

**Central Florida Continuum of Care (CoC FL-507)
Request for Applications, 2019-22 DCF Unified Homelessness Grant Application**

**Attachment A
Application Form**

INSTRUCTIONS TO APPLICANTS

- Please review the full RFA document prior to completing this Application Form. Terms used in this Application Form are defined in the full RFA document.
- Complete one Application Form per proposed activity type.
- Answer all questions as they pertain to the specific proposed activities selected.
- The grant term for all activity types is July 1, 2019 through June 30, 2022.

ELIGIBLE AND COC FL-507-PRIORITIZED ACTIVITIES

The set of activities eligible under the programs from which funds are to be awarded under the DCF Unified Homelessness Grant include a very small subset of the activities necessary for a robust and effective Homelessness Response System. Furthermore, in light of system resource limitations and strategic priorities, CoC FL-507 has prioritized the use of funding to be requested through the DCF Unified Application process for the following specific purposes:

Note: For purposes of this Application Form. “Literally Homeless” describes an individual or family that meets conditions (1) or (4) of the definition of “Homeless” set forth at 24 CFR §576.2.

- a. Activity:** Homelessness Prevention services for low-income families with children at imminent risk of homelessness
- Target Area:** Region-wide
- Eligible Uses of Funding:** One-time rental or utility assistance
- Expected Maximum Award:** \$69,000
- Pre-requisite:** Demonstrated experience and expertise in provision of homelessness prevention assistance to families at-risk for homelessness
Commitment and capacity to provide Case Management services to assisted clients without the use of DCF funding
- Expected Administrative Funding:** Maximum \$1,000
-
- b. Activity:** Provision of Rapid Rehousing Assistance (24 CFR 576.104) to literally homeless families with children
- Target Area:** Osceola County and/or Seminole County, particularly the City of Sanford
- Eligible Uses of Funding:** Case Management, financial assistance, rental assistance
(Case Management and financial assistance may be awarded separately from rental assistance)
- Expected Maximum Award:** \$150,000 to assist clients from Osceola County
\$150,000 to assist clients from Seminole County/City of Sanford

Pre-requisites: Demonstrated experience and expertise in provision of Rapid Rehousing assistance to Literally Homeless families with children
Demonstrated capacity to serve Osceola County and/or Seminole County-City of Sanford
Rental assistance provider must also have commitment and capacity to provide CES-integrated housing location and landlord relations services without the use of DCF funding
Commitment to provide or provide for 100% cash match contribution

Expected Administrative Funding: Maximum \$3,000 for each of the 2 target areas

c. Activity: Coordination and management of Bridge Housing assistance for the Homelessness Response System

Target Area: Region-wide

Eligible Uses of Funding: Reimbursement of eligible homelessness provider agencies for payments to vendors (e.g., hotels) to provide Bridge Housing assistance to Literally Homeless individuals and families

Expected Maximum Award: \$225,000

Pre-requisites: Demonstrated experience and expertise with coordination of CES-integrated scattered site Bridge Housing assistance
Commitment to provide or provide for 100% cash matching contribution
Commitment and capacity to provide Bridge Housing coordination staff without the use of DCF funding

Expected Administrative Funding: Maximum \$3,000

d. Activity: Coordination and management of Homelessness Diversion for the Homelessness Responses System

Target Area: Region-wide

Eligible Uses of Funding: Reimbursement of eligible homelessness provider agencies for financial assistance provided to facilitate diversion from homelessness

Expected Maximum Award: \$75,000

Pre-requisites: Demonstrated experience and expertise in Homelessness Diversion activity
Commitment to provide or provide for 100% cash matching contribution
Commitment and capacity to provide Homelessness Diversion coordination staff without the use of DCF funding

Expected Administrative Funding: Maximum \$3,000

+++++

APPLICATION FORM:

Instructions: Complete all sections of this Application Form, sign, scan and email to application@hscnfl.org (or mail/deliver) prior to application submission deadline (see RFA document).

