**YHDP Project Application**

    **Please save your document with the following naming convention:**

* **The Project Selection Committee will not review late or incomplete applications or projects that don’t meet eligibility requirements.**
* **Applications are due by 4 pm on May 8th. Narrative part should be submitted as a Word document, budget should be submitted as an Excel file. No hand written/scanned file will be accepted. All parts of the applications including required attachments should be submitted before the deadline to Kexin Ma,** **kexinma@wnyhomeless.org****.**
* **Please email questions regarding the RFP and application to Kexin Ma,** **kexinma@wnyhomeless.org****.**
* **Please save your document with the following naming convention:**
* **Agency name – Program name**

**Example: ABC, Inc - TH-RRH for youth.doc**

* **Applicants should carefully read the YHDP Coordinated Community Plan and the RFP requirements and review the scoring sheet before drafting answers to ensure they understand the community needs and fulfill the community goals and objectives.**
* **If you are applying for more than one project component, a separate application and budget is required, but only one set of attachments is required.**
* **Application check list *(click the boxes manually to confirm each step)*:**

[ ] Application

[ ] Budget worksheet

[ ] Attachment: 2018 Audited Financial Statements and Management Letters

[ ] Attachment: 2018 IRS 990 tax return

[ ] Attachment: 2018 NYS CHAR 500 tax return

[ ] Attachment: Proof of 501(c)(3) status

[ ] Attachment: Proof of 501(c)(3) status for sub-grantee if applicable

[ ] Attachment: MOU between applicant and sub-grantee if applicable

### Project Applicant Information:

1. Name of Organization:
2. Organization Type (Select one and provide documentation)

[ ]  State or local Government [ ]  Non-profit 501(c)(3)

[ ]  PHA        [ ]  Other:

1. DUNS Number:

### Sub-Recipient Organization(s) (fill out separately for each if applicable):

1. Name of Organization:
2. Organization Type (Select one and provide documentation)

[ ]  State or local Government [ ]  Non-profit 501(c)(3)

[ ]  PHA        [ ]  Other:

1. DUNS Number:

### Contact person for this application:

* 1. Name:
	2. Title:
	3. Phone:
	4. Email:

### Project Location and service area (City/County):

### Type of Project:

 [ ] Joint Transitional Housing – Rapid Rehousing [ ] Family Engagement Team

 [ ] Overnight Drop In center

### HMIS Participation:

1. Does your agency currently participate in HMIS?

[ ] Yes   [ ] No

1. If not, will your agency enter data into HMIS (or comparable database for DV victim service providers) for this proposed project?

[ ] Yes   [ ] No

1. How will you ensure your HMIS data quality—timeliness, completeness, accurate?
2. The YHDP Leadership Team may decide that, for community benefit, we need to collect additional data points beyond what HUD requires for YHDP programs. Will your agency agree to abide by these requests to demonstrate the outcomes of the project?

 [ ] Yes   [ ] No

### Coordinated Entry

* 1. For TH-RRH and Family Engagement Team: Will the project receive referrals *only* through the local Coordinated Entry System?

 [ ] Yes   [ ]  No

* 1. For Drop in Center, will you refer youth into coordinated entry?

 [ ] Yes  [ ]  No

* 1. Please explain proposed project’s role in coordinated entry process.
	2. Describe the outreach plan (marketing) to make target population aware and participate in the project.

### Housing First

1. Please describe the recipient’s/sub-recipient’s experience with the Housing First model. Please detail how the design of the program will implement a Housing First model. Please describe how proposed program will ensure immediate access to housing with no preconditions.
2. Does the project ensure that participants are not screened out based on the following items? Select all that apply:

[ ] Having too little or little income

[ ] Active or history of substance use

[ ] Having a criminal record with exceptions for state-mandated restrictions

[ ] History of victimization (e.g. domestic violence, sexual assault, childhood abuse)

[ ]  None of the above

1. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply

[ ] Failure to participate in supportive services

[ ] Failure to make progress on a service plan

[ ] Loss of income or failure to improve income

[ ] Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area

[ ]  None of the above

### Guiding Principles

1. Will proposed project follow the following guiding principles and rules? (Check all that apply)

[ ] Equal Access [ ] Fair Housing [ ] Trauma informed care [ ] Positive Youth development

