Youth Homelessness Demonstration Project

Request for Proposal

Application & Scoring Tool

OK-501 CoC

TABLE OF CONTENTS

[GENERAL INFORMATION & RESOURCES 2](#_Toc132721555)

[SUBMISSION INSTRUCTIONS 2](#_Toc132721556)

[REQUIRED ATTACHMENTS 2](#_Toc132721557)

[THRESHOLD REQUIREMENTS 3](#_Toc132721558)

[AGENCY OVERVIEW 5](#_Toc132721559)

[PROGRAM DESIGN & SERVICES 5](#_Toc132721560)

[SERVICES & BARRIERS 9](#_Toc132721561)

[BUDGET & AUDIT 9](#_Toc132721562)

[SCORING TOOL 9](#_Toc132721563)

[SELECTION PROCESS 13](#_Toc132721564)

## General information & resources

**Request for Proposal Description:**

YHDP is seeking funding applications for new or established projects striving to end youth homelessness in Tulsa. Applicants must meet the threshold requirements.

**What is the Youth Homelessness Demonstration Project (YHDP)?** From the United States department of Housing and Urban Development (HUD), The Youth Homelessness Demonstration Project is an initiative designed to reduce the number of youth experiencing homelessness. The goal of the YHDP is to support selected communities, including rural, suburban, and urban areas across the United States, in the development and implementation of a coordinated community approach to preventing and ending youth homelessness.

**Eligible populations** to be served are unaccompanied youth up to the age of 24, including pregnant and parenting youth, who meet Category 1, 2, or 4 of homelessness in HUD’s Final Definition of Homelessness.

**Eligible applicants** are nonprofit organizations, states, local governments, and instrumentalities of state and local governments. For-profit organizations are not eligible.

Additionally, all applicants must have a Universal Entity Identifier (UEI) by the United States General Services Administration in the System for Award Management at [SAM.gov](http://sam.gov/)

Funding Available: $5.38 Million

Funding Term: 2 years with potential renewal

**Key Tenants and Values:**

* Foundational youth voice - Flexibility and Adaptability
* Honoring the current reality - Sustainability at every level
* Respect, equity, and belonging - Empowerment
* Responsive Services and permanency - Accessibility
* Open-mindedness

**Community Goals:**

1. Rapid identification and seamless access
2. Safe and sustainable housing
3. Foundational youth voice
4. Transformative connections and opportunity

**Resources:**

* [Tulsa’s Youth Homelessness Demonstration Project Coordinated Community Plan (CCP)](https://www.housingsolutionstulsa.org/wp-content/uploads/2023/04/AWH4T-YHDP-CCP-2023-Final.pdf)

## Submission Instructions

YHDP projects will be scored using this **Application and Scoring Tool.**

Any **questions** may be submitted to [ldittmeier@housingsolutionstulsa.org](mailto:ldittmeier@housingsolutionstulsa.org) and rfp@housingsolutionstulsa.org

Please submit the required documents and application **in PDF (application) and Excel (budget) format** to [rfp@housingsolutionstulsa.org](mailto:rfp@housingsolutionstulsa.org) on or by the March 25th deadline and following additional deadlines listed in the RFP Timeline.

## Required attachments

Agencies must submit the following to complete the application packet. Only one set of agency-specific documents is required regardless of the number of project applications submitted.

1. Agency’s **organizational chart, including board members**.
2. Applicants must complete and attach the [YHDP Program Budget Template](https://housingsolutionstulsaorg.sharepoint.com/:x:/s/HousingSolutions/EToDlXN8be5FnT5K25fkG2IBKHiqxRg0oUjbeIjmOYcLqA?e=QaZ0vS).
3. Agency **grievance and termination procedures**.
4. Agency’s completed **Resilience and Equity Checklist**, including actions to eliminate disparities by ensuring equity within your agency’s program(s) (where equity is defined as the condition achieved if one’s identity no longer predicted, in a statistical sense, how one fares).

