

# APPLICATION PACKET

## REQUIREMENTS

The application period is May 4, 2020 – June 1, 2020. Applications should be submitted via email as a single PDF to [ContactSARAH@SARAHomeless.org](mailto:ContactSARAH@SARAHomeless.org) with the subject line 'YHDP Application – {Agency Name}.' Only applications submitted by midnight June 1 will be considered.

PDF applications must contain:

- Cover Pages
- Threshold Requirements
- Project Proposal
  - Please use Calibri font size 11 and double-spacing. Please organize your proposal into clearly labeled sections.
- Project Cost Sheet

COVER PAGES

<b>Agency Information</b>	
Agency:	Executive Director:
Submission Date:	Agency Address:
Primary Agency Contact Name:	Title:
Email:	Phone:
Organization Type (check one): <input type="checkbox"/> Non-Profit <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Other (Specify): _____	
Federal Tax ID or EIN:	DUNS Number:
<b>Project Information</b>	
Which project type are you applying for? (check all that apply) <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Transitional Housing to Rapid Re-Housing <input type="checkbox"/> Drop-In Center <input type="checkbox"/> Navigation <input type="checkbox"/> Mobile Outreach <input type="checkbox"/> Coordinated Entry	
<b>Competition Agreement</b>	
<p>As an inclusive community process, the integrity of this funding opportunity and the trust that community stakeholders have in it are critical to the success of our coordinated community response. I understand that my agency may have current or previous professional relationships with members of the YHDP Independent Review Team, who will be making funding recommendations in this process. I understand that neither myself, nor any representatives from my agency (board, staff, etc.), are to approach the YHDP Independent Review Team members for information about other proposals or the Ranking and Review Process. I understand that Committee members are required to inform the YHDP Project Manager, Alyssa Gooch, 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</p>	

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.

**Authorized Signature**

Authorized physical signature of applicant.

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## THRESHOLD REQUIREMENTS

### Instructions:

**PLEASE REACH OUT TO ALYSSA GOOCH ([alyssagooch@sarahomeless.org](mailto:alyssagooch@sarahomeless.org)) FOR QUESTIONS ON THIS FORM.**

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](#)

<b>HUD THRESHOLD</b>	
1. 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?	<input type="checkbox"/> Yes - Board <input type="checkbox"/> Yes - Other <input type="checkbox"/> No
1a. <i>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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your agency have a SAM.gov registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your agency have an active DUNS number	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the agency have any delinquent federal debt?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)  <input type="checkbox"/> Yes <input type="checkbox"/> No	

7. Does the agency provide due process to clients who are asked to leave any program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the agency comply with Public Law 90-284 referring to the Fair Housing Act (42 USC 3601-20), as amended	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your agency have any unresolved Fair Housing or Civil Rights matters? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has your agency updated its Code of Conduct so that it is compliant with <b>2 CFR Part 200</b> and submitted to HUD?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is your organization in compliance with the prohibition against lobbying Section 1352, Title 31, U.S. Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does your organization comply with HUD directives regarding Equal access to housing Docket Number: HUD-2015-0104; Docket Name: FR-5863-P-01	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PROJECT PROPOSAL

### Experience – 5 Page Maximum

1. Describe your experience providing housing, supportive services, or referral services to people experiencing homelessness.
2. Describe your experience working with YYA.
3. Describe your experience providing services based in trauma informed care, housing first principles, and harm reduction.
4. Describe your experience, if any, administering a federal grant.
5. Describe your experience, if any, with SAHomelink.
6. Describe your organizational structure and financial management accounting practices.

### Project Design – 15 Page Maximum

1. Project Name
2. Project Type
  - a. TH-RRH
  - b. RRH
  - c. CE
  - d. Drop-in Center
  - e. Navigation
  - f. Mobile Outreach
3. Provide a brief overview of the project and its scope.
4. Describe the population this project will serve.
  - a. Is the project designed specifically for any of the following populations?
    - i. LGBTQIA+ YYA
    - ii. Pregnant/Parenting YYA
    - iii. YYA exiting systems of care
    - iv. YYA with mental health illnesses or substance use disorder
    - v. YYA survivors of sexual trafficking, exploitation, or domestic violence

- vi. Other (please describe)
  - b. Describe how your project will meet the needs of the following vulnerable and often overrepresented YYA experiencing homelessness:
    - i. YYA of color
    - ii. LGBTQIA+ YYA
    - iii. Pregnant and parenting YYA
    - iv. YYA with prior involvement in juvenile justice or foster care
    - v. YYA with disabilities
    - vi. YYA survivors of sexual trafficking, exploitation, or domestic violence
  - c. Describe the steps that you will take to address racial equity
- 5. Describe how your project will provide linkages to housing, including:
  - a. How your project will address YYA crisis housing needs;
  - b. How your project will assist YYA to locate and secure permanent housing;
  - c. Your strategies for landlord outreach and engagement;
  - d. [For RRH projects only] Your plan for in-home<sup>3</sup> visitation; and
  - e. [For TH-RRH projects only] How YYA will be supported to transition from TH to RRH
- 6. Describe the scope of supportive services the project will offer [Please refer to [Appendix A](#) for a list of expected program elements] including:
  - a. How these services will promote long-term housing stability;
  - b. Whether you will provide services directly, through a sub-contract, or through an MOU with a partner agency.
  - c. Where services will be located and how you will accommodate transportation to services.
- 7. Describe how your project will connect YYA to mainstream services such as health, social, and education/employment programs including transportation to those services.

