2023 Department of Housing and Urban Development (HUD)

Notice of Funding Opportunity (NOFO)

FL-509 Local Competition Request for Applications (RFA)

Application for New Project

(For Projects Not Applying for DV Bonus Funding)

**Organization**

Click here to enter text.

|  |  |
| --- | --- |
| Primary Contact for this Proposal  Name and Title: Click here to enter text.  Email: Click here to enter text.  Phone: Click here to enter text. | |
| Federal Tax ID or EIN | Click here to enter text. |
| UEI Number registered and active at <https://www.sam.gov/SAM> | Click here to enter text. |

**Project Name**

Click here to enter text

**Project Type (Check One)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rapid Rehousing | Permanent Supportive Housing | Supportive Services Only – Coordinated Entry | Homeless Management Information System | Planning |
|  |  |  |  |  |

**I. Agency Description (All project types)**

1. Describe your organization’s experience in effectively utilizing federal funds. (Narrative is limited to 1,000 characters with spaces.)

Click here to enter text.

2. Describe the basic organization and management structure of your organization. Include evidence of internal and external coordination and an adequate financial accounting system. (Narrative is limited to 1,500 characters with spaces.)

Click here to enter text.

3. Describe your organization’s experience in working with households experiencing or at risk of homelessness. (Narrative is limited to 1,500 characters with spaces.)

Click here to enter text.

**II. Project Design**

**A. PSH and RRH Projects Only**

1. **Population.** What population(s) do you expect to serve?

|  |  |
| --- | --- |
| **Population** | **Number of households to be served annually** |
| Chronically homeless adults with no minor children in the household |  |
| Homeless adults with no minor children in the household, not chronic |  |
| Homeless households with both adults and minor children in the household |  |
| Unaccompanied Youth (18-24) |  |

2. **Project Summary.** Provide a description that summarizes the proposed project. (Maximum 2,000 characters with spaces.)

Click here to enter text.

3. **Timeline for Implementation.** Describe the estimated schedule for the proposed activities and the method for ensuring timely implementation of project. (Maximum 1,000 characters with spaces.)

Click here to enter text.

4. **Increasing Income.** Describe specifically how participants will be assisted to increase both their earned income and other income. (Maximum 1,500 characters with spaces).

Click here to enter text.

5. **Best Practices.** Clearly demonstrate how this project will follow RRH or PSH model and best practices which will minimally include housing identification, rent and move-in assistance, and supportive services, utilizing best practices such as trauma-informed care and client-driven services. (Maximum 3,000 characters with spaces).

Click here to enter text.

6. **Housing Stability.** Describe how you plan to track the households to ensure that they remain permanently housed 12 months after they have been rehoused. (Maximum 2,000 characters with spaces).

Click here to enter text.

7. **Coordination with Housing and Healthcare**. Refer to the HUD NOFO Sections II.B.4. and VII.B.6. for requirements related to the points available for coordination with housing and healthcare resources. If your project meets the requirements laid out in the HUD NOFO, describe below your coordination with housing and/or healthcare resources and attach written commitment(s) from partnering organizations.

Click here to enter text.

8. **Racial Equity.** Describe how you will identify any possible barriers to participation faced by persons of different races and ethnicities and what steps you will take to eliminate those barriers. (Maximum 2,000 characters with spaces.)

Click here to enter text.

**B. SSO-CE, HMIS, and Planning Projects Only**

1. **Project Summary.** Provide a description that summarizes the proposed project. (Maximum 2,000 characters with spaces).

Click here to enter text.

1. **Timeline for Implementation.** Describe the estimated schedule for the proposed activities and the method for ensuring effective and timely implementation of program. (Maximum 1,000 characters with spaces.)

Click here to enter text.

3. **Racial Equity.** Describe how you will identify any possible barriers to participation faced by persons of different races and ethnicities and what steps you will take to eliminate those barriers. (Maximum 2,000 characters with spaces.)

Click here to enter text.

4. **Expansion (for CE and HMIS projects).** Clearly describe how this project will expand the current CE or HMIS. (Maximum 3,000 characters with spaces.)

Click here to enter text.

5. **Lived Experience.** Describe how you will involve persons with lived experience of homelessness in policy and program development throughout the project’s implementation. (Maximum 2,000 characters with spaces.)

Click here to enter text.

**III. Effect on System Performance Measures, Time to Housing Placement, and Severity of Needs – PSH and RRH Projects Only**

|  |  |
| --- | --- |
| **Outcome** | **Measure** |
| 1. What percentage of the participants served by this project will maintain or increase their earned income? |  |
| 1. What percentage of the participant served by this project will increase or maintain their total income? |  |
| 1. What is the expected average length of stay in the project? |  |
| 1. What percentage of your participants served by this project will maintain permanent housing for at least 12 months? |  |
| 1. What percentage of program participants will have been referred through Coordinated Entry? |  |
| 1. What is the expected average number of days between program participants’ entry into the program and their move into permanent housing? |  |
| 1. What percentage of program participants will have severe needs, such as ongoing behavioral health issues and/or a disability and/or a VI-SPDAT score of over 12? |  |

**IV. Budget (All project types)**

1. Complete the table below. Expenses may be edited. Add as many additional lines and expenses as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expenses** | **Request** | **Match**  **(Minimum 25% Total)** | **Total** | **Explanation** |
| Personnel |  |  |  |  |
|  |  |  |  |  |
| Office Equipment |  |  |  |  |
| Local Travel |  |  |  |  |
|  |  |  |  |  |
| Rent Assistance |  |  |  |  |
| Move-In Assistance |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |  |  |  |

2. Complete the table below.

|  |  |  |
| --- | --- | --- |
| **Source(s) of Match** | **Cash or In-kind?** | **Amount of Match** |
|  |  |  |
|  |  |  |
|  |  |  |

**V. Housing First Questionnaire** **(PSH and RRH Projects Only)**

|  |  |  |
| --- | --- | --- |
| 1. Will the project require a background screening prior to project entry (excluding sexual predator/offender check for facility-based projects)? | € YES € 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 for facility-based projects)? | € YES   € NO | |
| 3. Will the project require participants to be clean and sober prior to project entry and/or during project stay? | € YES   € NO | |
| 4. Will the project require alcohol/drug tests on participants for any reason? | € YES   € 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? | € YES   € NO | |
| 6. Will the project require participants to have a mental health evaluation prior to project entry? | € YES   € 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? | € YES   € NO | |
| 8. Will the project require participants to have income at time of project entry? | € YES   € NO | |
| 9. Will the project require participants to obtain an income as a condition of remaining in the project? | € YES   € 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? | € YES   € NO | |
| 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 the project include any behavior or conduct requirements, outside of those typically found in a lease agreement? | € YES | € NO |
| 14. 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, etc.? | € YES | € NO |
| 15. 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 |
| **Total Number of NO Responses** |  | |