[Resilience and Equity Checklist and Resource Toolkit for New Applicants](https://homebase.box.com/s/lv87ach1pdgaxy06eymi6umhn7cx4jgh).

1. A completed [A Way Home for Tulsa Services Standards Fidelity Self-Assessment and Action Plan.](https://homebase.box.com/s/9qvf9aqm0qzvbkclo55g459ksns71cqy)
2. Any **HUD Monitoring Letters** relating to your agency’s projects, and correspondence about any findings or concerns, if applicable.
3. Agency’s most recent **financial audit and management letter**.

## Threshold Requirements

These factors are required, but not scored. If the project indicates *No* for any threshold criteria, it is not eligible for CoC or YHDP funding.

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Description** | **Check Box if Met** |
| 1. Services Standards | Applicant has submitted a completed A Way Home for Tulsa Services Standards Fidelity Self-assessment and Action Plan. (See Required Attachments number five). |  |
| 1. HMIS Implementation | Projects are required to participate in the local HMIS database.  If the project is operated by a victim services provider, the provider must use a comparable database that complies with the federal HMIS data and technical standards. |  |
| 1. Coordinated Entry | Agency will comply with YHDP requirements to participate in Coordinated Entry and in compliance with the local CoC’s Coordinated Entry standards. |  |
| 1. Eligible Applicant | Applicants and subrecipients (if any) are eligible to receive CoC funding. Includes nonprofit organizations, states, local governments, and instrumentalities of state and local governments.   * Applicant has active SAM Registration * Applicant has a valid Unique Identifier (UEI) * Applicant has no Outstanding Delinquent Federal Debuts * Applicant has no Debarments and/or Suspensions |  |
| 1. Eligible New Project Type | The proposed project is an eligible new project type authorized by the Fiscal Year 2022 CoC YHDP Notice of Funding Opportunity (NOFO) and Youth Action Board project type.  Authorized project types include:  Permanent Supportive Housing (PSH),  Rapid Re-Housing (RRH),  Joint Transitional Housing-Rapid Re-Housing (TH-RRH), Supportive Services Only for Coordinated Entry (CE),  or other Supportive Services Only, serving eligible populations. |  |
| 1. HUD Threshold | Projects will be reviewed for compliance with the eligibility requirements of the [CoC Interim Rule](https://www.gpo.gov/fdsys/pkg/CFR-2018-title24-vol3/xml/CFR-2018-title24-vol3-part578.xml#seqnum578.99) and [Subsequent Notices;](https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/#laws)  Projects meet the threshold requirements outlined in the 2022 YHDP Notice of Funding Opportunity (NOFO pp. 16-18). |  |
| 1. HUD Policies | Projects are required to have policies that are compliant with HUD CoC and YHDP Program requirements regarding:  Termination of services Policy  Grievance Policy and Procedures  Equal Access Rule  Non-Discrimination Policy  Fair Housing requirements,  Violence Against Women Act protections,  Educational Services,  Confidentiality Policy |  |
| 1. Board Requirements | Agencies must have at least 1 person with lived experience on their board. |  |

If your response is *No* to any of the Threshold Requirements, please provide an explanation.

Otherwise, please write N/A.

*Limit: 3,000 characters*

## agency overview

Agency Name: Agency Address:

Primary Agency Contact Name: Title:

Email Address: Phone Number:

Organization Type: (Check one)

Non-Profit  Governmental Agency

Agency Website Address:

Sam Registration and Expiration Date:

Unique Entity ID (UEI):

1. Please describe how the agency will use data to evaluate equitable outcomes and develop strategies to improve services.

If applicable, provide an example of how the agency has made data informed changes to improve program services and outcomes.

*Limit: 1,000 characters*

1. If the agency is leveraging other funds or existing programming as a part of the YHDP program application, describe the other sources of funding. If the funding is not renewable, how will the program ensure that funds will continue to exist to support the YHDP program services? (e.g., Joint TH-RRH Component).