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<sup>3</sup> Or, virtual as a response to COVID-19.

8. Describe how you will help YYA establish permanent connections<sup>4</sup> in the community beyond your project and project staff.
9. Describe how you have worked collaboratively with partners to serve YYA.
10. Describe how you will incorporate Positive Youth Development, Trauma-Informed Care, and Housing First principles into your project and promote YYA choice in their housing and services.
11. Describe the strategies that you will use for family and community engagement.
12. What expectations will you have for program participants? How will these be communicated?

Youth Collaboration – 2 Page Maximum

Authentic youth collaboration is at the heart of YHDP and will be an expectation of all projects funded through this program.

7. How did you involve YYA in creating your project proposal?
8. How will you involve YYA in project implementation and evaluation?

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<sup>4</sup> Permanent Connections include ongoing attachments to families, communities, schools, and other positive social networks

## PROJECT COSTS SHEET

A simplified list of eligible costs. For more information, see the [YHDP NOFA](#).

### Leasing

The costs of leasing structures or scattered site units to provide housing to YYA experiencing homelessness. These costs are only eligible for TH-RRH projects.

*Leasing: Limits on rent costs.* Rents paid must be reasonable in relation to comparable space or units and may not be more than the owner charges others for comparable units. Rents for residential units cannot exceed the HUD Fair Market Rent (FMR) or rent reasonableness determination, whichever is lower.

*Utilities.* Utilities are not a leasing line item. If utilities are not provided by the landlord, utility costs are an operating cost.

*Security deposits and first and last month 's rent.* Grant funds may be used to pay security deposits, in an amount not to exceed two months of actual rent, as well as last month's rent.

Unit Size	Number of Units	FMR per Unit	Annual Cost
SRO			
1 BDR			
2 BDR			
3 BDR			
4 BDR			
5 BDR			
6 BDR or Greater			
<b>Total Leasing Cost</b>			

**Rental Assistance**

The cost of rent for individuals and families experiencing homelessness, including tenant-based rental assistance. Grant funds may be used for security deposits in an amount not to exceed two months of rent, as well as first and last month's rent. These costs are only eligible for RRH and TH-RRH projects.

<b>Unit Size</b>	<b>Number of Units</b>	<b>Cost per Unit</b>	<b>Annual Cost</b>
SRO			
1 BDR			
2 BDR			
3 BDR			
4 BDR			
5 BDR			
6 BDR or Greater			
<b>Total Rental Assistance Cost</b>			

**Supportive Services**

The eligible costs of supportive services that address the special needs of the program participants. This includes costs associated with both housing programs and coordinated entry.

<b>Service</b>	<b>Description</b>	<b>Annual Cost</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		
17. Operating Costs*		
<b>Total Supportive Services Cost</b>		

### Operating

Grant funds may be used to pay the costs of the day-to-day operation of housing programs in a single structure or individual housing units.

Service	Description	Annual Cost
1. Maintenance and Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment		
<b>Total Operating Cost</b>		

**Admin** (costs that support that time and resources it takes to administer this project. Up to 10% of total costs)

<b>Total Admin Cost</b>	
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### Match

Match funds may come from any source unless specifically prohibited by that funding source and must at least equal 25% of the total grant request minus leasing costs. Match funds may only be used for activities that would otherwise be eligible under this RFP.

*Applicants must provide written documentation of required matching funds.*

- The documentation of cash match must show a committed dollar amount, state the time frame in which the match may be used, and indicate the source and allowable uses of the match funds.
- For in-kind match, there are two types, goods and services. Services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient and the third party that will provide the services. Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the recipient's organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market. Documentation of in-kind goods must be provided on agency letterhead signed and dated by an authorized representative, and should include the following:

- Value of donated goods to be provided to the recipient for the project
- Specific date the goods will be made available
- The actual grant and fiscal year to which the match will be contributed
- Time period during which the donation will be available
- Allowable activities to be provided by the donation
- The value of commitments of land, buildings, and equipment are one-time only and cannot be claimed by more than one project or by the same project in another year.

Match Source	In-Kind or Cash	Dates When Available	Allowable Uses	Total Amount
<b>Total Match (Must be at least 25% of total minus leasing)</b>				