



Department of Human Services
2440 Thompson St.
Fort Myers, FL 33901

Lee County
Department of Human Services

Request for Applications

for the

Department of Children and Families
Office on Homelessness

**2016 Homelessness Prevention
Temporary Assistance for Needy Families
(TANF)**

RFA Release Date: Monday, June 13, 2016

Proposal Due Date: 3:00 p.m. Wednesday, June 22, 2016

**Applications must be submitted by email to
Jeannie Sutton at jsutton@leegov.com**

It is the responsibility of the applicant to ensure application(s) arrive prior to the due date and time. Applications received after 3:00 p.m. will be returned to the applicant and will not be considered.

This Document can be made available in alternative accessible formats upon request

Introduction

In 2013, the Florida Legislature created the Homelessness Prevention Grant program to provide emergency financial assistance to families facing the loss of their current housing due to a financial or other crisis. The Department of Children and Families, Office on Homelessness is authorized to provide homelessness prevention grants annually to the lead agencies designated for the local homeless assistance Continuums of Care (CoC) in the state. Lee County is the lead agency for the Lee County Continuum of Care, and therefore, the local applicant for this funding. The intent of the program is to assist families by preventing them from becoming homeless, and to enable them to remain stably housed following the assistance provided.

Lee County providers applying for 2016 Homelessness Prevention Grant - Temporary Assistance for Needy Families (TANF) anticipated funding must supply the following to the Department of Human Services (DHS) by **3:00 pm on Wednesday, June 22, 2016**, and must include all of the information as requested on the attached or as listed below.

All information must be submitted electronically by email to jsutton@leegov.com. Any forms for submission are labeled "REQUIRED" and must be submitted along with any other requested information, such as the Narrative. The DHS reserves the right to ask for additional sections and/or information at any point between the issuance of this notice and the deadline for grant submission. Providers must hold 501(c) 3 Nonprofit Status and be able to provide copies of the most recent financial audit, financial statements, or related material demonstrating fiscal capacity if requested.

The maximum grant award Lee County may request is \$60,000 for FY 2016-17. Applications may be submitted for any amount up to, but not exceeding \$60,000 (including admin amount, maximum 3% of total project budget).

The grant funding must be obligated prior to June 30, 2017 for FY2016-17, to be eligible for reimbursement. The DHS will reimburse the grant recipient for eligible expenditures, based upon actual program expenses incurred along with supporting documentation. Payment for eligible housing costs is limited to third-party payments directly to the landlord, property owner, mortgage company or utility company. There will be no advance payments under this grant solicitation. The supporting documentation must be submitted along with copies of invoices in order for payment to be processed. The grant recipient will be allowed to expend the grant funds from the date of execution of the grant agreement, until **June 30, 2017** for the first year of funding. With successful completion of the grant requirements, grants will be renewed subject to appropriated funding and spending authority.

The recipient must establish procedures that will ensure that services funded by the Homelessness Prevention Grant program are available to persons of any race, color, religion, sex, age, familial status or national origin.

After receipt of provider applications, each will be ranked in accordance with the Ranking Tool (attached for your review). The top ranked application will be included in the Lee County Homelessness Prevention Grant application. Lee County's total application cannot exceed \$60,000.

Scope of Work

The grant funds must be used to carry out the services or programs identified in the local homeless assistance CoC plan, as certified by Lee County.

The purpose of the Homelessness Prevention Grant Program is to assist eligible families to prevent the family from becoming homeless and to maintain stable housing following the assistance from the grant. Each recipient of grant funding from the Homelessness Prevention Grant must complete the following tasks:

- a) Develop a written case plan and conduct mandatory case management for each family applying for financial assistance. The family's case plan shall set forth all of the costs that will be covered by the grant, as well as the total dollar amount of assistance to be provided to the family. The case plan shall spell out the family's goal for housing stability, the anticipated date the case plan will be completed, the recipient's schedule for monitoring the family's housing stability following the cessation of grant assistance, whether the family was able to avoid becoming homeless, and whether the family remained in permanent housing.
- b) Develop, maintain, and retain a case file on each family applying for assistance. The case file shall contain all information necessary to determine the eligibility of the family, along with the determination of eligibility. The file shall include documentation of the household income. In addition, if eligible, the file shall include copies of all payments made, the case plan, follow up monitoring of the family, and the housing outcome achieved.

Eligible Activities

The Homelessness Prevention TANF Grant may be used to pay the following costs to assist eligible families avoid homelessness:

- a) Past due rent or mortgage payments, not to exceed four (4) months of rent or mortgage payment.
- b) Past due utility bills, not to exceed four (4) months in arrears for electric, gas, water and sewer only.
- c) Staff and operating costs for the provision of the required case management services to be provided to the eligible families assisted.
- d) Administrative costs for the eligible grant applicant, up to a maximum of three percent (3%) of the total grant award.

Eligible Clients

To be eligible for assistance under this grant, families must reside in Lee County; have at least one household member who is a United States citizen or a lawful permanent resident; have a minor child living in the household full-time; and have a household income less than two-hundred percent (200%) of the federal poverty level as annually published by the U.S. Department of Health and Human Services. See chart below for 2016 poverty guidelines:

Persons in family/household	Poverty guideline
1	\$11,880
2	16,020
3	21,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890

For families/households with more than 8 persons, add \$4,160 for each additional person.

