**REQUEST FOR PROPOSAL (RFP)**

**HHAP ROUND 5**

**Please use this format for your response to the HHAP Round 5 RFP - To be submitted no later than: January 22, 2025 by 5:00 pm**

**1) Complete this RFP in the sections provided - (use size 12 font, single space, margins as set within this document)**

**and**

**2) Complete blank logic model provided**

**SECTION ONE**

**Check One County below for your request for funding:**

**□ Amador: $488,274**

**□ Calaveras: $233,013**

**□ Mariposa: $192,733**

**□ Tuolumne: $360,454**

**Circle yes or no if you have been awarded HHAP funding in previous HHAP rounds: Yes No**

**If yes, please state which round(s) of funding and complete Section Six:**

**If no, skip Section Six.**

**Applicant Information**

**Organization Name:**

**Contact Person Name:**

**Contact email: Contact phone:**

**Contact Address:**

**Authorized Signer: email:**

**Typed Name and Title**

**Dollar Amount Requested:**  **for full grant period.**

**Number of Clients to be Served: for full grant period. NOTE: If awarded funding can be retroactive to October 1, 2024.**

**Grant period begins: 10/1/2024**

**Grant period ends: 06/30/2028**

**Statement of Agreement:**

I, agree with the requirements as stipulated in this Request for Proposal (RFP).

Authorized Signer Name

I also agree with the Central Sierra Continuum of Care Regional Action Plan - and the local Homeless Action Plan for the County in which I am applying for funding as evidenced by the need:

I also agree, if funded, our agency will enter and review data in the CSCoC Homeless Management Information System (HMIS)

in a timely basis, maintaining current data, and submit response to data request forms as required by CSCoC.

I also agree, if funded, our agency staff will participate in CSCoC regular meetings.

I also agree, if funded, our agency will participate in the CSCoC Coordinated Entry System (CES), and attend required meetings.

I also agree, if funded, our agency will maintain appropriate HMIS data for all CSCoC funded projects and enter data in a timely manner.

**Authorized Signature: Date:**

**SECTION TWO**

**Narrative: (please type in the box your response(s).**

Indicated next to each section that applies - which of the State Priorities your project will address, and which of the CSCoC System Performance Measures you project will use to measure Outcomes. ***State Priorities see Appendix A*** - ***CSCoC System Performance Measures*** of this RFP.

**DO NOT EXCEED SPACE PROVIDED**

|  |  |
| --- | --- |
| **PROPOSED USE OF FUNDS** | **CSCoC System Performance Measures – All that apply** |
| Rapid Rehousing – i.e., rental subsidies and case management |  |
| Rapid Rehousing – i.e., incentives to landlords, such as security deposits and holding fees |  |
| Operating Subsidies – i.e., new and existing affordable or supportive housing units, emergency shelters, and navigation centers. Operating subsidies may include operating reserves. |  |
| Street Outreach – i.e., assist persons experiencing homelessness to access permanent housing and services, case management |  |
| Service Coordination – i.e., may include access to workforce, education, and training programs, or other services needed to promote housing stability in supportive housing |  |
| Systems Support – i.e. activities necessary to create regional partnerships and maintain a homeless services and housing delivery system, particularly for vulnerable populations including families and homeless youth |  |
| Delivery of Permanent Housing – i.e., innovative housing solutions, such as hotel and motel conversions |  |
| Prevention and Shelter Diversion – i.e., to permanent housing, including rental subsidies and case management |  |
| Interim Sheltering – i.e., newly developed clinically enhanced congregate shelter, new or existing noncongregate shelters, and operations of existing navigation centers and shelters based on demonstrated need, and case management **(*See additional information on page 4)*** |  |
| Improvements – i.e., to lower barriers and increase privacy |  |

