



## **APPLICATION PACKET**

Submit as single PDF to [grants@sarahomeless.org](mailto:grants@sarahomeless.org)  
by 11:59 PM CST February 5, 2021

**Cover Page**

<b>Agency Information</b>	
Agency Name:	Executive Director Name:
Submission Date:	Agency Address:
<p>Application Point of Contact Please provide contact information for the best person to reach out to with questions or updates on this application.</p> <p>Name: <input type="text"/></p> <p>Title: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>Phone: <input type="text"/></p>	<p>HMIS Point of Contact Please provide contact information for the best person to reach out to regarding HMIS participation, should your project be awarded.</p> <p>Name: <input type="text"/></p> <p>Title: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>Phone: <input type="text"/></p>
<p>Homelink Point of Contact Please provide contact information for the best person to contact regarding Homelink participation, should your project be awarded.</p> <p>Name: <input type="text"/></p> <p>Title: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>Phone: <input type="text"/></p>	<p>Organization Type (check one):</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> Unit of Local Government</p> <p><input type="checkbox"/> Public Housing Authority</p>
Federal Tax ID or EIN: <input type="text"/>	UEI Number: <input type="text"/>

<b>Application Agreement</b>
My signature below states that all information provided in this application is true and correct to the best of my knowledge.
<b>Authorized Signature</b>
<p>_____</p> <p>Name and title of authorized representative</p>



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_____ Signature of authorized representative	_____ Date
<b>Competition Agreement</b>	
<p>I understand that my agency may have current or previous professional relationships with members of the Independent Review Team. I understand that neither myself nor any representatives from my agency (board, staff, etc.) are to approach Independent Review Team members for information about other proposals or the Ranking and Review Process. I understand that Independent Review Team members are required to inform SARA staff of any conversations that could be considered manipulative or coercive and that make them feel pressured to share information or make certain decisions. I understand that if such actions are reported and substantiated, my proposal will be removed from the process and deemed ineligible for funding. My signature below states that that I understand the information above and will share it with the appropriate people within my organization.</p>	
<b>Authorized Signature</b>	
_____ Name and title of authorized representative	
_____ Signature of authorized representative	_____ Date

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## Threshold Requirements

Complete the following form for the YHDP RFP process. Applicants must answer YES to all HUD Threshold questions. If an applicant answers NO, an explanation MAY allow an agency to pass this threshold form to continue to the application process. For more information on HUD Thresholds: [YHDP FY18 NOFA Appendix A](#).

HUD Threshold	
Does the agency provide for the participation of at least one homeless or formerly homeless individual on the board of directors or other equivalent policymaking entity or have an avenue for homeless or formerly homeless to provide feedback to the board?	Yes – Board  Yes – Other  No
<i>1a. If “yes, other,” please describe the entity, its nature, and how the person participates:</i>	
2. Does the agency have an unqualified, independent financial audit completed within 6 months of the end of the fiscal year?	Yes No
3. Does your agency have a SAM.gov registration?	Yes No
4. Does your agency have an active DUNS number?	Yes No
5. Does the agency have any delinquent federal debt?	Yes No
6. Does the agency provide clients with specialized resources to meet the unique needs of clients with physical, cognitive, or behavioral disabilities and provides reasonable accommodations for clients with linguistic and/or cultural challenges? (I.e. ramps, Spanish language forms, etc.)	Yes No
7. Does the agency provide due process to clients who are asked to leave any program?	Yes No
8. Does the agency comply with Public Law 90-284 referring to the Fair Housing Act (42 USC 3601-20), as amended?	Yes No
9. Does your agency have any unresolved Fair Housing or Civil Rights matters? If yes, explain.	Yes No
10. Has your agency submitted to HUD a Code of Conduct compliant with <b>2 CFR Part 200</b> ?	Yes No
11. Is your agency under debarment or suspension from doing business with the Federal Government and/or on the Federal do not pay list?	Yes No
12. Is your organization in compliance with the prohibition against lobbying Section 1352, Title 31, U.S. Code?	Yes No

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13. Does your organization comply with HUD directives regarding Equal access to housing Docket Number: HUD-2015-0104; Docket Name: FR-5863-P-01?	Yes No
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## Project Proposal

Applications will be considered on the quality, clarity, and thoroughness of responses. Respond to all questions in full. If you need assistance, contact us at [grants@sarahomeless.org](mailto:grants@sarahomeless.org).

### Organization Track-Record

1. How many years of experience do you have providing housing, supportive, or referral services to people experiencing homelessness?