*Limit: 1,000 characters*

1. Does your agency have youth-led positions? If not, how does your agency or program value youth and young adults in decision-making process?

*Limit: 3,000 characters*

1. Please describe at least one strategy your agency will use for gathering participant input and/or building participant leadership from project participants. Strategies can be agency-wide or project-specific, but they must cover or be available to the project named in this application.

*Limit: 1,000 characters*

1. Describe how the agency will respond to client feedback and complaints.

*Limit: 3,000 characters*

## program design & services

1. **Provide a description that addresses the entire scope of the proposed project**. Include the target populations to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcomes, coordination with other organizations, and the reason YHDP Program funding is required. Additionally, if the project will implement any service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe what those requirements are and how they will be implemented. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.

**YHDP Specific Requirements:**

* The purpose of the project and its role in the community response,
* Target population(s) to be served,
* How the applicant will incorporate positive youth development and trauma informed care into the project,
* Community partnerships, and
* Outcomes and performance measures.

1. How much funding are you requesting?

$

1. How many Projects are you applying for?

If you are applying for more than one project, please fill out an additional application for each.

1. Please provide your project type and funding source. This information will be used by the Project Review Panel to determine funding source and confirm eligibility of project type – it will not be scored.

Check applicable project type box.

Permanent Supportive Housing (PSH)

Rapid Rehousing (RRH)

Transitional Housing (TH)

Joint Component Transitional Housing/ Permanent Housing-Rapid Rehousing (Joint TH/PH-RRH)

Supportive Services Only – Street Outreach (SSO)

Supportive Services Only – Other (SSO)

Coordinated Entry – Supportive Services Only (CE-SSO)

Provide funding source for each selected project type.

*Limit: 1,000 characters*

1. What client population(s) is the project intending to serve? What are the needs of that population? How will the project ensure equitable access to services and meet the needs of those specific populations?

*Limit: 1,000 characters*

1. Please describe the plan for rapid implementation of the program, documenting how the project will be ready to begin enrolling the first program participant. Additionally, complete the chart below to provide a schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.

*Limit: 1,000 characters*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Milestones** | **60 Days from**  **Execution of Grant Agreement** | **120 Days from**  **Execution of Grant Agreement** | **180 Days from**  **Execution of Grant Agreement** | **365 Days from**  **Execution of Grant Agreement** |
| **Begin hiring staff or expending funds** |  |  |  |  |
| **Begin program participant enrollment** |  |  |  |  |
| **Program participants occupy units or supportive services begin** |  |  |  |  |
| **Units and supportive services near 100% capacity** |  |  |  |  |
| **Closing on purchase or lease of land or structures** |  |  |  |  |
| **Start rehabilitation** |  |  |  |  |
| **Complete rehabilitation** |  |  |  |  |
| **Start new construction** |  |  |  |  |
| **Complete new construction** |  |  |  |  |

1. Identify 1-3 measurable project performance outcomes that will be supported by your project. Examples of outcomes include:

* Successful housing placement or retention in permanent housing.
* Jobs and income growth.
* Increased connection to mainstream services.

*Limit: 1,000 characters*

1. Please describe the services and program interventions that will be used to reduce returns to homelessness.

*Limit: 3,000 characters*

1. What strategies will the agency use to ensure program longevity? If you were no longer able to provide services, how will you ensure participants are successfully transitioned internally or externally?

*Limit: 1,000 characters*

1. How will clients be assisted in obtaining and coordinating the provision of mainstream benefits (e.g., SNAP, Medicaid, Medicare)?

*Limit: 1,000 characters*

1. How will the agency assist clients in obtaining identification or social security cards, if needed?

*Limit: 1,000 characters*

1. What financial literacy and/or other skill building services will the program provide?

*Limit: 1,000 characters*

1. Describe or attach the program’s crisis response plan and procedures. Include how you will respond to clients with suicidal ideation or self-harming behaviors.

*Limit: 1,000 characters*

1. Describe if and how the project will find or provide immediate access to safe, temporary shelter for clients while they are looking for housing?

