

Request for Proposals (RFP)
HUD Continuum of Care (CoC) Homeless Assistance
2009

On behalf of the Winston-Salem/Forsyth County Council on Services for the Homeless, the City of Winston-Salem requests proposals for Continuum of Care Homeless Assistance funding from the U.S. Department of Housing and Urban Development (HUD). The amount of funds available is **\$104,877**. The deadline for responses is **September 2, 2009**.

HUD publishes a Notice of Funding Availability (NOFA) annually. The 2009 NOFA is expected to be published in late August with a short turn-around time for applications. In order to allow time for preparation of proposals, the City is publishing this RFP in advance of the NOFA. The City reserves the right to publish additional information or requirements subject to NOFA publication.

A single, consolidated submission of all selected projects in Winston-Salem/Forsyth County will be submitted to HUD by the City of Winston-Salem. HUD will not consider separate applications from single agencies. Funding will be derived from Federal Fiscal Year 2009 allocations of McKinney-Vento funds and is subject to funding availability under the NOFA. The RFP requests proposals for the amount of funding published in preliminary information by HUD. The City reserves the right to negotiate and adjust proposals based on the amount of funds actually provided by HUD.

I. Proposal Requirements

- a. Threshold Requirements -- New projects must meet the threshold criteria shown in the attached "Criteria for New Project Sponsors & New Projects".
- b. Requirements that should be emphasized:
 - 1) Proposed funding cannot replace existing funding but must be used for new services or facilities or to increase the number of homeless persons that can be served through a service or facility.
 - 2) Consistent with the Ten-Year Plan to End Chronic Homelessness, endorsed by City Council and Forsyth County Commissioners, there is a preference for projects that provide permanent supportive housing, particularly to chronically homeless persons.
 - 3) This year, new permanent supportive housing projects may serve families or individuals. However, the participants served in the program must be disabled, whether they are an individual or the head of a family. Having a disabled child in a family does not qualify the household for assistance.
 - 4) Transitional housing or services and outreach also are eligible system components but are lower priorities. Emergency shelter and services and prevention are not eligible for funding.
 - 5) Eligible activities that can be funded include: new construction, acquisition or rehabilitation of property; supportive services such as outreach and case management; rental assistance, leasing of property; and operating costs of housing.
 - 6) Matching funds requirements:
 - a) acquisition/rehabilitation/new construction: dollar for dollar cash match;
 - b) operating funds: \$3 HUD to \$1 other funds cash match;
 - c) supportive services: \$4 HUD to \$1 other funds cash match;
 - d) leasing: no match requirement
 - e) rental assistance: dollar for dollar in-kind services match
 - 7) For new projects, acquisition, rehabilitation and new construction are considered "one-year" projects. New project applications for leasing, operating or supportive services funds must propose two or three years of funding. Rental assistance for 5-10 years is available.
 - 8) Collaborative efforts by community agencies are encouraged.

c. To request consideration of a new project proposal, please complete the appropriate sections of the attached “Funding Proposal for New Projects”.

II. Rating Process--Projects will be reviewed through a multi-stage process including review by the Continuum of Care Rating Panel, Winston-Salem/Forsyth County Council on Services for the Homeless, Ten-Year Plan Commission and City Council. Selection of new projects will be based on the following factors:

1. Type of activity proposed and the need for the activity in the local system
2. Subpopulation proposed to be served and the need for the housing or services proposed
3. Quality of the proposed program or project
4. Cost-effectiveness and leveraging of other resources
5. Extent to which positive, reasonable and attainable outcomes are proposed
6. Experience and capacity to provide the housing or services proposed
7. Extent to which the project furthers the objectives of the Ten-Year Plan to End Chronic Homelessness

III. Additional Information--HUD’s Continuum of Care Assistance is provided through the Supportive Housing Program and the Shelter Plus Care Program. More information on the Supportive Housing Program and Shelter Plus Care Program is found on these web pages:

<http://hudhre.info/index.cfm?do=viewSupportiveHousingProgram>
<http://hudhre.info/index.cfm?do=viewSpcResourceMan>

If you have any questions, please call Tim West, City of Winston-Salem, at (336) 734-1305, or by email at timw@cityofws.org.

IV. Proposal Submission--New projects must be submitted using the attached form. Provide complete but concise responses. Submit one hard copy of the proposal with original signature to:

By Mail:

Mellin L. Parker, Director
Housing/Neighborhood Development
P. O. Box 2511
Winston-Salem, NC 27102-2511

By Delivery:

Mellin L. Parker, Director
Housing/Neighborhood Development
Bryce A. Stuart Municipal Building, Suite 423
100 East First Street (Corner of Church Street)
Winston-Salem, NC 27101

To facilitate review, in addition to hard copy submissions, the completed proposal form also should be e-mailed to timw@cityofws.org. Please direct any questions to Tim West at (336) 734-1305 or timw@cityofws.org.

NOTICE: If your project is selected for submission to HUD, you may be requested to provide additional information within a timeframe to be specified by the City of Winston-Salem. The attached form collects most of the information that would be needed for the HUD application.

V. HUD Notice—The information provided in this RFP is subject to amendment, based on information provided in the HUD Continuum of Care Notice of Funding Availability (NOFA).

