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| Contra Costa County  Department of Conservation and Development (DCD) and  Health, Housing, and Homeless Services (H3)  Request for Proposals for **Consolidated Housing and Homelessness Funding**  **RFP COVER PAGE** | | | | | |
| Agency Name: | | | | | |
| Agency Address: | | | | | |
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| Tax ID: | | | | | |
| Name and Title of Primary Contact Person for this Application: | | | | | |
| Phone # for Primary Contact: | | Email Address for Primary Contact: | | | |
| Is your agency led by a Black, Indigenous or other Person of Color (BIPOC)?  ☐ Yes ☐ No  What percent of staff (or volunteers, if no paid staff) identify as BIPOC? | | | | | |
| Is your agency led by a person with lived experience of homelessness?  ☐ Yes ☐ No  What percent of staff (or volunteers, if no paid staff) are people with lived experience of homelessness? | | | | | |
| Brief Description of Proposed Activities/Program: | | | | | |
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| Areas/Cities to Be Served in Contra Costa County: | | | | | |
| How many people will the proposed project(s) serve annually? Indicate N/A for applications seeking only Capacity Building funding: | | | | | |
| Total Funding Amount Requested: | | | | | |
| Is this a collaborative application; awarded funding will be distributed to multiple organizations?  Yes No  If yes, please list all other agencies (other than the applicant agency) applying as  part of this collaborative application:      All agencies included in the collaborative application must submit documentation confirming their participation in the collaborative project (for example, an MOU/MOA or letter of support) with the application materials. | | | | | |
| This proposal falls under the following funding category (for applicants submitting multiple projects, check all that apply): | | | | | |
| ☐ Renewal Homelessness Response Project | ☐ Expansion Homelessness Response Project | | ☐ New Homelessness Response Project | | ☐ Capacity  Building |
| Our organization meets the definition of a small/emerging organization, as outlined in the RFP (see Section II.A.1)  ☐ Yes ☐ No | | | | | |
| SIGNATURE: | |  | | Date | |
| Name and Title of Authorized Signer: | |  | |

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| **SECTION 1: Applicant Information and Basic Questions** | |
| 1A | Does your agency participate in the Contra Costa County CoC or other County-led collaborative groups?  Yes, Contra Costa County CoC  Yes, other collaborative group (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |
| 1b | To make this process more accessible to organizations of different sizes, smaller/emerging organizations that are solely requesting capacity building funding, are not required to complete “**Section 4: Homelessness Response Programming**”. Renewal Projects are also not required to complete Section 4. All other applicants proposing a Homelessness Response Programming project are expected to complete ALL four sections of the application.  I understand that if I am submitting a proposal that includes a new or expanded Homelessness Response Programming project, I must complete “**Section 4: Homelessness Response Programming”** of this application.  Yes No N/A (I am only submitting a Capacity Building Application or a Renewal Application) |
| 1c | In addition to Measure X Housing Fund resources, the County may utilize other funding sources to support an applicant’s proposal.  By marking “Yes” below, I agree that the County may utilize funds other than Measure X to support my project and I understand that these sources may require that I complete additional requirements beyond what is outlined in this RFP. By marking “No” I indicate that I only want Measure X funding for my project, and I understand that this may reduce the likelihood of my project being funded.  Yes No |
| 1d | As a means of supporting smaller/emerging organizations (defined in section II.A.1of the RFP) applicants requesting capacity building funding as a standalone grant or as part of a New Homelessness Response Programming project are offered an interview, but may opt-out of the opportunity without penalty. To be eligible for an interview applicants must 1) be a small/emerging organization and 2) be seeking capacity building funding through this RFP.  The County is aware that some smaller organizations, applicants without experienced grant writers, or those that have not participated in an RFP process before may benefit from an interview regarding their application. Interviews provide the County an opportunity to ask clarifying questions to better understand an applicant’s proposal.  Does your organization wish to **OPT OUT** of the interview?  Yes No  N/A we are not seeking capacity building funding and do not meet the definition of a smaller/emerging organization  **Reply “YES” above only if you do not wish to be interviewed**  See section III.D. in the RFP for more information about interviews. |
| 1e | Does your agency have any outstanding financial audit findings? Indicate N/A if you organization does not currently have its financial statements audited by an independent third party.  ☐ Yes ☐ No ☐ N/A  If you answered ‘yes’ to question 1E, please provide a Statement of Explanation and relevant supporting documentation to describe the findings and how they are being addressed. This information should be uploaded as additional documentation with your application packet. |
