Vermont Coalition to End Homelessness (VT-500 Balance of State Continuum of Care)
FFY2019 HUD Continuum of Care Program - Notice of Funding Availability

REQUEST FOR PROPOSALS (RFP) – NEW AND RENEWAL PROJECTS

Any eligible entity that wishes to submit a RFP application for a NEW or RENEWAL project during this year's HUD CoC NOFA must complete the attached form (only one RFP request per form) and submit it electronically before **4:00 PM EST Friday August 16, 2019** to the:

Vermont State Housing Authority (Andrea Hurley: andrea@vsha.org)

HMIS & Coordinated Entry NEW or RENEWAL projects letter of intent are due electronically before **4:00 PM EST Friday August 16, 2019 to** *the:*

Vermont State Housing Authority (Andrea Hurley: andrea@vsha.org)

INTRODUCTION

The Vermont Balance of State Continuum of Care (VT BoS CoC) is accepting proposals for projects to be funded by the U.S. Department of Housing & Urban Development (HUD) with FFY2019 Continuum of Care Program funding.

Applications must be submitted to the Vermont State Housing Authority (VSHA), who serves as the Collaborative Applicant for the Vermont Balance of State Continuum of Care (VT BoS CoC) geographic area. The VT BoS CoC geographic area encompasses all counties in Vermont, except Chittenden.

We are seeking proposals to address housing and service priorities established through local communities and stakeholders, with a priority to serve vulnerable populations including individuals & families experiencing chronic homelessness, persons fleeing domestic violence, youth/young adults (18-24), families with children under 18, and Veterans.

ALL eligible entities, including those that do not currently receive CoC Program funds, are encouraged to submit proposals for any of the VT BoS CoC FFY2019 CoC Program funds listed below.

Any reallocation or bonus project can be: Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Joint Transitional Housing-RRH (TH-RRH), Coordinated Entry (CE) and/or Homeless Management Information System (HMIS).

Please note that HMIS and CE funding will not use this application process. HMIS and CE may be designated an amount from the CoC based on identified needs for any new project applications. HMIS and CE lead agencies must submit a statement of need (for NEW projects) to VSHA by **Friday August 16,** *this will be presented to the full CoC for review and decision at the August 20 VCEH meeting*

HUD allows each CoC to submit only one DV Bonus project for each of the following component types: RRH, joint TH-RRH, and/or CE.

Expansion project applications are allowed for reallocation, bonus or DV bonus funding types.

All VCEH planning and other resources related to the FFY2019 HUD CoC NOFA competition will be posted on the VT BoS CoC website at: **http://helpingtohousevt.org/whatwedo/hud/**.

A. All Requests for Proposals must be submitted to the VCEH/VT BoS CoC Collaborative Applicant, VT State Housing Authority (VSHA)[1] – andrea@vsha.org, no later than the date listed in this RFP. August 16, 2019

B. As part of the FFY2019 HUD CoC NOFA competition released July 3, 2019 any **ELIGIBLE APPLICANT** must submit an Application to the VT BoS CoC through VSHA for consideration for NEW and/or a RENEWAL CoC Program Project(s).

C. The VCEH **RANKING COMMITTEE** will use the approved CoC POLICY & TOOLS, HUD and CoC priorities, as well as CoC Program NOFA thresholds and guidance, to determine funding and project ranking submissions to HUD.

D. **APPEALS PROCESS**: The eligible applicant may send a written response to the CoC Collaborative Applicant [VSHA] or the VCEH CoC Project Ranking Committee if there is an objection to the determination (rejected, reduced funding, lower priority, or other reason). In addition, any applicant whose project is rejected by the VT BoS CoC may appeal the decision by submitting a Solo Application in e-snaps directly to HUD prior to the application deadline of 8PM EST on September 30, 2019 See FFY2018 CoC NOFA for more information.

E. **Coordinated Entry** and **Homeless Management Information System** projects do not need to submit this form but must confirm their intent to renew by e-mail to VSHA by **August 1, 2019.**

F. **AVAILABLE FUNDING**   Read the "FFY2019 CoC Program NOFA" for full details

Amount (Approximate)	Designated Uses/Source	Eligible Applicants
$3,568,157	Renewal of existing CoC Program Projects	Currently funded recipients from FY18
TBD	New or Expansion projects Reallocation Funding	Any eligible entity per CoC Program interim rule
$178,408	New or Expansion Projects Bonus Funding	Any eligible entity per CoC Program interim rule
$157,991	New or Expansion Projects DV Bonus Funding	Any eligible entity per CoC Program interim rule