VI. Awards of Funds—Once awarded, grant funds are expected to be available by July, 2010.

Criteria for New Project Sponsors & New Projects

I. Criteria for Continuum of Care grant participation

1. Must have served HUD-eligible homeless persons or families in some official capacity for at least twelve months as of January 1 of the application year.
2. Must propose an eligible activity for an eligible homeless population, pursuant to HUD requirements.
3. Must have at least one year of experience in operating the specific type of component for which HUD funding will be requested for the project (e.g. case management, transitional housing, outreach, etc.) and must be an eligible contractor for HUD funds per <https://www.epls.gov/>.
4. Must not propose to use HUD funds to replace or supplant any current funding source; i.e. the requested funds must be for a new or expanded service or facility.
5. Must identify matching funds prior to application submission and must show evidence of communication from these potential sources of matching funds. Matching funds requirements are described on page 1 of the Request for Proposals.
6. Must provide the information listed below in Sections II and III and must have satisfactory organizational status, experience and capacity to submit, implement and operate the project

II. Information on Organizational Status Sponsors of new projects must provide the following items to the City for review, unless the organization has already submitted these items to the City:

- ! Most recent audit report
- ! By-Laws
- ! Articles of Incorporation
- ! IRS 501 designation letter
- ! Current Board roster
- ! Copy of budgets for last year, current year and next year (if available)
- ! Most recent IRS 990
- ! Code of Conduct/Policies and Procedures for the Organization

III. Information on Organizational Experience and Capacity Sponsors of new projects must provide the following items to the City for review. The application asks for information including:

1. A description of the specific type and length of the organization's experience directly related to carrying out the proposed project and any other experience working with homeless people.
2. A description of the level of involvement of the sponsor in activities of the WS/FC Council on Services for the Homeless, its committees, and task groups, if any.
3. A description of the staff and operating capacity of the organization, both generally and as it specifically applies to implementing and operating the proposed project.
4. A history of organizations and agencies with whom the sponsor has worked in collaboration or as a partner to serve the homeless or other populations.

Funding Proposal for New Projects Continuum of Care Homeless Assistance

Section 1: Organizational Information

1. Organization Name:	
2. Contact Name:	
3. Mailing Address	
4. Contact Phone Number:	
5. Contact Email:	
6. Federal Tax ID Number:	

Section 2: Funding Request Summary

A. Name of the organization's program, project or activity and amount of funding requested:

Program or Project Name	Total Requested Amount

B. Please provide a short description of the project in 50 words or less:

Section 3: Authorization to Request Funding

Indicate the authority provided by your organization to submit this funding proposal to the City of Winston-Salem, such as a vote of the board or the executive committee of the board. Also, indicate the date on which authority was provided. In addition, a signed transmittal letter must accompany a hard copy submission of your proposal.

Section 4: Project Information

I. Project narrative. Please provide the following:

1. Describe the type of project you are proposing (such as permanent supportive housing, transitional housing, supportive services).
2. Describe the activity to be funded (acquisition of property, rehabilitation of property, leasing of property, staff or other supportive services costs, operating costs, rental assistance).
3. Describe in detail each cost item and amount for which you will request funds. Also describe the sources and uses of matching funds. Matching funds requirements are described on page 1 of the Request for Proposals.
4. Describe the location and type of housing proposed (apartments, group home), if applicable.
5. Describe the population(s) to be served. Why do they need the proposed assistance?
6. How many persons will you serve at a point in time and over the course of each year?
7. Where is the population coming from? Indicate the percentage coming from: streets, emergency shelters, transitional housing, prison or other institutions, treatment centers, evictions from housing, living in hotels or motels, or doubled up with family or friends.
8. What is the proposed grant term of the proposed project (must be 2 or 3 years unless rental assistance which can be 5 years without renovation or 10 years with renovation).
9. Will the persons to be served be “chronically homeless” by HUD’s definition? If so, describe how long they have been homeless, and the disabling conditions they have. Chronically homeless persons are defined as single, disabled homeless adults who have been homeless at least one year or at least four times in three years.
10. If you are proposing to serve persons with disabling conditions, please describe how this project will assist these persons to address their needs.
11. Describe the outreach plan to bring participants into the project. Describe the methods and tools used to conduct intake and assessment.
12. Describe partner organizations that will work with your organization and the services that each one will provide. Describe the roles of collaborative partners.
13. What will be the residents’ length of stay in the program? What situations would lead to exit from the program?
14. How will the type, frequency and duration of the supportive services fit client needs?
15. Where will the supportive services be provided and what transportation will be available to participants to access those services?

16. Which services or activities are required elements of your program or project? For what activities will clients be terminated from the program if they do not participate?
17. Please list any other bases for client eviction or termination from your program.
18. What is your plan to ensure that all homeless clients will be individually assisted to identify, apply for and obtain benefits under the following mainstream health and social services programs for which they are eligible: SSI, TANF, Medicaid, Food Stamps, State Children's Health Insurance Program, Workforce Investment Act and Veterans Health Care programs?
19. Describe specifically how participants will be assisted **both** to OBTAIN **and** REMAIN in PERMANENT HOUSING.
20. Describe specifically how participants will be assisted to increase INCOMES and SKILLS
21. Describe specifically how participants will be assisted to maximize their ability to LIVE INDEPENDENTLY and make responsible, self-determined choices.
22. List any other outcomes you seek for your program participants and the expected timeframes for clients to achieve them.
23. Describe how your project or program is consistent with the objectives of the Ten-Year Plan to End Chronic Homelessness. The Plan can be found at the following web page:
<http://www.forsythunitedway.org/priorityIssueHomelessness.cfm>

Experience

1. Describe the mission of your organization and how it relates to the proposed project and activities proposed for funding.
2. Describe the specific type and length of experience of *all organizations* involved in implementing the project, including your organization and partner organizations. Describe experience directly related to the proposed project and working with homeless people, including the experience of key personnel.
3. Describe the level of involvement of the organization(s) in activities of the Winston-Salem/Forsyth County Council on Services for the Homeless, its committees, and task groups, if any. Describe the level of involvement in the Ten Year Plan and any other coordinating bodies pertinent to services for homeless or near-homeless persons.