REQUEST FOR PROPOSAL

The PA-503 Continuum of Care (CoC) announces a Request for Proposals (RFP) for housing of individuals or families experiencing homelessness. The PA-503 Continuum of Care is a collaboration of community organizations that provide shelter, short-term and permanent housing to people who are homeless, and services that assist homeless people to obtain and maintain housing. This RFP is for funding through the Continuum of Care program of the United States Department of Housing and Urban Development (HUD). The PA-503 Continuum of Care welcomes inquiries from organizations with a passion for ending homelessness in Luzerne County. Please direct all questions and requests for the full RFP by email or phone call to Barbara Hodas: barbara@ dma-housing.com or 215- 576-6410. A preliminary proposal is due noon August 10, 2018.

Citizens Voice- July 28, 29 and 30, 2018

Times Leader –July 27, 28 and 29, 2018
Luzerne Continuum of Care (CoC) PA-503 FY2018 Request for Proposals
NEW Permanent Housing Project

Preliminary Application due by NOON on August 10, 2018

The Luzerne CoC is soliciting Preliminary Applications from agencies interested in applying for new projects to be submitted as part of the FY2018 Continuum of Care (CoC) Application this fall. At this time, the CoC is eligible to apply for up to:

- $263,854 for a Bonus
- $439,757 for a Domestic Violence Bonus (NEW)

Additional funding may be available through the CoC’s reallocation process.

Funding is not guaranteed to the organization(s) selected through this RFP. Funding will be made available by HUD based on the performance of the Luzerne CoC in the FY2018 Continuum of Care competition and the local ranking of new project applications.

The Luzerne County CoC is soliciting projects under the following eligible program types:

**Eligible under Bonus and the Domestic Violence Bonus**
- Rapid Re-Housing
- Joint Transitional Housing and Rapid Re-Housing

*Note:* the applicant under the DV Bonus may be a DV service provider or another agency that collaborates with a DV service provider to assure that DV-specific services and safety planning are available to program participants

**Eligible under ONLY the Bonus**
- Permanent Supportive Housing Projects serving Chronically Homeless Individuals and/or Families
- Expansion of Current RRH or PSH grant to provide additional units/serve additional households/provide additional services

These will initially be 1-year grants with the expectation that they will be eligible for renewal in future CoC applications. However, future funding will be dependent on the availability of funding from HUD and program performance.

To indicate your interest in a new project, please submit the attached Preliminary Application by noon on August 10, 2018.

- The application should be emailed to barbara@dma-housing.com
- Please use the e-mail subject line: Preliminary Application – Luzerne CoC
Please review the information provided below regarding project type, eligible participants, eligible activities, expectations and requirements of the project recipient, and considerations for selection of new project applicants.

**To assess whether you should submit a Preliminary Application, consider these questions**

- Is there a need for this project in Luzerne County?
- How will this project help to end homelessness in Luzerne County?
- For which population will this project help end homelessness?
- Does my organization have the capacity to manage this project well?

**Eligible populations to be served with a new project**

Who is eligible for homeless assistance under the CoC? Project participants are limited to the literally homeless and fleeing/attempting to flee domestic violence categories of homelessness, as defined in [HUD’s Homeless Definition Final Rule](#).

How is chronic homelessness defined? An individual or family head of household has a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

AND

- Is currently living in a place not meant for human habitation, a safe haven, or in an emergency shelter.
- Has been homeless for at least 12 months. This includes:
  - 12 Months Continuous: At least 12 months of continuous homelessness living in a place not meant for human habitation, a safe haven, or in an emergency shelter;
  - OR
  - 12 Months Cumulative: Has experienced homelessness during at least 4 separate occasions in the last three years, where these 4+ occasions equal a total of at least 12 months.

**Eligible Project Types through this RFP:**

- **Permanent Supportive Housing Projects** that meet the requirements of Dedicated PLUS as defined in Section III.C.3 of the FY2018 CoC NOFA or where 100 percent of the beds are dedicated to individuals and families experiencing chronic homelessness as defined above.

