool created by MN Housing.

☐   Our organization agrees, and is able to, participate in Coordinated Entry and Prevention Targeting.

☐   Our organization is not able to participate in Coordinated Entry and Prevention Targeting

Please explain:

E)   HMIS Capacity: Minnesota Housing and KOOTASCA Community Action are requiring that FHPAP reporting be done utilizing the statewide web-based Homeless Management Information System (HMIS). All applicants are required to go through training, obtain a user license, and enter data on HMIS. Costs for HMIS training and user license are permissible FHPAP expenses. Please check all that apply:

☐   Our organization is currently entering reliable data in HMIS.

☐   Staff at our organization have been trained to use HMIS but we have not yet started entering reliable data in the system.

☐   Our organization agrees to obtain HMIS training for the relevant staff member(s), purchase the required user license(s), and enter reliable data in HMIS.

☐   Our organization has an agreement with a 3rd party for compliance with HMIS reporting requirements (please enclose a copy of the agreement).

F) <mark>HMIS Data Sharing: KOOTASCA Community Action FHPAP is participating in data sharing within HMIS to enhance our ability to meet client needs. Please indicate your agency's willingness to participate in data sharing.</mark>

<mark>☐ Our organization agrees, and is able, to participate in data sharing in HMIS.
☐ Our organization would not be able to participate in data sharing in HMIS.</mark>

Please explain:

II. ORGANIZATION AND STAFF EXPERIENCE

A) Describe your agency's previous experience working with your target population and service model.

B) Identify staff that will carry out the project activities including their qualifications, **brief** job descriptions, and staff retention plan for sustainability of the project. Provide narrative that demonstrates staff expertise and knowledge regarding the best practice service model.

C) Describe your agency's capacity to be involved with all local homeless planning meetings and to complete quarterly reports using HMIS with reliable data.

D) Describe the partnerships you currently have and new collaborative relationships you will pursue. Including how your agency will coordinate with other providers of rent payment assistance, emergency shelters, transitional housing and permanent affordable housing providers.

E) Please describe how your organization provides culturally competent and inclusive services to any household seeking assistance.

III. PROPOSED PROGRAM MODEL SECTION

A) Population to be served:

☐ Single Adults
☐ Families
☐ Youth

B) Project Strategies. Please indicate which FHPAP strategies your agency is proposing to provide:

☐ Light Touch Assistance
☐ One-time Assistance

☐   Short-Term Assistance
☐   Medium-Term assistance

C)   Eligibility

☐   Our organization <u>agrees</u> to adhere to FHPAP eligibility criteria defined on pages 6-7 of the RFP instructions for the populations we will serve. Any additional criteria will only occur through the approval of the Grantee.

☐   Our organization <u>does not agree</u> to adhere to FHPAP eligibility criteria defined on pages 6-7 of the RFP instructions for the populations we will serve.
Please explain:

D)   Describe your project making sure to address the following:

- General project description.

- How households will access services (locations, program connections, program contacts).

- Types of direct financial assistance provided.

- Types of support services provided, including ability to provide prioritized services, as stated in Section X. Program Strategies.

- Outreach strategies to potential clients.

- How diversion strategies are leveraged.

- Describe how you will use a client-centered approach.

E)   Please check the appropriate boxes to indicate how your program will ensure eligible households are offered all services identified in the FHPAP model you will provide.

Services Offered	Our program <u>will provide</u> this service directly	Our program <u>will refer</u> households to other programs for this service	Our program <u>is not able to provide</u> this service	<u>Not applicable</u> to the model we propose to provide
Financial management, financial literacy, budgeting				
Tenant Education--client engagement and follow through, household cleaning, cooking, landlord relationships, etc.				
Employment training and support				
MH/CD services				
Connections to mainstream resources—SNAP, SSI, SOAR, etc.				
Tenant education				

Housing search and placement				
Landlord mediation, education, & engagement				
Family Reunification				

F) Please complete the table below for all services noted earlier that will be provided by referral/partner agencies.

Services provided through referrals/partnership agencies	Please list the partner agencies who will provide these services

G) Describe how your service delivery model meets the priorities of FHPAP.

H) If serving school-age children, please describe how your program will coordinate with schools, homeless liaisons and other youth related programs.

IV.   OUTCOMES/OBJECTIVES

A) Describe how your program will address specific needs of the populations you intend to serve.

B) Indicate the proposed number to be served under the following goal areas of prevention and homeless:

Households Served (output)	Prevention				Total
	Singles		Families		
	Adults	Youth	Adults	Youth	
# proposed to be served by program					
Households Served (output)	Homeless				Total
	Singles		Families		
	Adults	Youth	Adults	Youth	
# proposed to be served by program					

C) What creative approaches or innovative services would you implement during the biennium?

What makes your agency stand out as an innovative partner with FHPAP?

How would you include other resources, partners, or funding streams regarding your creative approach?

How would you measure outcomes and success?

V.   PROPOSED PROJECT BUDGET

The FHPAP Advisory Committee has established the following *target* funding distribution by population and service model based upon the community needs assessment. Please consider the following target percentages carefully when determining your agency's budget for proposed activities and services. Please note that these are *targets* not final determinations on funding distribution.

Percentages listed for each population are guidelines for budget consideration. If programming based on your service model is significantly less than/greater than proposed guidance, please provide rationale for your budget.

Target distribution of FHPAP funding across populations and service models				
	% per Population	Prevention	Homeless Assistance	
Families	%			$
Light Touch				
One Time				
Short-Term				
Medium-Term				
Youth	%			$
Light Touch				
One Time				
Short-Term				
Medium-Term				
Singles	%			$
Light Touch				
One Time				
Short-Term				
Medium-Term				
Total request				$

FHPAP Budget for 10/01/21 - 9/30/23			
Cost Category	**Prevention**	**Homeless Assistance**	**Combined Totals**
Support Services (FTE)	0.00	0.00	0.00
Cost of Support Service	$0.00	$0.00	$0.00
Direct Assistance			
Rental Payment Assistance	$0.00	$0.00	$0.00
Mortgage Payment Assistance	$0.00		$0.00
Rental Deposit Assistance	$0.00	$0.00	$0.00
Utility Bill Payment Assistance	$0.00	$0.00	$0.00
Transportation Expense Assistance	$0.00	$0.00	$0.00
Undesignated Temporary Financial Aid	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Subtotal	$0.00	$0.00	$0.00
Administrative Allocation	$0.00	$0.00	$0.00
TOTAL COSTS	$0.00	$0.00	$ -