**NY-508 Buffalo, Niagara Falls/ Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC**

**FY2018 Request of Proposal for Continuum of Care Homeless Assistance Program funding**

**Introduction**

U.S. Department of Housing and Urban Development (HUD)’s Continuum of Care fund is a nationwide competition for homeless funding. This competition is usually a two-step process. First, a local application has to be submitted in response to the Request For Proposal (RFP) released by the Homeless Alliance of Western New York (HAWNY), the CoC lead agency of NY-508 Buffalo, Niagara Falls/ Erie, Niagara, Orleans, Genesee, Wyoming Counties. Projects that make the selection list will advance to the federal application process once HUD releases its Notice of Funding Availability (NOFA). Applicants are responsible for the preparation of both the local application and the eventual electronic submission of their project application if the project is approved locally for funding.

This document is an revised RFP in preparation of the local application process. It only applies to new project application. Projects that are funded by HUD in FY2017 will follow the renewal procedure and will not need to follow this RFP. Expansion to an existing CoC projects will be considered as a new project. **HAWNY must receive applications on or before July 19thunless otherwise notified. Notification will be posted on HAWNY website. Applications submitted after this deadline will not be considered for funding.**

New projects to be put forward with the FY2018 application to HUD will be selected by an independent scoring committee. Final decisions regarding awards will be made by HUD via the national competition. Scoring criteria could be found on our website, *FY2018 CoC funding Guide*.

The CoC Project Selection Committee has met and decided to reallocate $271,782 from two programs on June 7th. Based upon this decision and in order to maintain services to the populations being served, the Project Selection Committee requested and the Homeless Alliance Board approved the issuance of a Request for Proposals to address a potential gap in service to the clients that were previously served by these two programs. This funding will be directed towards these types of programs in Erie County:

1. **Joint Transitional Housing (TH) and Permanent Housing-Rapid Rehousing(PH-RRH) for Youth** This project is required to combine TH and PH-RRH into a single project to serve youth who are experiencing homelessness;

Project will be required to adopt Housing First Approach and commit to housing people as soon as possible without pre-conditions. The Transitional Housing component should be use as interim housing/bridger or for youth who cannot obtain their own housing because they are under 18 years of age. Program participants are not required to use both components.

The proposed project will provide enough rapid rehousing assistance to ensure that at any given time a program participant may move from TH to RRH. This may be demonstrated by identifying a budget that has twice as many resources for the rapid rehousing portion of the project than the TH portion, by having twice as many PH-RRH units at a PIT as TH units, or by demonstrating that the budget and units are appropriate for the population being served by the project.

1. **Rapid Rehousing** is a program that intent to help individuals and families quickly exit homelessness and return to permanent housing by providing housing search, ongoing case management, and a short term to medium term rental assistance. This program can serve individuals and families, including youth, coming directly from the streets or emergency shelters, or fleeing domestic violence situations and other persons meeting the criteria of category(4) of the definition of homeless. Individuals who are about to become homeless and living with family or friends will not be eligible.

Project preference will be given to projects that will strictly take clients from coordinated entry without any preference subpopulation. Recommended caseload per caseworker is 25-30 in this project type or 10-15 for the youth population.

**Application Requirements:**

* **If you previously submitted a new application, your previous application will still be reviewed when the Project Selection Committee does its final project review and rankings. There is no need to submit another application unless you are requesting to serve a new program type or population.**
* **This RFP only apply to project that serve Erie County.**
* All grant term will be only 1 year.
* Projects must agree to use Housing First Approach
* Projects must agree to use coordinated entry
* Project must demonstrate to have 25% match in cash or in-kind
* Organizations who have no current CoC contract MUST meet with Kexin Ma, Director of Federal Programs and/or Dale Zuchlewski, Executive Director to discuss the proposed project.

Appendix 1 has more details on the definitions. If you have any question regarding to any definition, please contact Kexin Ma, 716-853-1101 or kexinma@wnyhomeless.org.

**ELECTRONIC SUBMISSION BY E-MAIL IS REQUIRED**

* Completed local new project applications (page 3-7) should be sent as a Word document or .pdf file.
* Completed budget workbooks should be sent as an Excel document.
* Attach completed application, budget and other required documentation and email to: Kexin Ma [kexinma@wnyhomeless.org](mailto:kexinma@wnyhomeless.org) before the deadline.