- **Permanent Housing - Rapid Re-Housing**: Rapid Re-Housing is a model of housing assistance that is designed to assist those experiencing homelessness, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing. Rapid re-housing assistance is time-limited,
individualized, and flexible.

Individuals, families and unaccompanied youth eligible for Rapid Re-Housing under the FY2018 CoC NOFA include those who are:

- Coming directly from the streets or emergency shelters
- Fleeing domestic violence AND no subsequent residence has been identified AND has no resources or support networks to obtain permanent housing
- Residing in a transitional housing project that was eliminated in the FY 2018 CoC Program Competition
- Residing in transitional housing funded by a Joint TH and PH-RRH component project
- Receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

- **Joint TH and PH-Rapid Rehousing**: This project type was introduced in FY2017. The Joint TH and PH-RRH component project includes two existing program components—transitional housing and permanent housing-rapid rehousing—in a single project to serve individuals and families experiencing homelessness. Both the TH and RRH components must operate as *low barrier* to entry and can serve the same populations listed above for Rapid Rehousing.

When a program participant is enrolled in a Joint TH and PH-RRH component project, the grant recipient or subrecipient must be able to provide both components, including the units supported by the transitional housing component and the tenant-based rental assistance and services provided through the PH-RRH component, to all participants. A program participant may choose to receive only the transitional housing unit or the assistance provided through the PH-RRH component, but the recipient or subrecipient must make both types of assistance available. Participants can only receive 24 months of total assistance.

- **Expansion of Current RRH or PSH grant to provide additional units/serve additional households/provide additional services**: This component allows current grantees of PSH or RRH projects to expand their existing program to provide more units, assist more persons and/or provide additional services. The new grant will be combined with the existing grant at contracting time.

**What will the grant pay for?** The HUD grant can be used towards:

- **Housing Costs**:
  - Operating funds to operate a site owned or leased by your agency (including the Transitional Housing portion of a Joint TH-RRH project).
  - Rental Assistance to assist a household pay their rent;
    - Note: If applying for Rapid Rehousing, Rental Assistance is the only eligible housing type.
  - Leasing of a single site or scattered site housing units;
- **Supportive Services Costs**: Case management to assist households in obtaining and maintaining their housing. This could include “Housing Locator” services to support households’ accessing housing. Such services might include landlord engagement, locating eligible housing units, assisting program participants with lease negotiations and provide assistance with housing set-up.

- **Administrative Costs**: To provide funding for your agency to manage the grant including drawing down funds and reporting to HUD.

**Are there match requirements?** The grantee must provide a 25% match – either cash or in-kind. The only exception is that leasing costs do not require a match.

**Are there any special considerations that I need to be aware of?**
- Both PSH and RRH are permanent housing programs and are expected to operate in accordance with a **Housing First approach**:
  - Participants are not screened out based on the following:
    - Having too little or no income
    - Active or history of substance use
    - Having a criminal record with exceptions for state-mandated restrictions
    - History of domestic violence
  - Participants are not terminated from the program based on the following:
    - Failure to participate in supportive services
    - Failure to make progress on a service plan
    - Loss of income or failure to improve income
    - Being a victim of domestic violence
    - Any other activity not covered in a lease agreement typically found in the project’s geographic area

- All project participants will be referred through the CoC’s Coordinated Entry System.

- You must enter complete and accurate data into Luzerne’s HMIS. Victim services organizations must enter data into a DV comparable database.

- Applicants awarded funds which are not existing CoC funded agencies must join the CoC governing board and participate fully.

