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| **Homeless Emergency Aid Program (HEAP) Request for Projects** | | | |
| **Overview:** The HEAP funding opportunity is a one-time flexible block grant that enables Continuums of Care to address the homelessness crisis throughout California. Applications must explain how the proposed activity is directly related to providing immediate emergency assistance to people experiencing homelessness **or** at imminent risk of homelessness, and that those uses are aligned with California’s Housing First policy. (CA. Welfare & Institutions Code WIC section 8255). Applicants are encouraged to be creative and craft programs to meet identified community specific needs. | | | |
| **Amount Available to Mendocino County (based on the 2017 PIT count of 1,238):** | | | |
| Section 50213(a): | Section 50213(b): | Total Available: Administrative  Expenses 5% Cap: | Required **Minimum** 5% Set-Aside for Youth: |
| $4,000,000.00 | $921,967.86 | $4,921,967.86 $246,098.39 | $246,098.39 |
| **Who can apply:** Only Continuums of Care are eligible to apply. The Collaborative Applicant acts as the “Administrative Entity” (AE) to receive and disperse funds under the direction of the CoC. One application is submitted by the CoC on behalf of the community. | | | |
| **Eligible Uses of HEAP Funds:**   * The parameters for eligible uses are intentionally broad to allow communities to create programs customized to local needs. * Eligible uses include, but are not limited to: * **Services:** street outreach; health/safety education, criminal justice diversion programs, prevention services, navigation services, and operating support for short-term or comprehensive homeless services. * **Rental assistance or subsidies:** housing vouchers, rapid re-housing programs, and eviction prevention strategies. * **Capital improvements:** emergency shelter, transitional housing, drop-in centers, permanent supportive housing, small/tiny houses, and improvements to current structures that serve homeless individuals and families, public toilet/shower facilities. * A minimum of 5% of the funds must be used for programs addressing the needs of homeless youth or youth at risk of homelessness. * Applicants may allocate no more than 5% of the funds for administrative costs. * 50% of funds MUST be contractually obligated by January 1, 2020 AND 100% of funds must be expended by June 30, 2021.   **Ineligible Uses:**   * HEAP funds CANNOT be used to fund HMIS. * HEAP funds CANNOT be used to create a strategic plan for addressing homelessness. | | | |
| **RFP Guidelines:**   * Please read the HEAP NOFA completely before beginning this RFP. * Please complete each section clearly, directly and specifically. * General County or community information is not necessary. * Selected projects will be incorporated into the single application by the grant writer. | | | |
| **Total Dollar Amount Requested: $** | | | |
| **Which general category does you project fall under:**  Services  Rental Assistance or subsidies  Capital improvements  Youth Services | | | |
| **Have you confirmed that this project aligns with California’s Housing First Policy?** YES  N/A | | | |
| **Does this project directly support at least 1 of the 4 of the HUD identified components of the COC’s purpose? (See Scoring Tool)**  YES  NO | | | |
| **What is the Name of your project?** Workforce Training Coordination Pilot | | | |
| **What is the Goal for your project?**  The goal of this project is to develop and implement a pilot program increases access to on the job training. | | | |
| **What Objectives do you intend to address through this project?**   1. Creation of an employer network willing to hire people in recovery from homelessness 2. Support increased understanding of and adherence to workplace etiquette 3. Increase job skills, life skills and marketability for people in recovery from homelessness 4. Support understanding of the recovery process, as relates to the workplace, among local employers 5. Provide services and supports to both employers and employees during relapse and reintegration into the workplace 6. Use existing programs to build and continue this program | | | |
| **Please provide a description of your project:** | | | |
| **Please describe your target client population:** | | | |
| **How will you reach this population?** | | | |
| **How many clients will you serve during the funding period (ending June 30, 2021)?** | | | |
| **How will you identify success in this project?** | | | |
| **How will you sustain this project after the funding period ends?** | | | |
| **Please share specific experience that your agency has in successfully creating and managing this type of project:** | | | |
| **What ongoing support will be necessary for clients to maintain the benefit of this project?** | | | |
| **Does this project link with or support existing services or projects? If so, which and how?** | | | |
| **Why should this project be a priority for our County?** | | | |
| **Using a separate page and the example below, please provide a detailed time-line for your project (all funds must be contractually obligated by January 1, 2020 and fully exhausted by June 30, 2021).** | | | |
| **Please attach a project evaluation and reporting plan, including tracking of individual client outcomes, project adjustments, and overall project evaluation.**   * **All HEAP funding recipients will provide scheduled reports to the MCHSCoC and the AE.** * **All project staff and volunteers must participate in Cultural Humility training as specified by the MCHSCoC.** | | | |
| **Are you a current MCHSCoC Member in good standing?** YES  NO | | | |
| **Do you use the MCHSCoC Homeless Management Information System (HMIS)?** YES  NO  **Do you use a comparable Domestic Violence or Legal Services data collection system?** YES  NO  **Do you have a current ROI allowing complete client information to be included in HMIS?** YES  NO | | | |