**Homeless Alliance of Western New York**

# FY2018 Local HUD Continuum of Care Competition

***New Project Application***

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| --- |
| **A. Project Information** |
| **Project Name:** |
| **Total HUD Request: $** |
| **Project Type: Permanent Housing:**  **☐Rapid Re-Housing (RRH)**  **☐Joint Transitional Housing (TH) and Permanent housing-Rapid Rehousing (TH-RRH)** |
| **Service coverage:☐Erie County** |

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| --- |
| **B. Recipient Organization Information** |
| **Organization Name:** |
| **Director:** |
| **Address:** |
| **City:**   **Zip Code:** |
| **Telephone:**   **Fax Number:** |
| **Are there Sub-Recipient Organizations for this project? ☐Yes ☐No**  **If yes, which organization(s)?** |

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| --- |
| **Application Contact Person Information** |
| **Name:** |
| **Telephone: E-Mail:** |

**C. PROJECT OVERVIEW**

**# of Units:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type:** ☐ Single Site ☐Scatter site ☐N/A

**# of Beds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed number of households by composition and sub-population annual served**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Households | Households with at least one adult and one child | Adult Households without Children | Households with only Children | Total |
| **Total Number of households** |  |  |  |  |
| **Total Number of Adults** |  |  |  |  |
| **Total Number of Children** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of Units **Dedicated** to the Following Sub-populations | Households with at least one adult and one child | Households Without Children | Households With Only Children | Total |
| Chronically Homeless Non-Veterans |  |  |  |  |
| Chronically Homeless Veterans |  |  |  |  |
| Adults with Substance Abuse |  |  |  |  |
| Person With HIV/AIDS |  |  |  |  |
| Severely Mentally Ill |  |  |  |  |
| Victims of Domestic Violence |  |  |  |  |
| Physical Disability |  |  |  |  |
| Developmentally Disabled |  |  |  |  |
| Persons not represented by listed sub-population\_(please specify) |  |  |  |  |

**SECTION D: PROJECT NARRATIVE**

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| 1. **Provide a description that addresses the entire scope of the proposed project.** For projects that would like to serve more than one County within the CoC, please indicate how much fund you are planning to use in each County. The project description should address the entire scope of the project, including a clear picture of 1) the target population to be served. For Rapid rehousing, please describe the annual number of clients you planned to serve, how many staff you plan to hire and what’s their expected caseload 2) The plan for addressing the identified needs/issues of the CoC target population(s). 3) Projected outcome(s) and measurements, and 4) coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. |
| 1. **Describe the unmet need for the target population in the proposed community.** Use local data to show the unmet need for the proposed target population. If local data is not available, state or national number could be used as reference. |
| 1. **Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project.** Be sure to provide concrete examples that illustrate 1) experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications 2) working with and addressing the target population’s identified housing and service needs. If currently operating similar project or serving similar population, please provide outcome from the current projects. Specifically describe your experience with: 1) the Housing First model 2) linking participants to mainstream resources, including benefits, health insurance, employments services, and mainstream affordable housing. |
| 1. **Describe the experience of managing and leveraging other Federal, State, local, and private sector funds.** |
| 1. **Describe the referral process and how your project will be taking clients from CoC Coordinated Entry.** |
| 1. **Are the proposed project policies and practices consistent with the laws related to  providing education services to individuals and families?**  ☐ Yes ☐ No ☐ N/A |
| 1. **Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educat­­ional services, as appropriate?** ☐ Yes ☐ No ☐ N/A |

**Attachments: *(Please check and submit the following that apply to your project application)***

☐Application

☐Budget Workbook

☐Proof of 501(c)(3) status

☐Most recent audited financial statement

☐ Other attachments; i.e. - proof of Site Control, Zoning Compliance, etc. if applicable

**ASSURANCES**

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

* Applicant will complete the HUD Project Application forms with the same information as contained in this application unless the Project Selection Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant
* Applicant understands that HAWNY as the NY-508 CoC lead coordinates the local application process and it is necessary to begin the process before HUD releases the FY2018 Notice of Funding Availability (NOFA). Any changes that need to be made by the projects will supersede this document.
* Applicant agrees to participate fully in BAS-Net, this community’s Homeless Management Information System (HMIS).
* Applicant agrees to abide by all CoC Written Standards applicable to the project that funding is requested for.
* Project agrees to participate in the Coordinated Entry system, which includes using the Coordinated Assessments approved by the CoC and only takes clinets from the Coordinated Entry Leads.
* Applicant understands that HUD CoC funded homeless projects are monitored by HAWNY as the CoC lead for Erie County. This can include an annual site visit, annual submission of the applicant’s most recent APR submitted to HUD, and submission of the most recent audited financial statement.
* If awarded funding, the applicant agrees to inform HAWNY when the following occur:
  + The organization has staff vacancies for a duration of time that could affect the projected number of participants served, or result in HUD funds not being fully expended.
  + There are changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD.
  + There is an increase/decrease of other funding to the project that could affect the projected number of participants served, services provided, ability to meet matching or leveraging requirements, etc.
  + There are significant delays in the start-up of a new project.