- You will be expected to have the capacity to operate your program in accordance with HUD requirements including:
  - Submitting your Annual Progress Report (APR) on time
  - Drawing down funds at least quarterly
  - Expend all of your grant funds within the 12-month grant period

- You will be invited by the Project Review Committee to make a presentation about your agency capacity and project on Monday August 20.
How will projects be selected for submission to HUD? All Preliminary Applications will be reviewed by the Project Review Committee, which will send their recommendation to the CoC governing board for voted approval. Those that are selected for submission will be notified by August 22, 2018.

- Considerations for review and selection:
  - Using a Housing First approach
  - Provide program participants with assistance with Mainstream Benefits
  - Experience working with the population to be served
  - Conduct at least monthly face to face case management appointments in the program participant’s home
  - Participate in the Luzerne CoC Coordinated Entry System
  - Follow the CoC’s written standards for providing assistance
  - Enter data into HMIS or DV comparable database
  - Serve on the CoC governing board and participate in CoC activities
  - Be cost effective, compared to similar projects
  - Meeting a need in the CoC
  - Organizational capacity to successfully implement the project
  - For current CoC grantees, history of meeting HUD’s grant management requirements and implementation of HUD policy priorities such as housing first
  - Additional consideration will be given to agencies that have not previously received CoC funding
  - Approach for providing supportive services
  - Ability to provide housing search and location services, using either staff funded through the proposed CoC-funded project or leveraged services
  - Additional consideration will be given to agencies that have voluntarily reallocated

If my project is selected for submission, what is the next step? You will be notified by August 22 if your project has been selected for submission to HUD and the amount of funding that you can request. At that time, you will receive instructions for submission.

You will need to submit your new project application on esnaps, HUD’s online application. The following is the timeline for submission:

- **August 24:** Complete your application on esnaps and provide a pdf to Barbara Hodas at Diana T. Myers and Associates, Inc. (DMA): barbara@dma-housing.com
- **August 24-29:** DMA will review your application and provide feedback
- **September 5:** FINAL completed application must be on esnaps

If I have questions about this who should I contact? Send an e-mail to barbara@dma-housing.com
Instructions:
All applications must be returned to barbara@dma-housing.com by noon August 10, 2018.

1) Agency Name: ______

   Contact information:
   o Name ______
   o Phone number ______
   o E-mail address ______

2) Under which type of program are you applying?

   BONUS:
   _____ Permanent Supportive Housing project to serve Chronically Homeless Individuals or Families (PSH-chronic)
   _____ Rapid Rehousing for Homeless Individuals, Families, Unaccompanied Youth
   _____ Joint Transitional Housing and Rapid Rehousing Component Type
   _____ Expansion of Current RRH or PSH grant to provide additional units/serve additional households

   DV BONUS:
   _____ Rapid Rehousing for Homeless Individuals, Families, Unaccompanied Youth
   _____ Joint Transitional Housing and Rapid Rehousing Component Type

3) Which of the following subpopulations do you plan to serve? Check all that apply:
   _____ Chronically Homeless   _____ Veterans   _____ Families
   _____ Individuals   _____ Youth (under age 25)   _____ DV

4a) If you are proposing PSH-Chronic:
   • Do you plan to operate in a single site or scattered site?
     _____ Single site   _____ Scattered site
   • If single site, do you already own or have a long-term lease on a specific property?
____ Yes – own property  ____ Yes – long-term property  ____ No
  o If yes, please describe the property. This description should include the layout, configuration – congregate, individual apartments, SRO units, etc. as well as other relevant details: ______

• If scattered site, do you currently have relationships with landlords who would participate in your program?
  ______ Yes  ______ No
  o If yes, please describe: ______

4b) If you are proposing Rapid Re-housing:
  • Do you have relationships with landlords who would participate in your program?
    ______ Yes  ______ No
  • Please describe your experience in identifying housing opportunities, including landlord engagement practices: ______

4c) If you are proposing Joint Transitional Housing and Rapid Re-Housing:
  • Please identify the site for the Transitional Housing portion of this project.
  ______
  • Please describe your experience in identifying housing opportunities, including landlord engagement practices: ______

4e) If you are proposing to expand a current project:
  • Please identify the project name to be expanded: ______
  • What activities do you plan to expand:
    • Housing Units  ______
    • Persons Served  ______
    • Services Provided  ______
  • Describe why an expansion of the above is needed at this time: ______

5) Provide a general description of your proposed project.