A minor child means a child under the age of eighteen (18); or if age eighteen (18), but not yet nineteen (19), is attending high school, a General Education Development (GED) program, a trade school, or other career training program on a full-time basis. A minor child cannot be married or divorced.

The adult who applies for the grant assistance must be either the parent, or the relative caregiver of the minor child residing in the household.

The household income means both earned and unearned income received in the month in which the family applies for assistance. Earned income is income received from employment or self-employment, including wages, salary, tips, commissions and bonuses. Unearned income is income received for which there is no performance of work, or provision of services as an employee or self-employed person. The income of all members of the household shall be reported in determining eligibility of the family for assistance. The family's housing emergency shall be the result of a financial or other crisis, as documented by the lead agency, or its sub-recipient.

Applicant Requirements

Eligible applicants:

Applicant must have all the following requirements (items do not need to be included with submission):

- Public or private nonprofit 501(c)3 organization including faith-based organizations with limitations as described in 24 CFR 570.200(j).
- Provided direct client services for 12 months prior to proposal due date.
- Independent certified audited financial statement of the most recent or immediate prior fiscal year, including the management letter and written response.
- Current CPA's Peer Review letter.
- Most recent Form 990.
- Monthly Financial Statements (within last 60 days).

Applicant must include all of the following requirements with submission:

- **Proof of 501(c)3 Status,**
- **Organizations overall budget, including other services or programs and funding sources, general management and oversight budget, and overhead/indirect rates charged to grant sources,**
- **Proof of Additional Funding Sources expected during the period of the grant, and**
- **A chart of key executive staff, including a detailed description of their duties and qualifications.**

Post Award Requirements

Following notification of award, a contract will be executed by the Board of County Commissioners and administered by the DHS (example contract included at end of packet). The contract will be based upon the information submitted in the proposal, all accompanying exhibits/attachments and any additional information that is requested / received during the review/negotiation phase. Contract language is not negotiable. **The contract is reimbursement based and the applicant receiving funds must be able to pay for project costs prior to requesting payment.** Modifications and updates to proposal exhibits may be required prior to contract execution. Applicants considering submitting a proposal should review the attached contract to ensure their ability to comply with all requirements and expectations, including potential increased insurance coverage and financial audits.



Applicant Information Request - REQUIRED

1. APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City _____ County: _____

Zip Code: _____ Telephone #: _____

Applicant's E-mail Address: _____

Federal Tax Identification: _____

2. PROJECT ADMINISTRATOR(S) *if more than one, please list ALL

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

3. CONTACT PERSON FOR THE APPLICATION

Name: _____

Phone: _____

Email: _____

4. PRIOR TANF FUNDING? (Including 2014 and 2015:

YES _____ NO _____

Amount(s) _____ Year(s) _____

5. TOTAL FUNDS REQUESTED: \$ _____

Administration: \$ _____

6. LEVERAGED FUNDS: \$ _____**7. TOTAL PROGRAM COST:** \$ _____**8. NUMBER OF FAMILIES TO BE SERVED MONTHLY:** _____

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction.

Executive Director:

Signature: _____

Typed Name: _____

Title: _____ Date: _____



Application Scoring Criteria Form - REQUIRED

All applicants must fill this form out in order to be scored.

Statutory Preference 1: Leverage of Additional Private and Public Funds

Document the source(s) and amounts of public and private funding committed to the Homelessness Prevention Grant Program for 2016-17 in the Budget Narrative and respond to the following:

Funding Source	Total Amount Leveraged (July 1, 2016 – June 30, 2017)	Ratio to Grant Request
Public (List all sources)		
Private (list all sources)		

In the event of two or more applicants having the same total score, the applicant with the highest ratio of other public and private funding to the grant request will be ranked higher.

Statutory Preference 2: Effectiveness of Keeping Families Housed

Describe the method used to capture the housing stability data available for the year ending December 31, 2015. Provide data on the clients served in calendar year 2014 on success in staying in their housing for twelve (12) months after the last assistance was provided. **Attach the data report, clearly citing the source of the data and report to receive points toward scoring.**

Families served in 2014: _____ # Remained housed after 12 months: _____ %
 Remained housed after 12 months

Statutory Preference 3: Commitment of Other Assistance to the Family Receiving Grant Funds

The applicant must demonstrate the commitment of other assistance available and ready to be provided to the families being assisted, as evidenced by executed written agreements. Such agreements must define the role of supporting agency, the responsibility to respond to referrals for service, and the type and level of service that will be available to the family receiving the housing assistance for past due housing costs.