**DO NOT EXCEED THIS ONE PAGE**

**PROVIDE UP TO A ONE PAGE NARRATIVE describing your program:**

|  |
| --- |
|  |

**If awarded, applicants will comply with the following: if you agree, initialing each box** (electronic or in ink): **Initials**

|  |  |
| --- | --- |
| **Housing First:** All projects must provide housing and services that are Housing First compliant, per Health and Safety Code Section 5022.5(g), and delivered in a low barrier, trauma informed, and culturally responsive manner. Individuals and families assisted with these funds will not be required to receive treatment or perform any other prerequisite activities as a condition for receiving shelter, housing, or other services for which these funds are used. Housing First will be adopted including outreach and emergency shelter, short-term interventions like rapid rehousing, and longer-term interventions like supportive housing. |  |
| **Prioritization:** Applicants are strongly encouraged to prioritize the use of HHAP funds to assist people experiencing literal homelessness move into safe, stable housing, with a particular focus on rehousing individuals currently living in Project Roomkey (PRK) sites. HHAP funding should be housing-focused – either funding permanent housing interventions directly or, if used for shelter or street outreach, have clear pathways to connect people to permanent housing options. |  |
| **Youth Set Aside:** All programs require use of **at least ten percent** (**10%)** of the allocation for services for homeless youth populations, which are defined as unaccompanied youth who are between 12 and 24 years old and experiencing homelessness. Funds spent under this provision must still also comply with the eligible use requirements above. |  |
| **Coordinated Entry System (CES) and Homeless Management Information System (HMIS):** Awarded projects must participate in the CES and HMIS as required by the CSCoC. |  |
| **Administrative Costs: No more than seven percent (7%)** of funding may be expended on administrative costs. |  |

**SECTION THREE**

**Describe how this project will be sustained in the future:**

**Describe your management and past experience with similar projects:**

**Financial Information:** has your organization done an organization audit to meet federal, state or local requirements □ **Yes □ No**

**If yes:** Provide date and type of most recent audit. If there are unresolved findings, list them and provide a brief narrative as to how they will be resolved and by what date:

**If no:** Provide information regarding conducting an audit after the first year if awarded:

**If funded, applicant agrees to share financials with CSCoC Governing Board with expenditure details Yes □ No □**

**SECTION FOUR**: Budget Request Amounts

*AMOUNTS ARE FOR FULL GRANT PERIOD \*optional match*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CATEGORY** | **Year One** | **Year Two** | **Year Three** | **Amount Requested** | **MATCH \*** | **TOTAL** |
| **Rapid Rehousing** |  |  |  |  |  |  |
| **Prevention and Shelter Diversion** |  |  |  |  |  |  |
| **Delivery of Permanent Housing and Innovative Solutions** |  |  |  |  |  |  |
| **Operating Subsidies – Perm Hsg** |  |  |  |  |  |  |
| **Operating Subsidies – Interim Hsg** |  |  |  |  |  |  |
| **Interim Sheltering** |  |  |  |  |  |  |
| **Improvements to Existing Emergency Shelters** |  |  |  |  |  |  |
| **Street Outreach** |  |  |  |  |  |  |
| **Service Coordination** |  |  |  |  |  |  |
| **Systems Support** |  |  |  |  |  |  |
| **HMIS** |  |  |  |  |  |  |
| **Administration** |  |  |  |  |  |  |
| **TOTAL Requested Amount** |  |  |  |  |  |  |

**DO NOT EXCEED THIS ONE PAGE – Though a match is not required at this time, it is highly recommended and additional points will be available up to 10 points for identifying both match amounts and funding sources.**

**Budget Narrative:** Identify specifics as to how funds will be utilized. ***Also, identify additional matching funding sources for this project***.

**SECTION FIVE: Logic Model**

**COUNTY: Applicant: Project:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Comment Heart with solid fill**Need** | Covered plate outline**Service** | Decision chart outline**Outcome** | Playbook outline**Projected Indicator** | **Arrow: Rotate left with solid fillActual Indicator** | **Date of Report** | **Data Procedure** | Hourglass 30% outline**Frequency** |
|  | # to be served |  | #/# or % obtained emergency housing  #/# or % obtained/maintain interim housing  #/# or % obtained/maintained permanent housing | **DO NOT COMPLETE** | **DO NOT COMPLETE** | **DO NOT COMPLETE** | **DO NOT COMPLETE** |
| Total Requested $ | | | | | | | |
| Time Period: 10/1/2024 – 06/30/2028 | | | | | | | |

