

**Regional Unsheltered Homelessness Emergency Response**

**Emergency Order EO 23-02**

**Deadline: 5 p.m., Friday, May 19, 2023**

|  |  |
| --- | --- |
| **Legal name of organization** |  |
|  |  |
| **Organization designation****(underline)** | Non-profit corporation Public EntityOther (explain) |
|  |  |
| **Program Name** |  |
|  |  |
| **Address** |  |
| **City, State, Zip** |  |
|  |  |
| **Tax ID Number & UEI #** |  |
|  |  |
| **Organization Director** |  |
|  |  |
| **Program Director****Name and Title****(If not organization director)**  |  |
|  |  |
| **Phone & E-mail** |  |
|  |  |
| **Agency Total Operating budget** |  |
|  |  |
| **Program Budget** |  |
| **AMOUNT OF REQUEST** |  |
|  |  |
| **Number of years your organization has****been in operation?** |  |
|  |  |
| **Signature of Authorized****Individual**  |  |
| **Print Name & Title** |  |
| **Date** |  |

**PROGRAM PROPOSAL/NARRATIVE RESPONSE SECTION**

*Responses to narrative questions shall not exceed four (4) letter sized pages which can be in addition to the questions. The narrative response section must be in 12 point-font with one-inch margins.* ***Please follow the narrative format below by putting your information directly under the specific lettered or numbered section.*** *Do not attach or send letters of support. (Required attachments and the questions are excluded from the four-page limit.)* **Submit your application and all attachments in one document. If the document is too large to submit as one, you may submit as two emails.**

1. Is your agency an equal opportunity employer?\* \_\_\_\_\_ Yes \_\_\_\_ No

\*Faith based organizations are exempt from this requirement.

Is your agency an equal opportunity service provider? \_\_\_\_\_ Yes \_\_\_\_ No

If you answered “no” to either of these questions, please explain.

1. ***Organizational Overview:***
2. Tell us about your organization, its mission, history, and services offered. Include information about your organizational structure and staffing levels.
3. Outline how your organization works in partnership with other agencies.
4. Explain your agency’s outreach efforts to underserved communities, diverse cultures, ethnic minorities, and special needs populations.
5. Describe your agency’s process for addressing grievances from staff and clients.
6. If you have a Limited English Proficiency Plan, explain it below. If not, tell us about your strategies for ensuring service access for applicants/clients with limited English proficiency.
7. Outline how your agency utilizes HMIS Service Point to track and report on outcomes except for DV providers who use OSNIUM, comparable to HMIS. If you do not currently use HMIS Service Point, tell us about the data system you do use and about your willingness to become an HMIS Service Point user.
8. Describe your experience with government grants.
9. Which segment(s) of the EO 23-02 program are you applying for? RRH, Street Outreach or New Shelter Bed program?
10. **RRH Program Implementation**
11. The goal of the RRH program is not only to rehouse the unsheltered, but to take the steps necessary to ensure the individual or family remains housed. What is your plan to assist an unsheltered household in both obtaining and maintaining housing? Describe in detail each of the services you will provide, how much time will be spent per household and the caseload size per employee. Tell us about the agencies you will partner with to ensure the participant receives wrap-around services and the necessary assistance to address other needs.
12. Provide a program budget narrative that includes the projected cost per household, the number of hours estimated per person, and an itemization of the cost for each service to be provided.
13. How many households and individuals will you assist with EO-023 RRH funds?
14. Monthly reports are a requirement. Does your organization have the capacity to produce them? If no, please explain.
15. **Street Outreach**
	1. Describe your plan to implement the EO 23-02 program. Be as precise as possible by identifying the specific services you intend to offer participants with this funding.
	2. Provide a program budget narrative that includes the projected cost per household/person served through street outreach and an itemization of the services you intend to offer.
	3. How many households will you assist with EO 23-02 street outreach funds?
	4. Monthly reports are a requirement. Does your organization have the capacity to produce them? If no, please explain.
16. **New Shelter Bed Program**
	1. Describe your plan to implement the EO 23-02 New Shelter Bed program. Be as precise as possible by identifying how you intend to add shelter beds.
	2. Are you planning to purchase a facility, land, or construct units\*? \_\_\_\_\_ Yes \_\_\_\_\_\_ No. Will EO 23-02 funds be utilized? \_\_\_\_\_ Yes \_\_\_\_\_\_ No. If you answered yes, please describe your project timeline. Include information about your experience with construction, and project management, status of any needed permits, inspections, and so forth.
	3. \*The restrictive use period for all facilities that are acquired or constructed by recipient through the use of EO 23-02 grant funds is 10 years. Are you able to fulfill this requirement?
	4. Are you planning to add beds to an existing facility? \_\_\_\_\_ Yes \_\_\_\_\_ No If you answered yes, will construction, conversion, or rehabilitation be required? \_\_\_\_\_ Yes \_\_\_\_ No

If you answered yes, please provide a project timeline.