Legal Name of Applicant: _____

Applicant D/B/A (if relevant): _____

Applicant Mailing Address: _____

Name of Applicant Contact Person: _____

Applicant Contact Phone Number: _____

Applicant Contact E-mail Address: _____

Scored Items (overall Application score = Total of the individual scores awarded for items in this section):

#	Question	Responses	Point Score
1.	For which proposed activity type are you requesting funding through this Application? (Check only one box per application.)	<input type="checkbox"/> Homelessness Prevention Assistance for Families <input type="checkbox"/> Rapid Rehousing Assistance for Families – Case Management <input type="checkbox"/> Rapid Rehousing Assistance for Families – Rental Assistance and Landlord Services <input type="checkbox"/> System-wide Coordination of Bridge Housing Assistance <input type="checkbox"/> System-wide Coordination of Diversion Assistance	N/A
2.	Was the Applicant a regular and ongoing participant in at least one Registry Management (Chronic, Family or Youth) process of the CoC FL-507 Coordinated Entry System throughout the 2018 calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 2 pts.
3.	Does the Applicant: a. Have a current Agency Partner Agreement with the CoC FL-507 Homeless Management Information Systems (HMIS) Lead Agency; AND b. Have active licenses for all HMIS end users; AND	<input type="checkbox"/> Yes <input type="checkbox"/> No Answer “Yes” below only if Applicant can answer “Yes” to parts a, b AND c.	Yes = 2 pts.

	c. Assigned an Agency Administrator with an agreement on file with the HMIS Lead Agency?		
4a.	Within the past two (2) years, has the Applicant provided or coordinated the proposed activities to clients physically located in which of the following counties?	<p>(Check all that apply.)</p> <input type="checkbox"/> Orange County <input type="checkbox"/> Osceola County <input type="checkbox"/> Seminole County	2 points per checked box
4b.	For how many consecutive years has the Applicant performed/did the Applicant perform these activities? (Choose the longest period of time from among the 3 counties.)	<input type="checkbox"/> 1 year (12 months or less) <input type="checkbox"/> 1-2 years (13-24 months) <input type="checkbox"/> More than 2 years	1, 2 or 3 points resp.
5.	<p>Based on the proposed activities selected in Q1 above:</p> <p>Homelessness Prevention: Does the Applicant commit to providing Case Management services to all clients with non-DCF funds?</p> <p>Rapid Rehousing: Does the Applicant commit to providing dedicated program supervision and oversight for all activities with non-DCF funds?</p> <p>Bridge Housing: Does the Applicant commit to providing dedicated coordination and oversight of all activities, as well as all other non-administrative staffing needed, using non-DCF funds?</p> <p>Diversion: Does the Applicant commit to providing dedicated coordination and oversight of all activities, as well as all other necessary non-administrative staffing needed, using non-DCF funds?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 3 pts
6.	<p>Do either one of the following criteria apply to the</p> <p>a) A unit of local government within the CoC FL-507 coverage area with a HUD-approved Consolidated Plan; OR</p> <p>b) Identified in the 2018-19 Annual Action Plan of the HUD Consolidated Plan for one or more jurisdictions within the CoC FL-507 coverage area as responsible for as providing or coordinating the proposed activities?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 2 pts.
7.	Has the Applicant submitted a completed CoC FL-507 Leveraged Funding Certification Form certifying that resources were	<p>Check the best response:</p> <input type="checkbox"/> Yes, and the leveraged amount is greater than or equal to the maximum expected award amount <input type="checkbox"/> Yes, but the leveraged amount is less than the maximum	Yes, >max = 2 pts.

	dedicated to the Homeless Response System in 2017-18?	expected award amount <input type="checkbox"/> No	Yes, <max = 1 pt.
8.	The DCF Unified Application process is competitive, and CoC FL-507 may not be awarded the maximum award amount. In that event, does the Applicant commit to provide or coordinate the provision of proposed activities if the award amount were smaller? (The amount of services to be provided or coordinated would also be smaller.)	<input type="checkbox"/> Yes <input type="checkbox"/> Depends on the size of the award amount <input type="checkbox"/> No	Yes = 2 pts. Dep. = 1 pt.
9.	Did the Applicant formally adopt a policy committing to the practice Housing First in its housing and services activity prior to January 1, 2019?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes = 1 pt.
10.	Describe the Applicant's role in the Continuum of Care (CoC FL-507) and how this role is in alignment with the proposed activities (maximum 200 words) ATTACH RESPONSE		0 to 3 pts.**
11.	Describe the Applicant's specific experience and expertise that pertains to this Application and the Applicant's effectiveness in performing the proposed activities (maximum 200 words) ATTACH RESPONSE		0-3 pts.**
12.	Describe the anticipated outcomes from Applicant's performance of the proposed activities, including any impact on HUD System Performance Measures (maximum 100 words) ATTACH RESPONSE		0-2 pts.**

** - For each type of proposed activity, reviewers may not score one or more items with narrative responses (omitted in reverse numerical order), if individual scores for those items are not needed to determine the highest scoring Applicant with respect to that activity type.

