



REQUEST FOR PROPOSALS

TX-500 Youth Homelessness Demonstration Program

Funding Available: \$1,506,977

Grant Term: Two Years

Application Due Date: February 5, 2021

11:59 PM CST

Questions to: grants@sarahomeless.org



Alliance to House Everyone

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Definitions

Continuum of Care: A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for families and individuals experiencing homelessness.

CoC Board of Directors: The CoC Board serves as a body of diverse stakeholders actively engaged in preventing and ending homelessness in San Antonio/Bexar County. Our CoC Board includes seats appointed by the following stakeholder groups: The City of San Antonio, Bexar County, a San Antonio-area school district, and the Youth Action Board.

Coordinated Entry/Homelink: Coordinated Entry (CE), known locally as Homelink, is a process that ensures all people experiencing a housing crisis have fair and equal access to housing. CE also ensures that all people experiencing homelessness are quickly identified, assessed, and connected to housing and assistance based on their individual needs.

Homeless Management Information System: A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Unaccompanied Youth and Young Adults: YHDP addresses homelessness for Youth and Young Adults (YYA) – up to 25 years of age – who are not accompanied by a parent or caregiver who is over the age of 24. It includes YYA who themselves are caregivers and parents of young children as well as YYA who are coupled but not parenting, and those who are surviving by themselves.

Youth Action Board: The Youth Action Board (YAB) is a CoC governing body comprised of YYA ages 17-25. As written into the YAB's bylaws, at least two-thirds of members must have experienced homelessness.



Purpose

The purpose of this document is to provide information on the San Antonio/Bexar County Youth Homelessness Demonstration Program (YHDP) Request for Proposals (RFP) specific to the Youth and Young Adult (YYA) Drop-In Center.

What is YHDP?

YHDP is a movement to prevent and end YYA homelessness across America. YHDP provides funding, planning frameworks, and access to national experts and new partners. In August 2019, the Department of Housing and Urban Development (HUD) selected the San Antonio/Bexar County Continuum of Care (CoC) to participate in round three of the YHDP. From this round, our community received \$6.88 million to fund innovative projects. The CoC also received technical assistance to develop a coordinated community plan (CCP) to prevent and end YYA homelessness. San Antonio/Bexar County's CCP, We Empower San Antonio Youth (WESAY), can be found on [SARAH's website](#). We highly encourage applicants to review WESAY before starting the application.

San Antonio/Bexar County YHDP Vision

Our vision for San Antonio/Bexar County is an altruistic community where no YYA experiences homelessness. We want an efficient, collaborative, and equitable YYA homeless response system where every YYA in need of housing and other services will be empowered to get what they need to thrive.

Project Description

Our community prioritized \$1.5 million of our YHDP award for a YYA drop-in center. Accordingly, the CoC seeks applications from eligible organizations willing to partner with YYA to design and implement the drop-in center. An Independent Review Team will review and score applications, and the YAB and CoC Board of Directors will approve recommendations. This drop-in center will serve as the primary access point for YYA at-risk of or experiencing homelessness and will help YYA meet basic needs, navigate homeless services, and connect to community resources. The grant recipient will collaborate with other YYA-serving entities to systemically address YYA homelessness in our community.



The YHDP grant term is two years. The contract start date is not yet finalized but is planned for the Spring/Summer of 2021. At the end of the two-year demonstration period, the project will be eligible for annual renewals under HUD's CoC program.

Minimum Requirements

Applicants must meet or be prepared to meet the following criteria to be considered for funding through this RFP, including any updates made to this RFP.

- A. Align with local standards of care;
- B. Be located and able to provide services in the San Antonio/Bexar County geographic area and serve YYA experiencing homelessness;
- C. Agree to work in conjunction with the YAB and other community stakeholders on program design and implementation;
- D. Not have been debarred from receiving federal funds and in good standing with all government and funding contracts;
- E. Participate in the local HMIS*;
- F. Actively uphold Housing First practices;
- G. Abide by all policies in SARA's CoC Memorandum of Understanding including paying annual dues of 1.75% of grant amount;
- H. Incorporate the YHDP values outlined in the YHDP NOFA into the YYA drop-in center; and
- I. Participate in Homelink**.

***HMIS**

An HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Haven for Hope is the San Antonio/Bexar County HMIS Lead Agency and houses the HMIS team.

Participation in the local HMIS requires:

- Completion of New User Training by all staff entering data into the system;
- Compliance with local HMIS Policies & Procedures;



- Compliance with local HMIS Data Quality Plan and;
- Designation of an agency HMIS Security Officer and completion of quarterly HMIS Security & Compliance Self-Audit.

****Homelink**

Coordinated Entry (CE), known locally as Homelink, is a process that ensures all people experiencing a housing crisis have fair and equal access to housing. CE also ensures that all people experiencing homelessness are quickly identified, assessed, and connected to housing and assistance based on their individual needs.

The drop-in center will serve as a Homelink Access Point. Homelink Access Points can be mobile or brick-and-mortar. At these Access Points, Certified Skilled Assessors conduct Homelink assessments and provide fair, equal access to Homelink. SARAH provides extensive training for Assessors including a comprehensive Homelink Orientation, Motivational Interviewing, Trauma Informed Care, De-Escalation Techniques, and Prevention and Diversion skills. Drop-in center Assessors will receive additional training in YYA-specific needs.

All YHDP-funded agencies have a seat on the CoC Coordinated Entry Advisory Committee that reviews and approves the process by which YYA are assessed and quickly prioritized for housing.



Proposal Timeline

January 5, 2021	Application Opens
January 11, 2021 2:00 PM – 3:00 PM CST	<p>Bidder’s Conference</p> <p>To register, email grants@sarahomeless.org.</p> <p>The Bidders Conference will provide an overview of the local YHDP competition process and requirements for the YYA drop-in center. This is a public meeting, and all interested applicants are encouraged to attend.</p>
February 5, 2021 11:59 PM CST	<p>Applications Due</p> <p>Submit to: grants@sarahomeless.org</p>
February 12, 2021 (tentative half day)	<p>Independent Review Team Session</p> <p>This is a closed session attended only by members of the IRT</p>
February 15-18, 2021	IRT Follow-up Interviews, as needed
February 19, 2021 (tentative)	Final IRT Session, as needed
February 22, 2021 – February 26, 2021	Applicants Notified; Appeal Period
By March 19, 2021	Projects Submitted to HUD



APPLICATION PACKET

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

Cover Page

Agency Information	
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:</p> <p>Title:</p> <p>Email:</p> <p>Phone:</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:</p> <p>Title:</p> <p>Email:</p> <p>Phone:</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:</p> <p>Title:</p> <p>Email:</p> <p>Phone:</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:	UEI Number:

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



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_____ Signature of authorized representative	_____ Date
Competition Agreement	
<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>	
Authorized Signature	
_____ 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 2 CFR Part 200 ?	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.

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?



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 equity¹ in your services? Please provide data specific to your operations, such as program outcomes.

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



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.



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.



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.

Eligible Supportive Service	Description of Service and How it will meet the needs of YYA <i>Integration of TIC & PYD should be evident in all services</i>	Provided by: Agency Directly, Subrecipient, or Other Partnership
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 (\$)
Supportive Services		
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		
Admin		
18. Admin (Up to 10%)		
Total Annual Assistance		
Grant Term		2 Years
Total Request for Grant Term		

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](#).

Total Value of Cash Commitments:	
Total Value of In-Kind Commitments:	
Total Value of All Commitments:	

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