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| --- | --- |
| **Name:**  (please type) |  |
| **Title:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Signature:**(if application is scanned) |  |
| **Electronic signature authorization:** | ☐ I agree that checking this box is the legal equivalent of my manual signature on this agreement. You confirm that you have reviewed and agree with the conditions above. |
| **Date:** |  |

**Continuum of Care (CoC) Development Fee**

The Board of Directors of the Homeless Alliance has established the following policies in regard to the payment of fees related to successful HUD Continuum of Care applications.

1. A fee, to be known hereafter as the “Continuum of Care Successful Application Fee,” is to be paid by successful applicants for HUD Continuum of Care funding, as described below, in order to reimburse the Homeless Alliance for the cost of work done to prepare, coordinate, and complete the Continuum of Care application process.
2. Fee Calculation: The fee owed shall be equal to 0.5% (zero point five percent) of the total award granted by HUD to the recipient. Where a multi-year award is granted, the fee will be calculated and due on the total award. (award X .005 = fee)
3. Payment Method: Fees are to be paid by check or money order, and are to be made payable to “Homeless Alliance of WNY, Inc.”.
4. Payment Schedule: Fees will be due and payable according to the following schedule:  
   1. No later than 90 days from the date that HUD officially announces Continuum of Care awards, the Homeless Alliance will calculate and send an invoice to each recipient which details the amount of the fee owed and its date due.
   2. Payment of this fee shall be due no later than 30 days after the execution of a contract with HUD for the award subject to the fee, or no later than 30 days after receipt of an invoice from the Homeless Alliance, whichever comes later.
   3. For multi-year awards, the full fee will be invoiced, but the option of paying on an annual basis over the life of the award is available to the recipient upon request.
5. Sub-Recipients: In the event that an agency applies for and receives an award on behalf of one or more sub-recipients, that agency (the “recipient”) is responsible for the fee covering the total amount awarded, and it is the recipient’s responsibility to collect from the sub-recipients, if they so choose.
6. Failure to Pay: The failure of a recipient to pay a Continuum of Care Development Fee will be ranked as a significant factor in the evaluation of any future Continuum of Care applications that the recipient submits to the Homeless Alliance.

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| --- | --- |
| **Name:** |  |
| **Signature**(if application is filled in paper) |  |
| **Electronic signature authorization:** | ☐ I agree that checking this box is the legal equivalent of my manual signature on this agreement. I am aware of the above policy regarding a development fee due to the Alliance should my organization be awarded funds in the FY2018 Continuum of Care competition. |
| **Date:** |  |

## Appendix 1:Definitions:

HOMELESS:

The New Homeless Definition (effective 1/4/2012 under the HEARTH act) has four categories:

1. ***Category 1 –( Homeless) Literally Homeless:*** An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: An individual or family with a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
2. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
3. An individual who is exiting an institution (e.g., jail, hospital)
   1. where he or she resided for 90 days or less **AND**
   2. resided in an emergency shelter or place not meant for human habitation immediately before entering the institution

***Category 2 – (Homeless) Within 14 days of losing home:*** An individual or family who will imminently lose their primary nighttime residence, provided that:

* 1. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
  2. No subsequent residence has been identified; **AND**
  3. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing

***Category 3 – (Homeless) Youth/Children:*** Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

* 1. Meet the homeless definition under another federal statute; **AND**
  2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; **AND**
  3. Have experienced persistent instability as measured by two moves or more during the sixty day period immediately preceding the date of application for homeless assistance; **AND**
  4. Can be expected to continue in such status for an extended period of time because of chronic disabilities, OR chronic physical health or mental health conditions, OR substance addiction, OR histories of domestic violence or childhood abuse (including neglect), OR the presence of a child or youth with a disability, OR two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment

***Category 4 – (Homeless) Fleeing Domestic Violence:*** Any individual or family who:

* Is fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
* Has no other residence; **AND**
* Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

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**CHRONICALLY HOMELESS:**

An unaccompanied homeless individual with a disabling condition, or an adult member of a homeless family who has a disabling condition, who has either been continuously homeless for a year or more, OR has had at least four (4) occasions of homelessness in the past 3 years, where all combined occasions has to total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation in an emergency shelter, or in a safe haven. The term “homeless,” in this case, means a person sleeping in a place not meant for human habitation (e.g., living on the streets), in an emergency homeless shelter, or in a Safe Haven as defined by HUD.

**DISABLING CONDITION:**

A disabling condition is defined as: (1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes an individual’s ability to live independently, and of such a nature that the disability could be improved by more suitable conditions; (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agent for acquired immune deficiency syndrome; or (5) a diagnosable substance abuse disorder. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.

**Housing First Approach** is a programmatic and systems approach that centers on providing homeless people with housing quickly and then providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

• Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example: a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services. b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of “housing readiness.” c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff. d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

**Coordinated Entry:** The primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed coordinated entry processes can result in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources. More information can be found on our website: https://wnyhomeless.org/continuum-of-care/coordinated-entry/