| 1f | I understand that the following activities are INELIGIBLEfor funding through this RFP process:   * Fundraising Activities * Executive Level Staff Salaries, except as part of the allowed admin allocation or if those staff directly provide program services * Asset Acquisition * Capital Improvements   Yes, I understand, and this application does not request funding for any ineligible expenses. |
| 1G | Please indicate what project type (new, renewal, expansion, capacity building, or multi-project) you are applying for. If applying for multiple projects through this application, please indicate the project type for each proposed program.  **Renewal Homelessness Response Programming:**  (This project is currently funded by previous Measure X RFPs and is seeking only funding to continue at the same scope and budget.)  **Expansion Homelessness Response Programming:**  (This project is currently funded by previous Measure X RFPs and is seeking funding to continue and also increase funding to expand  service capacity/scope.)  **New Homelessness Response Programming:**  (This is a new project that has not been funded by a past Measure X RFP. For small/emerging organizations, New Homelessness Response Programming projects may include a request for specific capacity building support.)  **Capacity Building:**  (This is a capacity building project (one-time, non-renewable funds for small/emerging organizations)).  **Multiple-Project** (Indicate each project type e.g. Renewal, Expansion, New, or Capacity Building).  Project #1 Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project #2 Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project #3 Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project #4 Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  See section II.B. in the RFP to read more about applicant/project types. |

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| **SECTION 2: Applicant Organizational Commitments** | |
| 2a | Please state your agency’s mission:  Briefly explain how your mission is aligned with the goals of this RFP to expand and sustain services that connect people at risk and experiencing homelessness to housing, strengthen the homelessness response system, and center equity for Contra Costa County residents experiencing homelessness or at risk of losing their housing. (maximum 250 words) |
| 2B | Please describe how your agency implements a commitment to the inclusion of people with lived experience of homelessness or housing insecurity at the organizational level. Upload supporting documentation (e.g. a list of leadership and/or staff positions held by people with lived experience of homelessness, lived experience of homelessness advisory bodies, relevant policies/procedures etc.). (maximum 250 words) |
| 2c | Please describe how your agency implements a commitment to equity and demonstrate how your agency ensures services are provided equitably. Upload supporting documentation (e.g. anti-racist and anti-discrimination hiring policies and procedures, racial equity position statements, a strategic plan excerpt, evaluation data or report). (maximum 250 words) |

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|  | **SECTION 3: Narrative and Program Design** |
| The following narrative and program design questions are your opportunity to provide the County with a clear picture of the program, service, or activity that you are proposing. Some questions may require a longer or shorter response, depending on the proposal you are submitting. Overall, the County foresees that each question in this section can be answered successfully in half a page of written content. There are no minimum page requirements, however there is a 3-page maximum in this section per proposed project. ***If applying for multiple projects, the narrative must clearly answer the question for each project. Three pages of narrative are allowed for each project proposed in this application.***  Renewal and Expansion projects may re-use narrative responses submitted for previous RFPs, but should use caution as some questions have changed and ensure they fully respond to each question. ***Expansion projects should answer the renewal questions for the renewal portion of their project and the expansion questions for the expansion portion of their project.*** | |
| 3a | **New Homelessness Response Programming projects:** Describe your agency’s experience serving Contra Costa County residents affected by homelessness or at-risk of losing their housing. Provide examples of positive outcomes achieved in past projects with the intended target population. Describe the successful partnerships or collaborations your organization has built with partner agencies in the community. Please provide key examples.  **New Capacity Building projects**: Describe your agency’s experience to date providing services to Contra residents affected by homelessness or at-risk of losing their housing. Include a description of relevant experience key project staff may bring from past roles and any examples of positive outcomes achieved in the agency’s work to date. Describe the key partnerships you have built so far and your plan for expanding or solidifying collaboration with community partners. Please provide key examples.  **Renewal/Expansion Homelessness Response Programming projects;** Describe your agency’s experience serving Contra Costa County residents affected by homelessness or at-risk of losing their housing. Provide examples of positive outcomes achieved in past projects with the intended target population. Describe the successful partnerships or collaborations your organization has built with partner agencies in the community. Please provide key examples. |