**Contact Information:**

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| **Agency:** | | |
| **Name:**  **Title:** | | |
| **Email:** | **Telephone:** | **Work hours:** |
| **Supervisor name:** | | **Title:** |
| **Email:** | **Telephone:** | **Initials:** |
| **Date:** | **Date received: Recipient initials:** | |

| **Year 1 Activities** | **Resp.** | **Year 1, by Month** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **Start-up activities** | | | | | | | | | | | | | |
| Recruit and hire staff | HR & Prog Manager |  |  |  |  |  |  |  |  |  |  |  |  |
| Staff orientation and initial training |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Develop detailed plans and timelines |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Data collection/evaluation plan complete |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Policies and procedures manuals completed |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Weekly Planning/Coordination Team mtgs. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Initiate outreach and promotion |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Implementation Activities** | | | | | | | | | | | | | |
| Begin client intake | Care Managers |  |  |  |  |  |  |  |  |  |  |  |  |
| Begin Coordinated Entry enrollment |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provide wraparound support |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Submit intake, 6-month, and discharge data |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Continue cross-training/professional development |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Convene monthly management team meetings |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Conduct sustainability planning |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Delivery quarterly evaluation updates |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Complete required reporting |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Conduct annual review and make adjustments |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Applicant Signature:**

***Sample* Project Time-line**

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| **Expenses** | **Rate or Description** | **Total** |
| Staffing |  |  |
| Navigation Services Peer Counselor | $15/hour x 1.5 FTE x 1.25 Fringe x 2 years | $117,000 |
| Program Manager | $25/hour x .25 FTE x 1.25 Fringe x 2 years | $32,500 |
| Materials & Supplies |  |  |
| Welcome Home boxes: set of 4 eating utensils, dish sets, mugs & glasses. Kitchen towels and potholders. Set of 4 bath towels, washcloths, and hand towels. Cleaning supply kit broom, dustpan, mop, laundry detergent, dish soap, cleanser, toilet brush, sponges…. | $200/box x 20 boxes x 2 years | $8,000 |
| Print materials  Card stock x $12/ream x 3 colors x 3 reams=$108… | Program brochures = $500 business cards = $200  Card stock=$108 | $808 |
| Travel & Transportation |  |  |
| Transportation of clients to program specific activities (HEAP eligible clients and activities – support for sustaining housing or getting into housing) | 1,000 miles/year x 2 years x current govt rate | $1080 ish |
| 9 passenger Van | 1 vehicle for transporting clients to and from the resource center to appointments, interviews… | $50,000 |
| Equipment |  |  |
| Remote HMIS entry supplies | 4 laptops x $600/each = $2,400  Carry cases… | $2,400 |
| **Subtotal:** |  | $211,788 |
| Admin. (includes fiscal at…) | **3% maximum** | **$6,353.64** |
| **Total Requested:** |  | **$218,141.64** |

***Sample* Project Budget:**

**A detailed budget must be submitted with the complete RFP, including rate of pay for all employees funded under this project, a breakdown of any administrative costs. Please be as thorough as possible, projects without detailed budgets will not be prioritized.**