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**REQUEST FOR PROPOSAL (RFP) APPLICATION**

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| --- | --- |
| AGENCY NAME |  |
| AGENCY CONTACT |  |
| TELEPHONE |  |
| E-MAIL |  |
| STREET ADDRESS |  |
| CITY, STATE, ZIP |  |
| PROGRAM TITLE |  |
| CHN RFP NUMBER & Locations | **004chn-2018** |
| ALLOCATION REQUEST |  |

|  |  |
| --- | --- |
| **Checklist for Application Packet** | **Yes/No** |
| Project Narrative |  |
| Budget Narrative & Justification |  |
| Other Supporting Documents/Attachments |  |
| Agency Annual Financial Statement |  |
| Other Supporting Documents |  |

**Please place an ‘X’ in the box next the location(s) you are planning to serve:**

|  |  |
| --- | --- |
| Briggsdale Apts. |  |
| Broad/Livingston |  |
| East Fifth Avenue Apts. |  |
| Inglewood Court |  |
| Parsons Avenue Apts. |  |
| Safe Haven |  |
| Southpoint Place Apts. |  |
| Terrace Place Apts. |  |
| Wilson Apts. |  |
| Scattered Sites PSH |  |

**PROJECT SUMMARY**

Provide a summary of how your project will provide opportunities for CHN tenants to address their housing barriers and maintain stable, permanent housing. The summary should describe how your agency integrates the following best practices for tenant engagement:

1. Access to services for all residents
2. Continual progress toward self-sufficiency
3. Eviction prevention
4. **TARGET POPULATION**

CHN housing is reserved for individuals and families who have experienced homelessness and/or are referred from ADAMH-contracted provider residential programs or an acute care setting. Our tenants have severe and persistent barriers to housing that may include chronic poverty, alcohol and drug abuse, incarceration, institutionalization and long-term unemployment. Many of these tenants will also have significant physical health problems and significant histories of trauma.

Provide a description of your experience working with the target population stated above. Please note how your experience with this target population will inform your service plan, particularly when it comes to addressing barriers to stable housing and long-term self-sufficiency.

1. **PROGRAM DESCRIPTION**
2. Describe in detail how engagement staff will ensure that the following services are available to residents on a consistent basis:
   1. Access and linkage to community resources
   2. Employment services
   3. Education opportunities
   4. Social and recreational opportunities
   5. Substance abuse interventions
   6. Housing retention
   7. Assistance with daily living activities
   8. Assistance with obtaining and maintaining benefits

Give examples of how these services will be tailored specifically to a supportive housing population.

1. Describe in detail your process for engaging new residents, including involvement during move-in and the anticipated time between initial engagement and first day of services. Describe strategies used to acclimate new residents to a supportive housing environment.
2. Describe in detail proactive strategies to ensure at least twice-monthly contact with *every* resident, regardless of insurance and Medicaid provider affiliation. Include strategies to engage residents who are resistant to participation in supportive services.
3. Describe how engagement staff will develop meaningful goal plans with residents. Describe in detail your agency’s understanding of what constitutes a meaningful goal plan. Discuss the process to ensure that engagement specialists track monthly progress on each resident’s goal plan.
4. Describe how engagement staff will address the urgent and emergent needs of all residents. Describe in detail intervention strategies in times of crisis and housing instability, including preparation for immediate mental and physical health emergencies. Describe how engagement staff will work to prevent eviction for CHN residents.
5. Include a description of evidence-based models and best practices to be used in the provision of services. Explain how the services and practices identified complement Housing First, harm reduction, and eviction prevention. Cite the research, outcome analysis, or literature as needed.
6. Describe how engagement specialists will help *all* residents access benefits and resources not offered by CHN or your agency. Identify existing collaborations with community mental health and AOD providers. Explain ways in which you will establish creative and collaborative relationships with other community partners.
7. Describe workforce development and employment strategies that will be used by engagement staff. Describe in detail strategies used to engage residents who may be resistant to employment. Note any existing partnerships with area employers and/or job training opportunities.
8. Describe how engagement staff will respond to resident feedback, including how feedback will be incorporated into programmatic changes and improvements.
9. Describe specifically how your staff will assist residents exiting CHN housing to develop individualized self-sufficiency plans prior to move-out. Describe how these plans will help residents successfully transition into a new, stable housing environment.
10. Describe how your agency ensures that services are culturally competent.
11. Provide a list of trainings required for and/or offered to engagement staff by your agency, including training specific to the models and practices noted above. Include a preliminary schedule of trainings offered and identify opportunities for cross-training for CHN staff.
12. Service partner staff members are expected to attend regularly scheduled partner meetings. In addition to these meetings, explain how engagement staff will ensure regular and effective communication with CHN and other partners. If there are other partners who will have an ongoing, on-site involvement in your service provision, please describe how they will be involved in the program and how you will ensure effective communication between all parties.
13. Describe how the program will interface with the continuum of care provided by your agency and others.
14. List the number of full-time equivalent (FTE) engagement specialists assigned to the targeted CHN properties. Discuss anticipated scheduled hours for the FTE(s) amongst the housing sites and provide a rationale. Include strategies for on-call service provision and emergency coverage. For agencies submitting a renewal application, indicate whether the position(s) listed will be new hires or existing agency staff.
15. If your agency wants to propose on-site staff members other than engagement specialists, please list each proposed position and explain how the position will benefit CHN residents.
16. Explain how site supervision will take place and the credentials/qualifications of all supervisors.
17. Discuss other resources you have available that will help the project successfully impact CHN residents. Cite any leveraged funds and/or resources that will assist in funding and sustaining the program and services, including Medicaid.
18. Provide a timeline for your project including start-up and ongoing activities to be offered, milestones and responsible parties as known.
19. **PROGRAM PERFORMANCE MEASURES**
20. The successful candidate will help CHN meet the following permanent supportive housing outcomes established by funders. Explain how your program and services will help CHN and our residents achieve the following expected program outcomes:

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| --- | --- | --- |
| ***Measurement*** | ***Metric*** | ***Goal*** |
| Housing Stability | Average length of stay in housing | 24 months |
| Successful Housing Outcomes | Remain in CHN housing or exit to other permanent supportive housing | 90% |
| Housing Affordability at Exit | Household (HH) meeting housing affordability ratio at exit (rent and utilities) divided by HH income at exit | Less than 50% |
| Increase in Employment Income | Residents find meaningful, documented employment | 15% |
| Benefits Status | Residents gain access to needed benefits | 20% |
| Increase in Cash Income | Residents with documented increased verified income | 30% |
| Housing Retention | Residents exiting housing and within 2 weeks to 3 months enter emergency shelter | Less than 10% |
| Occupancy Rate | Units remain occupied | 95% |
| Negative Reason for Leaving | Residents leaving for non-compliance or disagreement with rules | Less than 20% |

1. Explain how you will capture data to support results and how you will provide that information on a monthly basis to CHN.
2. Explain how residents’ achievements will be measured and demonstrated. Define what you consider programmatic effectiveness. Include any additional relevant examples of your experience providing similar services with similar populations and achieving positive outcomes for consumers. Explain using data and measurable results for service improvements and influencing consumer care or treatment and ongoing recovery.
3. CHN service partners are required to submit documentation for funder audits of CHN (e.g., tenant data, case notes, housing plans). Please explain how this information will be provided to CHN when requested.
4. **ORGANIZATIONAL CAPACITY** 
   1. For new applicants: briefly explain the agency’s history and/or current experience with similar projects. Discuss the agency’s ability to complete the project as described given current and/or anticipated projects that will impact capacity.
   2. For applicants seeking renewal: Please note any significant operational or programmatic changes that have occurred over the past year. Describe how these changes have improved service provision.
5. Describe in detail the agency’s experience managing federal grant funding, including experience with compliance requirements and procurement (if applicable). List federal grant funding sources if applicable.

**ATTACHMENT A: BUDGET FORM**

**Please complete a separate budget for each location you are planning to serve. The total amount under Community Housing Network must not exceed the amounts outlined in the RFP overview.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Budget** | **Community Housing Network** | **Other Funds** | **Total Budget** |
| Personnel |  |  |  |
| Fringe Benefits |  |  |  |
| Mileage |  |  |  |
| Supplies |  |  |  |
| Food |  |  |  |
| Events |  |  |  |
| Administrative |  |  |  |
| **Total** | **$** | **$** | **$** |

**ATTACHMENT B: BUDGET NARRATIVE**

For each budget category included in Attach A, please provide a budget narrative detailing calculations and budget justification. Budget narrative should provide the number of FTEs assigned to a particular site.