This should include a clear and concise description of the scope of the project. The following information should be included in your description:
  • description of community needs. Applicants are encouraged to provide local data beyond the data reported through the annual PIT count.
  • target population(s) to be served
  • estimated number of households to be served at a point in time
  • estimated number of households to be served annually
  • the reason why CoC program funding is required
  • experience in working with households experiencing homelessness, and in particular with the subpopulation you identified. This should include any experience using a Housing First model.
    • Additionally, if you are proposing a Permanent Supportive Housing project, describe your experience working with households that meet...
HUD’s definition of chronically homeless.

- Additionally, if you are proposing a Rapid Re-Housing project or Joint TH/RRH project, describe your experience working to quickly move households from homelessness to permanent housing.
- Additionally, if your target population includes youth, discuss your experience working with youth and best practices you are already utilizing
  
  - project plan for addressing the identified housing and supportive service needs, including any agencies that you plan to partner/coordinate with to provide additional expertise
  - projected project outcomes
  - how you will ensure that the project provides client-centered and culturally competent services
  - describe your community partners and the ways you will work together to meet the needs of households served through the proposed project in addition to or other than what you described above for housing and supportive services.
  - if applying under the DV Bonus, also include your safety plan

6) Provide a description of why the project type you are requesting is the best intervention for meeting the above defined need.

- If you are specifically applying for the new Transitional Housing/ Rapid Re-Housing Joint Component, your description needs to explain why this model would be more effective for your target population than a stand-alone Rapid Re-Housing project in your community.

7) Please indicate which of the following requirements you commit to follow:

- Using a Housing First approach
- Assist participants with Mainstream Benefits:
  - Provide transportation assistance to attend mainstream benefit appointments, employment training or jobs
  - Use a single application form for four or more mainstream programs (example DHS’s COMPASS)
  - Conduct annual follow-up appointments with participants to ensure mainstream benefits are received and renewed
  - Provide access to SSI/SSDI technical assistance provided by the applicant, a subrecipient or partner agency
  - Utilize a SOAR trained individual to provide this technical assistance
- Participating in the Luzerne Coordinated Entry System
- Entering data into HMIS (or DV comparable database, if domestic violence organization)
- Joining the CoC governing board and participating in CoC activities
8) Do you anticipate hiring a case manager to provide services to the population being served? ______Yes  ______No
   o If yes, provide the number of FTEs and expected FTE rate: ______
   o Provide the expected case management ratio to be used: ______
   o Describe your organization’s philosophy or approach to case management services: ______
   o Describe the frequency and location of case management services currently provided by your organization: ______
   o Describe your plans to provide Housing Locator services: ______

9) Describe your experience in administering a program similar to the one that you are proposing. This description should include:
   - Experience effectively utilizing federal funds and performing the described services within given funding and time limitations
   - Experience leveraging other federal, state, local and/or private sector funding
   - Description of the program management and financial account system that will be used to administer the grant
   - Any unresolved monitoring or audit findings from HUD, DCED, the Office of the Inspector General

ORGANIZATIONAL CAPACITY: ______

10) Proposed budget
    For a list and description of eligible cost, please refer to the Continuum of Care regulations at 24 CFR Part 578, Subpart D – Program Components & Eligible Costs

HOUSING COSTS: Operations, Leasing or Rental Assistance

If OPERATIONS, complete the below chart:

<table>
<thead>
<tr>
<th>PROGRAM COMPONENT</th>
<th>REQUESTED BUDGET</th>
<th>BRIEFDESCRIPTION OR BASIS OF CALCULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Cost (site-based)</td>
<td>Total $_____</td>
<td></td>
</tr>
<tr>
<td>Maintenance and repair</td>
<td>$_____</td>
<td></td>
</tr>
<tr>
<td>Property taxes and insurance</td>
<td>$_____</td>
<td></td>
</tr>
<tr>
<td>Reserves for replacement of major systems</td>
<td>$_____</td>
<td></td>
</tr>
<tr>
<td>Building security</td>
<td>$_____</td>
<td></td>
</tr>
<tr>
<td>Electric, gas and water</td>
<td>$_____</td>
<td></td>
</tr>
<tr>
<td>Furniture</td>
<td>$_____</td>
<td></td>
</tr>
<tr>
<td>Size of Units</td>
<td># of Units</td>
<td>2017 Fair Market Rent*</td>
</tr>
<tr>
<td>--------------</td>
<td>------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>SRO</td>
<td>x</td>
<td>$415</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$553</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$657</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$802</td>
</tr>
<tr>
<td>3 Bedrooms</td>
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<td>$1037</td>
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<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>1202</td>
</tr>
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</table>

If LEASING other than individual units, complete the below chart:

<table>
<thead>
<tr>
<th>Requested Leasing Budget: $</th>
<th>Description of requested costs:</th>
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</thead>
<tbody>
<tr>
<td>$</td>
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</tbody>
</table>

**SUPPORTIVE SERVICES COSTS**

<table>
<thead>
<tr>
<th>PROGRAM COMPONENT</th>
<th>REQUESTED BUDGET</th>
<th>BRIEF DESCRIPTION OR BASIS OF CALCULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Services</td>
<td>Total $________</td>
<td>_______</td>
</tr>
<tr>
<td>Annual Assessment of Service Needs</td>
<td>$________</td>
<td>_______</td>
</tr>
<tr>
<td>Assistance with moving costs</td>
<td>$________</td>
<td>_______</td>
</tr>
<tr>
<td>Case management</td>
<td>$________</td>
<td>_______</td>
</tr>
<tr>
<td>Child care</td>
<td>$________</td>
<td>_______</td>
</tr>
<tr>
<td>Education services</td>
<td>$________</td>
<td>_______</td>
</tr>
<tr>
<td>Employment assistance and job training</td>
<td>$________</td>
<td>_______</td>
</tr>
<tr>
<td>Food</td>
<td>$________</td>
<td>_______</td>
</tr>
<tr>
<td>Housing search and counseling services</td>
<td>$________</td>
<td>_______</td>
</tr>
<tr>
<td>Legal services</td>
<td>$________</td>
<td>_______</td>
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<tr>
<td>Life skills training</td>
<td>$________</td>
<td>_______</td>
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<tr>
<td>Mental health services</td>
<td>$________</td>
<td>_______</td>
</tr>
<tr>
<td>Outpatient health services</td>
<td>$________</td>
<td>_______</td>
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<tr>
<td>Outreach services</td>
<td>$________</td>
<td>_______</td>
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<tr>
<td>Service</td>
<td>Budget</td>
<td>Notes</td>
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<td>---------------------------------</td>
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<td>-------</td>
</tr>
<tr>
<td>Substance abuse treatment services</td>
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<tr>
<td>Transportation</td>
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<td></td>
</tr>
<tr>
<td>Utility deposits</td>
<td>$_____</td>
<td></td>
</tr>
<tr>
<td>Direct provision of services</td>
<td>$_____</td>
<td></td>
</tr>
</tbody>
</table>

**ADMINISTRATIVE COSTS**

**Requested Budget:**
(cannot exceed 10% of the total cost of the above activities) $_____

**Brief description of how the admin will be structured/used:**

14) A match of 25% is required for all funds, with the exception of leasing. Match can be in-kind or cash. Please indicate your anticipated source(s) of matching funds: ____

Signature of Responsible Party: ________________________________