- 1a. Describe your experience providing these services, including specific data on service outcomes.

2. How many years of experience do you have serving YYA?

- 2a. Describe your experience serving YYA, including specific data on service outcomes.

3. How many years of experience do you have administering a federal grant?

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3a. Describe your experience administering a federal grant.

4. How many years of experience do you have managing sub-contracts or MOUs, as well as coordinating services across multiple external partners.

4a. Describe your experience managing sub-contracts or MOUs, as well as coordinating services across multiple external partners.

5. How do you advance racial equity<sup>1</sup> in your services? Please provide data specific to your operations, such as program outcomes.

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<sup>1</sup> HUD has compiled a list of [racial equity resources](#) on the HUD Exchange.



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6. Describe your experience serving YYA in a safe and affirming environment regardless of gender identity and sexual orientation. Please provide specific examples, including staff training.

7. Describe how you incorporate Trauma-Informed Care (TIC) and Positive Youth Development (PYD) into your work, including your training processes for staff.

8. Do you currently employ peer navigators? If yes, describe their role in your work. If not, describe why?

- 8a. Will you employ peer navigators in the Drop-In Center project? If no, explain why. If yes, describe their role in the implementation of the project.

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9. Board Demographics: Please complete the following section by including non-identifying data of all current and active Board members.

Lived Experience in Homelessness

Yes:

No:

Gender

Male:

Female:

Transgender:

Gender non-conforming; gender fluid:

Gender identity not listed:

Race

Black or African American:

Asian American/Pacific Islander:

White:

Hispanic/Latinx:

Native American/Indigenous:

Other:

Age

20-24:

25-34:

35-44:

45-64:

65+:

Project Description

10. Provide a general description of your proposed Drop-In Center project.



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11. Provide the address, sq. footage, year built, and other details of the location out of which you plan to operate the YYA drop-in center. If you do not currently have a location, explain how you will procure one.

Address:

Sq. Footage:   
Year Built:

Other Details:



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12. Indicate which services you will offer and provide a brief description of services, including information on if the service will be provided directly by the agency or via a potential sub-recipients or partner agencies. For details on eligible services, read section 578.53 of the CoC Interim Rule. Please note that only the supportive services outlined in the CoC Interim Rule are considered eligible services under this RFP. While applicants are not required to provide all services as listed below, you are encouraged to seek out partnerships for additional services that will benefit YYA.

<b>Eligible Supportive Service</b>	<b>Description of Service and How it will meet the needs of YYA</b> <i>Integration of TIC &amp; PYD should be evident in all services</i>	<b>Provided by:</b> <b>Agency Directly, Subrecipient, or Other Partnership</b>
Annual Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		

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Education Services		
Employment Assistance & Job Training		
Food		
Housing Search & Counseling Services		
Legal Services		
Life Skills Training		

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Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

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**Budget**

This budget section is asking applicants to budget for the supportive services listed above. If you stated that the agency will provide a direct service or that the agency will subcontract out a service, it should have a corresponding budget line below. This budget template is designed to match how HUD will request the formal budget for the project.

- **Quantity and Description** – Enter the quantity (i.e., numbers) and description details for each activity for which funds are being requested. This should outline the detail of how you determined the amount of annual assistance being requested.
  - Example: Case Manager–1 FTE @ \$45,000 including benefits or 50 hours @ \$25 per hour including benefits.
    - Simply stating ‘1 FTE’ does not provide quantity and description details and limits understanding of costs you are requesting.
- **Operating Costs** are eligible in Supportive Service Only project if the costs are for a facility that is used to provided supportive services to program participants. This includes maintenance, repair, building security, furniture, utilities, equipment.

**While this is a 2-year grant, the budget is asking for annual numbers.**

**The annual funding amount for this project is \$753,488.**

Eligible Costs	Quantity and Description	Amount of Annual Assistance Requested (\$)
<b>Supportive Services</b>		
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		

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17. Operating Costs		
<b>Admin</b>		
18. Admin (Up to 10%)		
<b>Total Annual Assistance</b>		
<b>Grant Term</b>		2 Years
<b>Total Request for Grant Term</b>		

Match

Recipients must provide a 25% match of either cash or in-kind contributions. Other Continuum of Care or YHDP funds cannot be used for match. You can find more details on the match requirement in section 578.78 of the [CoC Interim Rule](#).

<b>Total Value of Cash Commitments:</b>	
<b>Total Value of In-Kind Commitments:</b>	
<b>Total Value of All Commitments:</b>	