*Limit: 1,000 characters*

1. Describe if and how the program will offer community building activities. Include if the agency will provide a communal space.

*Limit: 1,000 characters*

1. Please check the box for each situation that would *always* disqualify a person from enrollment in the project, each situation that *mig*ht disqualify a participant from enrollment depending on circumstances, and each situation that *would not* disqualify a person from enrollment and ongoing participation.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Would *Always* Disqualify from Participation** | ***Might* Disqualify from Participation** | ***Would Not* Disqualify from Participation** |
| **Person is actively using substances (including alcohol or illegal drugs)** |  |  |  |
| **Person has chronic substance use issues** |  |  |  |
| **Person has a mental health condition** |  |  |  |
| **Person has a mental health condition that is currently untreated** |  |  |  |
| **Person has a felony conviction** |  |  |  |
| **Person has an arson conviction** |  |  |  |
| **Person appears on the Oklahoma or other Sex Offense Registry** |  |  |  |
| **Any household member is unable to provide citizen documentation** |  |  |  |
| **Unable to provide services to persons who speak languages other than English.** |  |  |  |
| **Person has a conviction related to domestic violence, intimate partner violence, or sexual assault** |  |  |  |
| **Person has another type of criminal conviction** |  |  |  |
| **Person has no current source of income** |  |  |  |
| **Person has poor credit** |  |  |  |
| **Person is a survivor of domestic violence or intimate partner violence and has not separated from their abuser and/or does not plan to obtain a protection order** |  |  |  |
| **Person refuses to agree to participate in services** |  |  |  |

If you checked any of the boxes stating a condition *would always* or *might* disqualify a person from enrollment, please explain why.

*Limit: 500 characters per checked box*

## services & barriers

1. How will you provide services to clients without access to transportation?

*Limit: 1,000 characters*

1. How will the program ensure that persons with the highest service needs, including those who do not traditionally engage with supportive services, be equitably served?

*Limit: 3,000 characters*

1. Please describe if and how the agency will provide wrap-around services. Will you collaborate with other agencies in the Continuum of Care to provide services you do not have access to?

*Limit: 3,000 characters*

1. How will the program support clients with mental health struggles or conditions?

Include descriptions of internal and external services, intervention types, intake process, and crisis response protocols. May include attachments if applicable.

*Limit: 3,000 characters*

1. How will program services and/or protocols improve safety for survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking?

Include information about internal and external services, policies and procedures, training, intake process, intervention types, and crisis response protocols. May include attachments if applicable.

*Limit: 3,000 characters*

1. What supports will the agency offer for those clients who are survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking?

*Limit: 3,000 characters*

1. Please describe if and how the program will offer sexual and reproductive health education.

*Limit: 3,000 characters*

1. How will the agency provide equitable access for clients based on race, gender, sexuality, religion, disability status, and age? Include how you will create a welcoming space for diverse clients.

*Limit: 3,000 characters*

1. Explain how your program will use evidence-based practices and if it has the capability to implement them. Examples include:

- Trauma-Informed Care

- Harm-Reduction

- Housing First

- Client-Centered Services

- Cultural Competency

- Reunification

- Rapid Re-Housing

- Positive Youth Development

1. Please describe what service and housing barriers your agency foresees with youth and young adults in the Tulsa community and while participating in your program. Include information on how subpopulations are disproportionately impacted and how the agency will address these barriers.

*Limit: 3,000 characters*

1. Describe what accommodations will be available for clients with physical, developmental, or other disabilities. Include if there are any accommodations the agency will *not* be able to provide.

*Limit: 3,000 characters*

## budget & Audit

1. Has your agency had a financial audit?

Yes  No

If yes, please write Yes.

If no, please explain.

*Limit: 1,000 characters*

1. Does your agency have any outstanding financial audit findings or concerns?

Yes  No

If no, please write No.

If yes, please specify which project(s) and describe the issue and status, including any steps your agency is taking to resolve the findings or concerns.