Copies of the following executed agreement must be immediately attached to claim points:

Written agreement provided for the following entities/services:

1. Local workforce board for job training and placements
2. Local business entity to make jobs available to the adults in the family assisted
3. Local healthcare providers to address family health needs
4. Local mental health providers to treat family mental illness needs
5. Local substance abuse treatment for family member's addiction issues
6. Local school district to ensure child of school age continues to access education
7. Local early learning coalition to place young children in school readiness programs
8. Local Head Start or other day care providers to place the children into daycare

Budget Form and Narrative – REQUIRED

In addition to the budget forms below, the applicant shall provide a budget narrative to describe the organization's overall budget and financial sources of funds expected for the period of the grant. Identify which sources are committed to the organization, and those that are anticipated. If the applicant performs services other than those eligible under the component applied for by the applicant, clearly denote the type of other services or programs and the funding sources. In such cases, separately describe the applicant's general management and oversight budget, key executive staff, budget levels, and overhead/indirect rates charged to grant sources, where allowable.

Each applicant shall state whether it expects to exceed the dollar level by which an Office of Management and Budget (OMB) 2 CFR §§ 200.500-200.521 Audit is required for the period of the Homelessness Prevention Grant award.

Budget Form

Homelessness Prevention Grant
 Budget for **FY2016 -2017**

<u>Eligible Activity</u>	<u>Grant Funds</u>	<u>Leveraged \$</u>
1. Past due rent or mortgage assistance	\$	\$
2. Past due utility payments (electric, gas, water, sewer only)	\$	\$
3. Case management		
a. Salaries and benefits Number of FTE's _____	\$	\$
b. Operating expenses	\$	\$
4. Grant Administration (Maximum = 3% of total award)	\$	\$
TOTAL	\$	\$

Attach budget narrative to support the request, and document the commitment of leveraged dollars from private and other public sources.

Grant expenditures must be obligated by June 30, 2017.

Project Narrative Guidelines - REQUIRED

All applicants shall submit a complete and comprehensive narrative describing their intended use of the grant funds. Clearly state the goals to be pursued by the grant funded prevention program, and how the grant will stabilize the housing of families assisted.

Describe how your program will be operated, including but not limited to the following:

1. Method by which the applicant will take applications for assistance from eligible families;
2. How the applicant will keep these families informed on the status of their request for assistance;
3. The eligible grant funded services to be provided, and the specific housing costs to be covered by the direct financial assistance;
4. How the grantee will provide case management reviews to document family eligibility and housing stability plan;
5. Describe any preferences, or priorities used to select eligible families to be assisted, and how those references or priorities shall be determined/documented;
6. The number of families to be assisted;
7. How often a family can apply and receive assistance, and the limit on the number of times a family will be assisted;
8. The maximum level of direct financial assistance to be provided to an eligible household under the grant award, as well as the estimated average cost per family served;
9. The content of each applicant's case file used to establish the family's eligibility for assistance;
10. In the case of the denial of assistance, describe the process by which the family can appeal the decision;
11. Describe how your organization will track the assisted household's housing status following assistance provided under the grant award; and
12. How the program will connect the family to other services and benefits they may need and be eligible to receive.

13. Complete the chart below with desired program outcomes that will be evaluated at the end of the grant period.

Plan to Achieve Housing Stability	Desired Outcome
Number of families deemed eligible to receive assistance that have a case plan and have accomplished their planned steps for achieving housing stability by the date of plan completion.	
Total number of all families deemed eligible to receive assistance	
Percentage of families that achieved housing stability as per their case plan by the of plan completion (a divided by b)	

The standard target for this measure is: 100%

Do not complete - this is for information on the ranking process only.

2016 Application Ranking Tool

Objective Criteria Point Summary	
Did applicant include all required attachments: 501c3 documentation, complete budget, proof of other committed funds, and chart of key executive staff? (5 Pts YES, 0 Pts NO)	
Did applicant complete the applicant information request form, applicant scoring criteria form, budget form, budget narrative, and project narrative? (5 Pts YES, 0 Pts NO)	
Does the project include leveraged funding? (5 Pts 2:1 Ratio, 3 Pts 1:1 Ratio, 0 Pts No)	
Does the agency demonstrate that 85% or more of the families assisted remained in housing after 12 months? (5 Pts YES, 0 Pts NO)	
Did the agency provide 3 or more written agreements with other service providers? (5 Pts YES, 0 Pts NO)	
Does the agency demonstrate that all funds requested can be expended by June 30, 2017? (5 Pts YES, 0 Pts NO)	
Total of Objective Criteria Points	
Ranking Committee/Subjective Criteria Point Summary	
Assessment of Applicant Scoring Criteria Form. Assign points based on the agency's ability to leverage funds, effectiveness of keeping families housed, and commitment to referring families to other assistances. Please assign a point value from 0-10 with 10 being the highest score.	
Assessment of Budget Narrative. Assign points based on agency's description of activities to be funded, the description of the organization's overall budget and financial sources, and overall strength of organization's general management and oversight budget, and key executive staff. Please assign a point value from 0-10 with 10 being the highest score.	
Assessment of Project Narrative. Assign points based on the agency's description of their intended use of grant funds, clarity of goals, and overall quality of program design and management. Please assign a point value from 0-10 with 10 being the highest score.	
Assign points based on agency's ability to meet established performance measures. Please assign a point value from 0-10 with 10 being the highest score.	
Average of Subjective Criteria	
Combined Score	