13. Budget Summary: 0-6 pts.

Complete the table below based on the maximum award amount and the proposed activity descriptions above:

Activity or Use of Funds	Funding Amount	# of Individuals or Households (HHs) Served (if applicable)
DCF-Funded Services or Assistance: _____ <i>(identify or describe)</i>	Amount of DCF Funds Used: _____ <i>(\$ amount)</i>	_____ <i>(# of indivs/HHs)</i>
Case Management or Service	Amount of Matching Funds Used:	

Coordination (if not DCF-Funded): _____ <i>(identify or describe)</i>	_____ <i>(\$ amount)</i>	_____ <i>(# of indivs/HHs)</i>
Other (if Not DCF-Funded): _____ <i>(identify or describe)</i>	Amount of Matching Funds Used: _____ <i>(\$ amount)</i>	
TOTALS:	_____ <i>(\$ amount)</i>	_____ <i>(# of indivs/HH)</i>

Scoring: Table completed with accurate totals = 1 point
Table content matches requirements and commitments described above and in RFA = 1 point
Applicant rank re: number of clients served = max 2 pts. (#1 = 2 pts., #2 = 1 pt., #3 = 0 pts.)
Applicant rank re: DCF cost per client served (#1 = 2 pts., #2 = 1 pt. #3 = 0 pts.)

+++++
Threshold Items (Applicant must answer “Yes” to all of the questions below in order to be eligible for an award under this RFA):

For Questions 1 through 6: If awarded funds under this RFA for the provision of the proposed activities, throughout the grant term:

#	Question	Responses
1.	Does the Applicant commit to following all Applicable Requirements, specifically those included in the Unified Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the Applicant: a. Meet or commit to meeting the applicable pre-requisites identified above; AND b. Commit to providing the proposed activities only for the applicable eligible activities to serve the applicable target area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does the Applicant commit to be a regular and ongoing participant in all applicable Registry Management processes of the CoC FL-507 Coordinated Entry System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does the Applicant commit to providing a 100% cash match to directly supplement or complement the proposed activities for each of the 3 years of the grant term? <u>Note:</u> “100% cash match” means that, for every dollar in funds awarded, the Applicant provides a dollar in other funds to the project.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Homelessness Prevention

5.	<p>Does the Applicant commit to:</p> <p>a. Comply with the current Agency Partner Agreement with the CoC FL-507 Homeless Management Information Systems (HMIS) Lead Agency; AND</p> <p>b. Maintain active licenses for all HMIS end users; AND</p> <p>c. Maintain an Agency Administrator who has an agreement on file with the HMIS Lead Agency?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<p>Does the Applicant commit to following CoC FL-507 priorities and policies, particularly those contained in this RFA pertaining to proposed activities?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.	<p>Is the Applicant either:</p> <p>a. A corporation exempt from taxation under Section 501(c)(3) of the Internal Revenue Code; or</p> <p>b. A unit or arm of local or state government?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<p>Does the individual signing below certify that the Applicant is not suspended, debarred, or otherwise precluded from bidding on or receiving federal, state, or local government grant awards?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<p>Does the Applicant request the maximum expected award amount for the proposed activities? (<u>Note</u>: The actual award may be less than the expected maximum.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<p>Does the Applicant commit to performing the proposed activities for the full grant term (July 1, 2019 – June 30, 2022), to the extent awarded funds permit?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<p>Does the individual signing below certify that:</p> <p>a. All of the information and responses provided in this Application is complete, true and accurate to the best of his or her knowledge; AND</p> <p>b. He or she is authorized to sign and submit this Application on the Applicant's behalf?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Printed Name

Title

Signature

Date