*Limit: 3,000 characters*

1. Will your agency be applying with another agency as a subrecipient or contractor?

Yes  No

If no, please write No.

If yes, please explain. Include how you will comply with HUD’s regulations on subrecipients and contracting.

*Limit: 3,000 characters*

1. Has your agency completed and attached the following documents as a part of the application packet:

YHDP Application Budget Spreadsheet

Yes  No  Not Applicable

Program Match Documentation (MOU or Letter of Commitment)

Yes  No  Not Applicable

## Scoring tool

Please note that this document is for reference when completing the RFP packet. These criteria will be used by the YHDP Independent Review Team to score and rank projects.

|  |  |  |  |
| --- | --- | --- | --- |
| **Scoring Item** | **Points if the Criteria is Exceeded** | **Points if the Criteria is Met** | **Points if the Criteria is Not Met** |
| Does the agency use data to evaluate and improve services? | +2 | +1 | 0 |
| Does the program have a plan for future funding? | +2 | +1 | 0 |
| Does the agency have youth-led positions? | +3 | +2 | 0 |
| Does the agency value client-choice and determination? | +2 | +1 | 0 |
| Does agency demonstrate a value of participant input? | +2 | +1 | 0 |
| Does the agency have a process for responding to and addressing client feedback and complaints? | +3 | +2 | 0 |
| Does the agency provide a detailed project description? | +2 | +1 | 0 |
| Does the program demonstrate an understating of the needs of the client population(s) they are intending to serve? | +2 | +1 | 0 |
| Does the agency have a timeline for rapid implementation of the project? | +2 | +1 | 0 |
| Are there measurable project performance outcomes provided? | +2 | +1 | 0 |
| Does the program have interventions to reduce returns to homelessness? | +2 | +1 | 0 |
| Does the agency demonstrate the capacity to ensure program longevity? | +3 | +2 | 0 |
| Will clients be assisted in obtaining mainstream benefits? | +2 | +1 | 0 |
| Will clients be assisted in obtaining identification? | +3 | +2 | 0 |
| Will the program provide financial literacy and other skill building services? | +3 | +2 | 0 |
| Does the agency have crisis response strategies and protocols? | +3 | +2 | 0 |
| Does the program have a plan to provide clients with immediate access to safe, temporary shelter, while searching for housing? | +3 | +2 | 0 |
| Will the clients have access to community-building activities or spaces? | +3 | +2 | 0 |
| Does the program offer low-barrier services? | +3 | +2 | 0 |
| Will clients without transportation have access to the program? | +3 | +2 | 0 |
| Does the program have strategies to provide services to those clients with the highest service needs? Including those who do not traditionally engage with services. | +2 | +1 | 0 |
| Will the agency provide wrap-around services? | +3 | +2 | 0 |
| Will the agency collaborate with other programs in the Continuum of Care to meet additional needs? | +2 | +1 | 0 |
| Does the program demonstrate a capacity to support clients with mental health struggles or conditions? | +3 | +2 | 0 |
| Are there safety protocols in place for clients who are survivors of sexual violence? | +3 | +2 | 0 |
| Does the program demonstrate the capacity to provide support for clients who are survivors of sexual violence? | +3 | +2 | 0 |
| Will the project provide sexual and reproductive health education? | +3 | +2 | 0 |
| Are there strategies in place to ensure equitable services for those clients in protected or vulnerable classes? | +3 | +2 | 0 |
| Does the program use evidence-based practices? | +2 | +1 | 0 |
| Does the agency describe how they will address barriers that their clients face? | +2 | +1 | 0 |
| Does the agency demonstrate the capacity to provide accommodations for clients with various disabilities? | +3 | +2 | 0 |
| Has the agency had a financial audit? | +2 | +1 | 0 |
| Does the agency have any outstanding audit findings or concerns? | +2 | +1 | 0 |
| Does the budget reflect a priority on services that the Youth Action Board prioritizes? | +3 | +2 | 0 |
| **Total Points** |  | | |