| 3b | **New Homelessness Response Programming projects:** Describe your organization’s proposed activity, service, or program to be funded through this RFP process including the total number of people served annually. In what ways does the proposed project provide a pathway to permanent housing for those experiencing homelessness, or act as a critical support to retain housing for those at risk of homelessness?  **Capacity Building projects:** Describe your organization’s proposed capacity building activity, please also describe how this funding will help build organizational infrastructure and capacity to deliver needed homelessness and housing-related services.  **Renewal/Expansion Homelessness Response Programming projects:** Describe your organization’s progress toward implementation and achieving the projected outcomes of the currently funded project. Also include a discussion of your compliance with administrative requirements such as timely invoicing, financial reporting, and data reporting. Include data from HMIS or other County reporting demonstrating that the currently funded project is meeting its proposed outcome objectives, and any accompanying narrative needed to accurately understand the data provided. If your renewal project has not consistently met contract outcome or administrative requirements in the last year, you may include additional information describing new systems or organizational improvements that have been put in place and/or are planned to improve contract compliance. **For Expansion projects,** please also describe how the additional funding requested will support an increase in persons served or services offered in a manner that aligns with the goals of this RFP and your plan for meeting administrative requirements. |
| 3c | **New Homelessness Response Programming projects:** Explain how your activity, service, or program will fill a critical gap in service for people experiencing homelessness or at-risk of losing their housing in Contra Costa County. If applicable, please describe innovative aspects of your activity, service, or program.  **Capacity Building**: Describe how your capacity building activities will meet a critical need for your agency and help your agency advance the goals of this RFP.  **Renewal/Expansion Homelessness Response Programming projects:** Explain how your currently funded project is addressing a critical gap in services for people experiencing or at risk of homelessness and advances the goals of this RFP. **For Expansion projects**, also clearly describe how the proposed expansion in numbers served or types of services offered will address a critical system need and advance the goals of this RFP. |
| 3d | **New Homelessness Response Programming projects:** What will success look like for your agency’s proposed activity, service, or program, and how will it be measured? What are your equity related goals for the project? Please also describe how you will: 1) track the number of people/households served; 2) collect data on the program activities provided; 3) evaluate data to ensure your project is serving populations overrepresented in homelessness and meeting your equity goals; and 4) monitor your organization’s contract performance?  **Capacity Building:** What will success look like for your agency’s proposed capacity building activities and how will success be measured? What are your equity related goals for the project?  **Renewal/Expansion Homelessness Response Programming projects:** What does success look like for your agency’s currently funded activity, service, or program, and how is it measured? What are your equity related goals for the project? How do you: 1) track the number of people/households served; 2) collect data on the program activities provided; 3) evaluate data to ensure your project is serving populations overrepresented in homelessness and meeting your equity goals; and 4) monitor your organization’s contract performance? **For Expansion projects,** please also answer the above questions applied specifically to the expanded capacity/services proposed. |
| 3E | **All Projects:** Please describe in what ways have people with lived experience of homelessness or housing insecurity have been included in the planning, design, or implementation of your proposed project? How do you seek (or propose to seek) ongoing feedback from current and former participants to improve the program?  Upload any supporting documentation that demonstrates the inclusion of people with lived expertise in the project (e.g., feedback data, findings from stakeholder interviews, minutes from a lived experience committee meeting). |

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| **SECTION 4: Homelessness Response Programming Applicants** | |