* 1. Provide a program budget narrative for both construction and adding to an existing shelter that includes the unit cost per bed, the number of beds you plan to add, and an itemization of all shelter services offered.
	2. Do you plan to continue operating the added shelter beds after Jan. 10, 2024?

\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

If you answered yes, how will they be funded?

1. Will you be utilizing funds other than EO 23-02 for the project(s) you are proposing. \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered Yes, please provide names and amounts for the other funding sources.

EO-23 funds cannot be used to supplant existing funds for similar projects.

1. If awarded, does your agency have the capacity to provide monthly reports? \_\_\_\_\_ Yes \_\_\_\_\_\_ No. If you answered no, please explain.
2. If awarded, will you be able to spend funds by Jan. 10, 2024?

REQUIRED SUPPLEMENTAL MATERIALS.

Please enclose, with your application:

* A copy of your IRS non-profit determination letter
* Your agency budget for the current fiscal year and a projected budget for the next fiscal year
* An EO 23-02 Project Budget
* Your most current 990
* Board of Directors list
* Your current W-9
* Current Organizational Chart
* Copy of your most recent audit (if unavailable, then most recent unaudited financials)

Submit your application and supplemental materials by 5 p.m., Friday, May 19, 2023 to Jackie Agee, jackieagee@accesshelps.org. Call Jackie at 458-488-1206 with any questions. See following disclaimer:

\*Ms. Agee is working on behalf of the CoC and the MAC to help with the collection of EO 23-02 applications. To avoid any potential conflict of interest, Ms. Agee will immediately forward all applications to the chair of the CoC Rating and Ranking Committee who will select the agencies to be funded. No one from ACCESS will be viewing applications, or rating and ranking projects. The committee will use the following tool to ensure equitability and transparency:

See next page for Application Rating Form

EO 23-02 Application Rating Form

To ensure consistency, each application will be rated using the following criteria:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Criteria | Rating0-5 | XWeight | TotalPointsScored | *Total Possible Points* |
| How well did the applicant meet all instructions on the application (based on the technical review)? |  | x 2 |  | *10* |
| 3. Organizational Overview |  |
| 1. Organizational Structure
 |  | x 3 |  | *15* |
| 1. Partnerships
 |  | x 3 |  | *15* |
| 1. Outreach Efforts
 |  | x 3 |  | *15* |
| 1. Addressing Grievances
 |  | x 3 |  | *15* |
| 1. Limited English Plan
 |  | x 3 |  | *15* |
| 1. HMIS Utilization \*
 |  | x 5 |  | *25* |
| TOTAL POSSIBLE PTS ORG OVERVIEW |  100 |
| 15. RRH Program Implementation:  |  |
| 1. Implementation Plan
 |  | X 12 |  | *60* |
| 1. Budget Narrative
 |  | X 7 |  | *35* |
| 1. Reasonableness of # to be served in comparison to requested amount
 |  | x 4 |  | *20* |
| TOTAL POSSIBLE PTS RRH |  |  |  | *115* |
| 6. Street Outreach |  |  |  |  |
| 1. Implementation Plan
 |  | X 7 |  | *35* |
| 1. Budget Narrative
 |  | X 7 |  | *35* |
| 1. Reasonableness of # to be served in comparison to requested amount
 |  | X 4 |  | *20* |
| TOTAL POSSIBLE PTS STREET OUTREACH |  |  |  | *90* |
| 7. Shelter Bed Program  |  |  |  |  |
| 1. Implementation Plan
 |  | X 7 |  | *35* |
| 1. Readiness to proceed
 |  | X 7 |  | *35* |
| 1. Restrictive use section
 |  | X 7 |  | *35* |
| 1. Adding beds timeline
 |  | X3 |  | *15* |
| 1. Adding beds budget narrative
 |  | X3 |  | *15* |
| 1. Funding for future use
 |  | X3  |  | *15* |
| 1. Reasonableness of # to be served in comparison to requested amount
 |  | X4  |  | *20* |
| TOTAL POSSIBLE PTS SHELTER BED |  |  |  | *170* |
| 8. Use of other funding |  | X3 |  | *15* |
| 9. Monthly report capacity |  | X 4 |  | *20* |
| 10.Expending Funds |  | X3 |  | *15* |
| 11.All Supplemental materials provided |  | X4 |  | *20* |
| Total Program Points (all 3 programs) |  |  | *555* |

\*If your organization does not currently participate in HMIS, this category will be rated on your willingness to become a participant. \*\*