**SECTION SIX: Data Performance**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HHAP Round 1Project Name(s) | HMIS Data current to what date? | Projected to serve | Actually served | ProjectedES | Actual EH | ProjectedInterim H | ActualInterim H | Projected Perm H | Actual Perm H |
|  |  |  |  |  |  |  |  |  |  |
| Youth Served |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| HHAP Round 2Project Name(s) | HMIS Data current to what date? | Projected to serve | Actually served | ProjectedES | Actual EH | ProjectedInterim H | ActualInterim H | Projected Perm H | Actual Perm H |
|  |  |  |  |  |  |  |  |  |  |
| Youth Served |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| HHAP Round 3Project Name(s) | HMIS Data current to what date? | Projected to serve | Actually served | ProjectedES | Actual EH | ProjectedInterim H | ActualInterim H | Projected Perm H | Actual Perm H |
|  |  |  |  |  |  |  |  |  |  |
| Youth Served |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

## Certifications

The following certification **must** be completed and **signed by an authorized agency representative** to be further considered for HHAP program funding. The undersigned agency hereby certifies that:

1. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.[[1]](#footnote-1)
2. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
3. The agency shall comply with all federal and County policies and reporting requirements applicable to the HHAP program as appropriate for the funding if received.
4. If HHAP funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.
5. The agency certifies that the funded program will participate in the CSCoC approved CES and HMIS system.

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| --- | --- |
|  | |
| Name of Agency | |
|  | |
| Typed Name and Title of Agency Official | |
|  |  |
| Agency Official’s Signature | Date of Signature |
|  |  |
| Phone Number of Agency Official | E-Mail Address of Agency Official |

APPEAL PROCESS

The applicant shall make a written request to the CSCoC Governing Board, setting forth, in detail, the specific grounds for challenging the CSCoC Governing Boards decision to deny funding. The appeal shall be filed within 10 business days following the date of the written notification from the CSCoC Governing Board that the applicant’s proposal has not been awarded funding, or not awarded the amount in their application.

 An appeal regarding the CSCoC’s decision to reject a proposal or award shall contain the following items:

 1.    Identification of the RFP (i.e. title and/or service description and issue date);

 2.    The specific grounds for challenging the rejection or intended contract award, including all arguments, materials and/or other documentation that may support the protester’s position that the contract award should be rescinded; and

3.    A statement as to whether the protesting applicant requests an opportunity for oral presentation and the reason(s) for the request.

Once the Governing Board has received the written appeal with all required documentation, the Governing Board may place on their next regular meeting Agenda the item to discuss – uphold original decision – or - rescind original decision. If original decision is upheld no further action is required. If decision is to rescind original decision, award will be revised and approved at the next Governing Board meeting following the decision to rescind. Funding awarded affected by the appeal process will be on hold until such time as a final decision is made.

**RFP RESPONSE TO BE SUBMITTED NO LATER THAN:**

**January 22, 2024 by 5:00 pm**

**Submit to:** [**pjdavis47@yahoo.com**](mailto:pjdavis47@yahoo.com)

**Watch for Frequently Asked Questions**

**On the CSCoC Website: centralsierracoc.org**

**Other questions: PJ Davis, CSCoC Coordinator**

**pjdavis47@yahoo.com**

## APPENDIX A: CSCoC System Performance Measures

**SPM 1a: Number of people accessing services who are experiencing homelessness**

**SPM 7.1a: Racial and ethnic disparities among those accessing services who are experiencing homelessness**

**SPM 1b: Number of people experiencing unsheltered homelessness on a single night (unsheltered PIT count)**

**SPM 7.1b: Racial and ethnic disparities among those experiencing unsheltered homelessness on a single night**

**SPM 2: Number of people accessing services who are experiencing homelessness for the first time**

**SPM 7.2: Racial and ethnic disparities in the number of people accessing services who are experiencing homelessness for the first time**

**SPM 3: Number of people exiting homelessness into permanent housing**

**SPM 7.3: Racial and ethnic disparities in the number of people exiting homelessness into permanent housing**

**SPM 4: Average length of time that people experienced homelessness while accessing services**

**SPM 7.4: Racial and ethnic disparities in the average length of time that people experienced homelessness while accessing services**

**SPM 5: Percent of people who return to homelessness within 6 months of existing homelessness response system to permanent housing**

**SPM 7.5: Racial and ethnic disparities in the percent of people who return to homelessness within 6 months of exiting homelessness response system to permanent housing**

**SPM 6: Number of people with successful placements from street outreach projects**

**SPM 7.6: Racial and ethnic disparities in the number of people with successful placements from street outreach projects**

1. U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802. [↑](#footnote-ref-1)