1. Describe how the proposed program will incorporate Positive Youth Development (including social integration and permanent connections) and Trauma-Informed Care.
2. Describe how the proposed program will serve the needs of homeless youth subpopulations, such as youth with disabilities, youth of color, youth who are involved in the justice system and foster care, survivors of sex-trafficking and LGBTQ youth. Describe how the proposed program will ensure a culturally responsive delivery of services, and promote equity and inclusion.
3. Describe how the recipient will collaborate with youth on project implementation including the project design, operations, and programming. Further, please describe how the recipient plans to incorporate youth collaboration into ongoing internal quality assurance processes.  Explain if applicant or subrecipient has prior experience with youth collaboration. Explain if youth will be involved in the staff hiring process.

### Annual and Point-in-Time Capacity

1. Target population [ ] Youth under 18 [ ]  Youth 18-24 [ ] Parenting Youth [ ] Pregnant youth [ ] Youth with disabilities [ ] LGBTQ+ youth
2. Number of household anticipated to be served at any Point in Time when at full capacity:
3. Number of household anticipated to be served annually:

###  Experience of Applicant/Sponsor

1. Please describe the experiences 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/or housing for persons experiencing homelessness, and carrying out the activities of the project. Be sure to provide concrete examples that illustrate:
	* + The recipient’s experience and expertise relevant to the specific type of project you are applying for (TH-RRH, Family Engagement, Drop in) and the activities you are proposing in your application; and
		+ Addressing the target population’s housing and service needs.
		+ Examples of when the recipient has put the principles of Positive Youth Development and Trauma Informed Care into practice. Provide examples on how any current programs that the recipient is operating uses these guiding principles.
		+ Current program performance
	1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.
	2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.
	3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include descriptions of organization structure related to the proposed project and an adequate financial accounting system that will be used to administer the grant (including capacity to properly isolate and track YHDP-related income and expenditures, the separation of duties/functions, and tracking staff time).
	4. Describe how the project will be collaborating with other community partners as well as how the proposed project will fill the gaps of existing resources.

### Project Description

1. Please provide a brief description of the proposed project.  The project description should be *complete and concise*. It must address the entire scope of the project, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). The description must be consistent with other parts of this application and identify:
* The purpose of the project and its role in the community’s plan to end youth homelessness
* Projected measurable outcomes(Please make sure your projected outcomes aligned with outcomes expected in the Coordinated Community Plan)
1. (For TH-RRH or Drop in Center Only) – Please provide the address of facility, if you have already acquired a facility. Please indicate whether you own or are you leasing and if it is near public transportation. Please describe the type of housing and basic layout. Is the facility handicap accessible? Describe whether the bathroom and sleeping areas account for privacy?  Does the facility include at least one private, gender-neutral bathroom? Does it include personal, lockable storage for program participants? How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc.) to the projects?
2. In cases where the proposed project is using an existing facility, describe how the requested funds will supplement existing services and resources, and increase participants served. YHDP funds cannot be used to supplant existing Federal funds. Describe how the use of YHDP fund in the proposed project are not replacing current Federal funding for your new project.
3. Describe the management plan, the estimated schedule for the proposed activities, and the method for assuring effective and timely implementation.  This should include a plan for rapid implementation of the program; describe how full capacity will be achieved over the term requested. If any project site is not currently owned or under a lease agreement, provide a summary of relevant contracts and agreements (e.g., with local landlords, housing locator specialists, public housing authority, other partner organizations) needed for the achievement of project operation. The narrative must provide evidence that ensures there will be no delay in service provision to participants, operation of CoC management systems, or the leasing of units for reasonable rents. Does the project require any renovation before program start?  If so, what is the timeline, extent of the work and source of funds?
4. As explained in this RFP, this is a demonstration project and involves ongoing program design with the YHDP Leadership Team, Youth Action Board, and other youth partners…
5. If awarded, do you agree to collaborate with the local YHDP Leadership Team and HAWNY on ongoing program design?