| The following section should be completed by all applicants seeking a New or Expanded Homelessness Response Programming project.  **If you are only applying for Capacity Building or Renewal Project funding, stop here. You do not need to complete Section 4.** | |
| This section asks you to complete additional narrative questions regarding the program, activity, or service in your proposal. Depending on the proposal you are submitting, some of these questions may require a lengthier or more concise response. Overall, the County foresees that each question in this section can be answered successfully in half a page of written content. There are no minimum page requirements, however there is a 3-page maximum in this section per proposed project. ***If applying for multiple projects, the narrative must clearly speak to each proposed project. Three pages of narrative are allowed for each project proposed in this application.*** | |
| **SECTION 4: Homelessness Response Project Applications – PART 1** | |
| 4a | Homelessness Response Programming projects, with the exception of those seeking only funding from the Prevention-Related Legal Services allocation, are expected to deliver programs in accordance with Contra Costa County Continuum of Care’s (CoC) Program Models and Performance Standards:  A. Permanent Supportive Housing  B. Rapid Rehousing  C. Rapid Exit  D. Emergency Shelter  E. CARE Centers  F. Outreach  G. Prevention/Diversion  Extensive information and Performance Standards for Contra Costa CoC’s Program Models can be found [here](https://www.cchealth.org/home/showpublisheddocument/6567/638258163191470000).  I agree to deliver the proposed project(s) in accordance with Contra Costa County’s Program Models and Performance Standards.  *If you are only applying for funding from the prevention-related legal services Measure X allocation, please indicate N/A for this question.*  ☐ Yes ☐ No ☐ N/A  Describe briefly how your proposed project(s) aligns with the applicable Program Models and Performance Standards. If applying to expand a currently funded project, specifically address the expansion aspect of your proposal in answering this question. | |
| 4b | My agency currently participates in the Homeless Management Information System (HMIS) or a comparable system. *If you are only applying for funding from the prevention-related legal services Measure X allocation, please indicate N/A for this question.*  ☐ Yes ☐ No ☐ N/A  Will your agency ensure that the proposed project(s) participates in HMIS or a comparable system, if applicable? *If you are only applying for funding from the prevention-related legal services Measure X allocation, please indicate N/A for this question.*  ☐ Yes ☐ No ☐ N/A | |
| 4c | My agency currently participates in the Contra Costa County Coordinated Entry System (CES). *If you are only applying for funding from the prevention-related legal services Measure X allocation, please indicate N/A for this question.*  ☐ Yes ☐ No ☐ N/A  Will your agency ensure that the proposed project(s) participates in CES, if applicable?  *If you are only applying for funding from the prevention-related legal services Measure X allocation, please indicate N/A for this question.*  ☐ Yes ☐ No ☐ N/A | |
| 4D | Select target population(s) your agency will seek to serve through the proposed project(s). Select all that apply:  ☐ Single Adults experiencing or at risk of homelessness  ☐ Single Adults with disabling conditions  ☐ Transition Aged Youth (18-24)  ☐ Seniors (62+)  ☐ Veterans  ☐ Families with minor children  ☐ Foster Youth  ☐ Households with Criminal Legal System involvement  ☐ Other target population:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 4E | Describe your agency’s staffing structure and training protocol. In what ways are your staff supported in providing services to the target population(s) of your proposed project? What policies or procedures are in place, or are planned for implementation with this project(s), that allow for continuous quality improvement of the project(s)? | |
| 4F | Describe your project design including:   * Approach to engaging your target population. What perspectives, methods, or interventions will your project utilize to ensure that people affected by homelessness or at-risk of homelessness are aware of and connected to your program? * Approach to serving your target population in your proposed project(s). What perspectives, methods, or interventions will your project use to provide services effectively and equitably once persons are enrolled in the project, including how participants are supported through project exit and (if applicable) what ongoing supports exited participants receive. | |
| 4G | How will your agency center Housing First Principles and Racial Equity in the delivery, implementation, and evaluation of your proposed project(s)? | |
| 4H | Please describe your agency’s financial and administrative management structure, including history of managing government grants. Describe your agency’s protocol for monitoring spending, documenting use of grant funds, and fulfilling all reporting requirements, including documentation and file keeping of client records.  If you are a small/emerging organization and are including a capacity building request in your Homelessness Response Programming project proposal, please describe how the capacity building support will strengthen your organization’s ability to successfully deliver the proposed project. | |