G. **ADDITIONAL RESOURCES**:

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[1] *FULL DISCLOSURE: VSHA is the Collaborative Applicant responsible for submitting ALL VT BoS CoC project applications to HUD. VSHA is also an eligible applicant who intends to submit applications for renewal, reallocated, Bonus and DV Bonus projects to the unbiased VCEH CoC Project Ranking Committee for review. VSHA is not a voting member of the CoC Ranking Committee.*

- **HUD CoC Program Interim Rule**
  https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf
- **FY2019 HUD CoC Program Notice of Funding Availability**
  https://www.hudexchange.info/resource/5842/fy-2019-coc-program-nofa/
- **CoC Program Grants Administration User Guide** https://www.hudexchange.info/resource/2946/coc-program-grants-administration-user-guide/
- **HUD E-SNAPS** https://esnaps.hud.gov/grantium/frontOffice.jsf

FFY2019 HUD COC PROGRAM PROJECT APPLICATION TASKS AND DEADLINES
VT Coalition to End Homelessness (VT-500 Balance of State Continuum of Care)

TASK	DEADLINE
HUD releases the FFY2019 HUD CoC Registration Notice	January 31, 2019
HUD releases FFY2019 HUD **CoC Notice of Funding Availability (NOFA)**	July 3, 2019
VSHA **releases RFP and Application form** via VCEH email listserv, emails (VT League of Cities & Towns, Local CoCs, PHAs, Other Stakeholders), Social Media (VHFA Blog/Facebook/Twitter) and TV (PSAs)	July 23, 2019
Local Priorities determined at June VCEH Meeting Via Discussion http://helpingtohousevt.org/whatwedo/hud/nofa2019/	June 24, 2019
VCEH votes on CoC Project Ranking Policy, Tools & Committee Members. **Collaborative Applicant (VSHA) updates** VT BoS CoC on Funding Options.	July 22, 2019 (online vote)
VSHA-Daniel Blankenship is **available to answer basic questions** via email-only related to submission of the application form and process.	July 17 – August 9, 2019
HMIS & Coordinated Entry: Intent to apply for NEW & RENEWAL projects due to VSHA: Email (andrea@vsha.org)	Before 4:00 PM Friday, August 16, 2019
CoC Project applications are due to VSHA via: email (andrea@vsha.org) or fax (802-828-2111) *applicant must confirm after sending	Before 4:00PM Friday, August 16, 2019
ALL CoC Project applications will be forwarded by VSHA to the VCEH CoC Project Ranking Committee.	Before 5:00PM Monday, August 19, 2019
VCEH CoC Project Ranking Committee will meet to **review, accept/reject and prioritize/rank** all VT BoS CoC applications with available HUD funds.	August 20, 2019 (After VCEH Monthly Meeting)
Proposed Applicants will be notified if their project(s) were **Accepted/Rejected/Reduced** AND the **CoC Ranking number** (if accepted).	Before 5:00PM Monday, August 26, 2019
Proposed Applicants that are rejected or reduced must **submit a written appeal to the CoC Collaborative Applicant [VSHA]** via: • VSHA - email (andrea@vsha.org) or fax (802-828-2111) •	Before 4:00PM Thursday, August 29, 2019
The CoC Ranking Committee will review all appeals and make a final determination (if different), sent by VSHA to each applicant.	Before 5:00PM Wednesday, September 4, 2019
All CoC Program project applications *approved* by the Ranking Committee must be **completed/submitted in e-snaps and submitted to the Collaborative Applicant within the e-snaps system.**	Before 4:00PM Wednesday, September 11, 2019
Any applicant whose project is rejected by the VCEH **may appeal the decision directly to HUD**, *with a Solo Application in e-snaps*, if the project applicant believes it was denied the opportunity to participate in the Vermont Balance of State CoC planning process in a reasonable manner. *See the FFY2018 CoC NOFA for full details*	Before 8:00PM Monday, September 30, 2019

FFY19 VT BoS CoC Program Initial Project Application

1. **CoC Project Name** (proposed new or renewal): _____

2. **Applicant Name and Contact Information[2]** (Direct HUD Recipient, if awarded):

   _____

   _____

   _____

3. **Applicant Agency Type (pick one)** ☐ **Non-Profit** ☐ **Local Government** ☐ **State Entity** ☐ **PHA**

   Subrecipient(s)-if applicable: _____
   _____

   Primary Partners/Providers-if applicable: _____
   _____

4. **Pick a preferred funding source and the project type (Pick ONE):**

   ☐ **RENEWAL** <u>Current CoC Program Project with NO changes</u> (*Permanent Supportive Housing "Shelter+Care", Rapid Rehousing*)

   <div align="center">OR</div>

   ☐ NEW-**BONUS** ☐ NEW-**REALLOCATION** ☐ NEW-**BONUS & REALLOCATION** ☐ NEW-**DV BONUS***

Project Type:

☐ <u>Permanent Supportive Housing (PSH)</u>
   Must be fully dedicated to serve individuals with a disability and/or families in which one adult or one child has a disability who are experiencing **chronic homelessness** OR **meets the Dedicated PLUS definition** which includes the above disability definition and : people experiencing chronic homelessness; people living in place not meant for human habitation, shelter or safe haven BUT were experiencing chronic homelessness AND had been in permanent housing (PH) project within last year and were unable to maintain housing placement; people that live in a place not meant for human habitation, shelter or safe haven for at least 12 months in the last 3 years BUT has not done so on four separate occasions or people in a Department of Veteran Affairs (VA)-funded homeless assistance program AND met one of the above at initial intake to the VA homeless assistance system.

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[2] <u>*Eligible Project Applicants:*</u> *nonprofit organizations, states, local governments, and instrumentalities of state and local governments. Public housing agencies are eligible without limitation or exclusion. For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds.*

☐ Rapid Rehousing (RRH)
(Tenant-Based Rental Assistance only, Sponsor/Project-Based not available)
Households including i*ndividuals, youth/young adults (18-24)*, *families* who are: coming directly from the **streets** or **emergency shelters**; met the qualifications of Category 4 of the homeless definition which includes fleeing or attempting to flee *domestic violence*; or receiving services through a VA-funded homeless assistance program and met one of the above criteria at intake to VA's homeless assistance system.

☐ Joint Transitional Housing-Rapid Rehousing (TH-RRH)
Households including i*ndividuals, youth/young adults (18-24)*, *families* who are: coming directly from the **streets** or **emergency shelters**; met the qualifications of Category 4 of the homeless definition which includes fleeing or attempting to flee *domestic violence*; or receiving services through a VA-funded homeless assistance program and met one of the above criteria at intake to VA's homeless assistance system.

*DV Bonus projects can only serve households that are fleeing or attempting to flee of domestic violence, dating violence, sexual assault, human trafficking or stalking who are defined as homeless at 24 CFR 578.3

ALL PROJECTS

5. **CoC Project Description:** Describe project design showing the target population, plan to address housing and supportive service needs, projected outcomes, and coordination with partners. (Limit response to no more than one page)

    ***DV Bonus Project Applicants** – You must specifically quantify the need for the project, how large that need is compared to other homeless populations and how this project fills the gap you identified.*

    Explain here:

6. **VT BoS CoC County/Counties Served by Proposed CoC project** (list all):

7. **Does the applicant or identified subrecipient have any unresolved HUD Monitoring and/or OIG Audit findings covering any previous grant?**
    ☐YES ☐ NO

    If yes, explain:

8. **Match:** Applicant certifies the *availability*, if selected, to commit/provide a required, **minimum 25% match**, above total budget HUD CoC Program funds, from other otherwise unobligated sources [i.e. Medicaid, HOP, FSH, DMH, Private, Other]?

   ☐YES ☐ NO (not eligible for funding)

   Name all identified, potential match sources AND total amounts for the CoC Program project:
   1)
   2)
   3)

9. **If awarded, will the CoC Program project participate in VT BoS CoC Coordinated Entry System?**

   ☐ YES ☐ NO (*non-eligible*)

10. **If awarded, will this CoC Program project use the VT HMIS Implementation?**

    ☐ YES ☐ NO

    If No, are you a Victim Service Provider (VSP) who will use a HMIS comparable *database?*

    ☐ YES ☐ NO

11. **Will you ensure participants move quickly into permanent housing?**

    ☐ YES ☐ NO

12. **Will/Does the project follow a "Housing First Approach?**

    ☐ YES ☐ NO

    12a. Low Barrier: **Will participants be screened-out of HUD CoC projects due to any of the following?**
    ☐ *Too Little or No Income*
    ☐ *Active or History of Substance Abuse*
    ☐ *Criminal record with exceptions for state-mandated restrictions*
    ☐ *History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)*
    ☐ *None of the Above*

    12b. Housing First Principles: **Will HUD CoC project participants be terminated based upon any of 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*
    ☐ *Other activity not covered in typical lease agreement*
    ☐ *None of the above*

Population Targets

13. **Subpopulation – Choose all that apply**

☐ Individuals   ☐ Families   ☐ Youth (18-24)   ☐ Veterans   ☐ DV and other survivors

☐ Chronically Homeless   ☐ Other_____

14. **Target Disability– Choose all that apply** (PSH must choose at least one, other projects types may choose one or none)

☐ Severe/Persistent Mental Illness
☐ Substance Use
☐ Other Disability: _____
☐ No target

15. **Permanent Supportive Housing (PSH) only**

Population

☐ Chronically Homeless-Dedicated (24 CFR 578.3)