[ ] Yes [ ]  No

1. If awarded, does the applicant agree to participate in a learning collaborative and any required training?

[ ] Yes   [ ]  No

### Staffing Requirements:

1. Provide the titles of current or proposed personnel key to the success of the proposed program and the hours and percentages of time dedicated to this project.  Include brief job descriptions for proposed funded positions, describing how your staffing will successfully meet this RFP’s requirements.
2. Describe the ratio of support staff to clients proposed for your program and the rationale used for arriving at that ratio.  Also include proposed case management hours (describe if there will be any flexibility for weeknight or weekend hours).
3. Describe how the project will ensure its staff are trained in Trauma Informed Care, Positive Youth Development and have direct service experience and/or experience engaging with youth and young adults.
4. Will this project incorporate trained peers in service delivery? If so, please describe how many people will be involved in the project and what their roles will be.

### Supportive Services for Participants

1. Describe how participants will be assisted to both obtain and then remain in permanent housing
2. (For TH-RRH Only) Describe how participants will be assisted to obtain housing for the RRH component within 30 days of enrollment and then assisted to gain tools necessary to remain in permanent housing using the progressive engagement approach.  Include how participant progress will be monitored and how the program will assist youth to obtain furniture and household items.
3. Describe how the program will assist participants in increasing their income from employment and/or non-employment income to maximize their ability to live independently.  Please include descriptions of any partnerships with existing programs
4. Describe how participants will be assisted to optimize their ability to live independently and increase self-sufficiency and social and emotional wellbeing. Include coordination with other providers and mainstream systems, connection to health, social, and youth serving programs.
5. Describe the project will assist youth in obtaining educational goals, including high school completion (or equivalent) and higher education (if that is part of their individualized housing plan).
6. (For Family Engagement and Drop In Centers Only) Describe how participants will quickly exit homelessness by obtaining permanent housing (including through family reunification, if applicable) and will be assisted in removing barriers to housing and navigate the system. Include how participant progress will be monitored.
7. Describe how the location, type and scale of the supportive services, as well as the mode of transportation to those services, fit the needs of program participants.
8. Describe how applicant will motivate or incentivize youth to choose to engage in support services
9. These programs are part of a housing continuum. Please explain how your program will ensure a smooth and successful transition for each youth participant into the next program and/or into sustainable permanent housing.

### Supportive Services Type and Frequency:

|  |
| --- |
| For all supportive services available to participants, please indicate who will provide, how they will be accessed, and how often they will be provided **regardless of the resources that will be used to pay for the services**. *For Provider, indicate:  “Applicant” if the applicant will provide the service directly; “Subrecipient” if a subrecipient will provide the service directly; “Partner” if an organization that is not a subrecipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, “Non-Partner” to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.* ***“NA” if the service will not be provided.*** |
|  **Supportive Service** | **Provider** | **Frequency** (as needed, daily, weekly, bi-weekly, monthly, quarterly) |
| Assessment of Service Needs |   |   |
| Assistance with Moving Costs |   |   |
| Case Management |   |   |
| Regular follow-ups with participants to ensure mainstream benefits are received and renewed? |  |  |
| Will project participants have access to SSI/SSDI technical assistance? |  |  |
| Child Care |   |   |
| Education Services |   |   |
| Employment Assistance/Job Training |   |   |
| Food |   |   |
| Housing Search/ Counseling Services |   |   |
| Legal Services |   |   |
| Life Skills |   |   |
| Mental Health Services |   |   |
| Outpatient Health Services |   |   |
| Outreach Services |   |   |
| Substance Abuse Treatment Services |   |   |
| Transportation |   |   |
| Transportation assistance to client to attend mainstream benefit appointments, employment training, or job?  |  |  |
| Utility Deposits |   |   |

### Continuous Quality Improvement

1. Describe the applicant and sub-recipient quality assurance and improvement plan.  Explain how the review of data will be involved in this process. In addition, explain how grievances will be handled within organization.
2. What method do you use to collect and assess client feedback upon discharge from program?

### Alternative requirements

* 1. Based on YHDP RFP section I, Alternative requirements, will this potential project request for alternative requirements? If so, please describe which alternative requirement will be requested and please demonstrate evidence to support a request for an alternative requirement.