OR

☐ DedicatedPLUS (See NOFA for more details)
    ☐ Chronically Homeless; or
    ☐ Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement; or
    ☐ Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
    ☐ Receiving assistance through a U.S. Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

16. CoC Project Budget

Type of Cost	Proposed Budget	Proposed Activities Covered by Budget (I.e. type of rental assistance, number of units, staff, supportive service type, details of housing costs details, etc.)
Rental Assistance (TBRA, SBRA, PBRA)		
Leasing		
Operations		
Services		
HMIS		
Admin Costs (up to 10%)		
TOTAL		

Number and Size of Rental Subsidies: _____

County(s) Served: _____

Address-Units/Building(s): _____

Rental Assistance Administrator (if applicable)

☐ **Non-Profit Organization** _____

☐ **Local Government** _____

☐ **State Entity**: _____

☐ **Local PHA** _____

☐ **VT State Housing Authority**

Subrecipient(s) or Primary Service Provider(s):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

ADDITIONAL QUESTIONS - **NEW COC PROGRAM PROJECT PROPOSALS**

17. Do you operate any homeless dedicated projects?
☐ YES ☐ NO

If yes, do they participate in the VT HMIS or if a VSP do they use a comparable database?
☐ YES ☐ NO

Project Design and Funding

18. Is this NEW project application requesting a "Project Expansion" of an eligible renewal project of the same component type?
☐ YES ☐ NO

If YES, which of the following activities describe the expansion proposal (check all that apply)?
☐ Increase the number of homeless persons served
☐ Provide additional supportive services to people experiencing homelessness
☐ Bring existing facilities up to state/local government health and safety standards
☐ Replace the loss of nonrenewable funding

If requesting a project expansion, answer the following (all applicable):
a. What is current level of effort (# persons at PIT, # units, and # of beds) and proposed new effort (# additional persons at PIT, # additional units and # additional beds)
b. Describe the reason for the supportive services increase indicated above OR
c. Describe how the project is proposing to bring the existing facility(ies) up to state/local government health and safety standards. OR
d. Replacing the loss of nonrenewable funding (private, federal, other excluding state/local government)

Explain here:

19. Describe experience with administering PSH and RRH projects and state/federal funding. (limit response to no more than half a page)
DV Bonus Project Applicants: *In this narrative you must specifically address your previous performance in serving people who are survivors of domestic violence, dating violence, sexual assault, or stalking. The description must also include experience in meeting safety outcomes. Safety must be defined in partnership with the participant and include supports and skill that add to household stability.*

Explain:

20. **Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds.** (limit response to no more than half a page)

Explain:

21. **Describe the basic organization and management structure of the applicant and potential subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.** *Include the organization and management structure of the applicant and all subrecipients; be sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.*

Explain:

22. **Timeliness of Grant Activities Complete the following chart** (pick at least one)

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	Location or Structure A	Location or Structure B
New project staff hired, or other project expenses begin?		
Participant enrollment in project begins?		
Participants begin to occupy leased units or structures(s) and supportive services begin?		
Leased or rental assistance units or structure, and supportive services near 100% capacity?		
Closing on execution of a structure lease?		

23. **Describe outreach plan including how program participants will be identified and connected with the offered housing and services and how the project will work with coordinated entry.** (limit response to no more than half a page)

24. **Are the proposed project policies and practices consistent with the laws (including the McKinney-Vento Act) related to providing education services to individuals and families?**

   ☐ YES ☐ NO ☐ Not applicable

   If yes, will the proposed project assign staff to ensure that children and youth are enrolled in school and receive educational services, as appropriate?

   ☐ YES ☐ NO ☐ Not applicable

25. **How will the CoC Program project help participants obtain and remain in permanent housing? Address the needs of the target population, how the needs will be addressed through service provision, landlord engagement plan, how units will be identified and how rents will be deemed reasonable.** (limit response to no more than half a page)

   **DV Bonus Project Applicants** - In this narrative you must specifically describe past success and current ability to house survivors in permanent housing. The description must also include how the project will identify and meet safety needs of the population.

   Explain how:

   What percentage of participants will remain in/exit to permanent housing _____ %?

   How is this percentage determined?

26. **How will the new CoC Program project support participants to increase employment and/or income to maximize their ability to live independently?**

   Explain how:

27. **Housing Type and Location: Indicate the maximum number of units and beds available for project participants at the selected housing site:**

☐ Total Units: _____

☐ Total Beds: _____

☐ Total Dedicated CH Beds: _____ (PSH only)

28. **Will CoC participants be required to live in a particular structure/unit/locality?**

☐ YES ☐ NO

If "YES", where and why:

29. **Will the new CoC Program project use an existing homeless facility or activities?**

☐ YES ☐ NO

If "YES", explain: