



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 Emergency Solutions Grant**

**RFA Release Date: Friday, April 29, 2016**

**Proposal Due Date: 3:00 p.m. Friday, May 13, 2016**

**Applications must be submitted by email to  
Jeannie Sutton at [jsutton@leegov.com](mailto: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**

The Emergency Solutions Grant (ESG) Program is a federally funded program awarded to the State of Florida through the Department of Housing and Urban Development (HUD). The State of Florida is required to distribute the grant for projects operated by local government agencies or private non-profit organizations. The only entities that may submit an application for the Emergency Solutions Grant shall be the lead agencies of the CoC, as designated pursuant to section 420.624(6), Florida Statutes, by the Office on Homelessness (Office) for specified catchment areas within the state. Lee County is the lead agency for the Lee County Continuum of Care, and therefore, the local applicant for this funding.

Lee County providers applying for 2016 Emergency Solutions Grant anticipated funding must supply the following to the Department of Human Services (DHS) by **3:00 pm on Monday, May 9, 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](mailto: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 U.S. Department of Housing and Urban Development (HUD) has awarded the State of Florida \$5,098,790 based on area demographics of the communities in Florida that will not receive a direct award from HUD for 2016. The maximum grant award a lead agency may request is \$250,000 for FY 2016-17. Applications may be submitted for any amount up to, but not exceeding \$250,000. Funding of the 2016 ESG Program is subject to the appropriation of spending authority by the Legislature for FY2016/2017 budget year. **The awards will be for three years, ending June 30, 2019. Subsequent fiscal year funding will depend on award allocations, budget availability, and performance under the grant.** The grant recipient will be allowed to expend the grant funds from the date of execution of the grant agreement, until June 30, 2019, subject to the approval by the Legislature of spending authority in the respective state budget years. This grant is renewable with successful performance. The grant funds may be used to carry out the services or programs identified in the local homeless assistance CoC plan, as certified by the lead agency.

After receipt of provider applications, each will be ranked in accordance with the Ranking Tool (attached for your review). Applications will be included in the Lee County Emergency Solutions Grant application according to rank, budget allowing (the top-ranked application will be the first project listed, the second-ranked application, etc.). Lee County's total application cannot exceed \$250,000; if the provider agency does not need the full level of funding, discretion with the budget is appreciated to allow other area providers the opportunity to utilize funding.

## **Scope of Grant Activities**

The ESG Program will fund activities that meet the definitions contained in the HUD regulations published in 24 C.F.R. § 576, as amended. Applicants are directed to review the definitions of homeless and at risk of homelessness in 24 C.F.R. § 576.2. Under this grant application, funded components of the ESG Program are: Street Outreach, Emergency Shelter, Homeless Prevention and Rapid Re-Housing (as referenced in Exhibit 16 attached). The intent of the grant is to help to implement the local homeless assistance plan, and to help the community reach the goals and objectives outlined in the CoC plan.

In addition, the state grant is intended to be used in concert with the private funding contributed to local homeless service agencies to address the needs of the persons who are homeless in the planning area. The ESG program is designed as the first step in a continuum of assistance that addresses homelessness and enables the homeless population to move steadily toward independent living. Priority will be given to activities that address Street Outreach, Emergency Shelter, Homeless Prevention and/or Rapid Re-Housing within the City of Cape Coral and/or City of Fort Myers.

Persons eligible to receive services being funded by this grant are (See Homeless Definitions in Exhibit 13):

- 1) Homeless persons who meet the definition of homelessness as defined in 24 C.F.R. § 576, for type of service provided;
- 2) Persons at-risk of becoming homeless under 24 C.F.R. § 576, for the type of service provided;
- 3) Applicants must establish written policies and procedures specific to recordkeeping and documenting eligibility assessments at intake and periodic re-evaluation; and
- 4) Program must maintain documentation on all households seeking assistance, even if determined to be ineligible (documentation must reflect why).

## **Financial Information**

**Applicants who receive an ESG award are required by 24 C.F.R. § 576 and the State of Florida to match the award with an amount that equals the full amount of the ESG award.** An applicant may use in-kind services, or other public or private cash sources to meet the dollar for dollar match. Matching funds must be provided after the date of grant award. Funds used to match previous ESG or any other grant may not be used to match the grant award made under this grant application.

Grant recipients may use any of the following as matching funding:

1. Cash
2. Value or fair rental value of any donated material or building used to support the ESG program, including the value of any lease on a building
3. Value of the time and services contributed by volunteers to carry out the program of the recipient based on the value at rates consistent with those paid for similar work in the recipient's organization (24 C.F.R. § 576.201(e)).

For cash match, “provided” means when the funds are expended (or when the allowable cost is incurred). For in-kind match, it is the date the service (or other in-kind match source) is actually provided to the program or project. ESG matching funds must be expended within the same expenditure deadline that applies to the ESG funds being matched (i.e. the 12-month deadline). Non-cash contributions must be made within the expenditure deadline.

All recipients of ESG are required to submit quarterly reports on progress and performance until all grant funded activities are completed. The application may contain one or more activities to be funded, provided each and every one of the activities proposed for funding is specifically identified in the CoC plan. All grant funds shall go to activities that directly benefit homeless persons or persons at risk of homelessness.

Agencies submitting projects must identify projects included in the Lee County Consolidated Plan, Lee County Annual Action Plan, or Lee County's 10 Year Plan to End Homelessness.

24 C.F.R. 576.108 authorizes Lee County to spend a maximum of five percent (5%) of its grant award on administrative costs. Administrative costs must be used by the lead agency for general management, oversight, coordination, and training on ESG requirements.

### **Ranking Committee Summary Sheet**

Each agency must complete a Ranking Committee Summary Sheet (attached). The agency shall provide a narrative that describes all of the activities to be funded, the homeless populations to be served, and the outcomes expected to be achieved for each activity proposed to be funded. The narrative shall clearly state how ESG will further the implementation of the CoC plan, and help to reduce homelessness in the community. The narrative is required and must be attached to the application in either Word or PDF format.

### **2016 Application Ranking Tool**

The Ranking Tool is being provided for your reference. Please do not submit.

### **Quality of Services**

The agency shall document the actions taken by the CoC in providing quality services, as described in the attached.

**Leveraged Funding** (See below)

List the funding received in the period from January 2013 through June 2015, by grant award or private funder. The list shall clearly show each individual grant or receipt of private cash, which clearly references the item on the list.

List all funding received by organizations participating in the CoC from grants authorized under the McKinney-Vento Homeless Assistance Act and from private sources (non-governmental) for homeless services within its area. The list shall be limited to those grants received or private cash received within the period from January 2013 through June 2015.

For grants, "received" shall be defined as the total amount of the grant award as reflected on the **fully executed grant award letter from the grantor agency as dated within the above stated period**. Grant award letters with electronic signatures are acceptable.

For private funds, the amount received shall be the actual amount of cash received during the period (January 2013 - June 2015) for direct services targeted to homeless persons. In-kind services or donations of goods or services shall not be eligible to be claimed as leverage. **The amount of cash received for service to the homeless shall be evidenced by a letter on agency letterhead, signed by the chief executive officer, stating the amount of cash received for homeless service, and the specific homeless services supported by that cash.**

(Continued)

	<u>Program Name</u>	<u>CFDA</u>	<u>Federal Agency</u>	<u>Eligible Grantees</u>
1.	Homeless Veterans Reintegration Program	17.805	HHS	Dept. of Labor grant award to agency
2.	Healthcare for the Homeless	93.224	HHS	HHS grant award to local government or non-profit agency
3.	Projects for Assistance in Transition from Homelessness (PATH)	93.150	HHS	DCF award or contract specifying amount of PATH dollars to community agency
4.	Education for Homeless Children & Youth	84.196	Educ.	FL Dept. of Education grant award to local school district
5.	Emergency Solutions Grant	14.231	HUD	HUD grant award to unit of local government, or DCF award to non-profit agency
6.	Section 8 Moderate Rehab, Single Room Occupancy	14.249	HUD	HUD grant award to public housing authority or CoC lead agency
7.	Emergency Food and Shelter	97.024	FEMA	National office of Way award to local United Way agency
8.	Shelter Plus Care	14.238	HUD	HUD grant award to project sponsor or to CoC lead agency
9.	Supportive Housing Program	14.235	HUD	HUD grant award to project sponsor or CoC lead agency
10.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	14.871	HUD	HUD grant award to CoC lead agency
11.	Supportive Services for Veterans	64.033	VA Health	VA awards to non-profits and consumer Cooperatives
12.	Challenge Grant	60.014	DCF	DCF award to unit of local government

## Applicant Requirements

### Eligible applicants:

Applicant must have all the following requirements for proposal 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).
- Insurance coverage as detailed in example contract at end of packet.

## 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: \_\_\_\_\_

Is this a FAITH BASED ORGANIZATION?  YES  NO

**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. TARGET GROUP(S):**

\_\_\_\_ Adult \_\_\_\_\_ Youth \_\_\_\_\_ Families

\_\_\_\_ Domestic Violence

\_\_\_\_ Other (specify): \_\_\_\_\_

**5. CITY TO BE SERVED : \_\_\_\_\_**



6.

<b>TOTAL ESG PROJECT FUNDS REQUESTED:</b>	\$ _____
Street Outreach	\$ _____
Shelter Activities (Essential Services + Operations)	\$ _____
Prevention	\$ _____
Rapid Re-Housing	\$ _____
HMIS	\$ _____
Administration	\$ _____
<b>MATCHING FUNDS</b>	\$ _____
<b>TOTAL PROGRAM COSTS</b>	\$ _____

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 or Board Chairman:

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Budget and Match Form - REQUIRED**

	<u>Grant</u> <u>Activity/Project</u>	<u>\$ Requested</u>	<u>\$ Match</u> <u>Amount</u>	<u>Agency</u> <u>Provider</u> <u>Name</u>	<u>Existing</u> <u>Service</u>	<u>New</u> <u>Service</u>	<u>Number of</u> <u>Persons</u> <u>Homeless To</u> <u>Be Served</u>
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
<b>TOTAL GRANT</b>							_____
		\$ _____	\$ _____				Total Persons To Be Served

**Instructions**

Please list your grant projects on the above chart. The maximum grant shall be \$250,000 in 2016-17.

**1. Grant Activity / Project**

Please use the same title or description used in the narrative. Be sure to identify and list each activity to be funded, if more than one is proposed for funding.

**2. \$ Requested**

List the amount of Emergency Solutions Grant requested for each activity or use separately and the total amount of the Emergency Solutions Grant requested.

**3. \$ Match Amount**

List the amount of matching funds that will be submitted for invoicing purposes.

**4. Provider Name**

Identify the specific entity, person, or agency to carry out each activity or use of the Emergency Solutions Funding. If the lead agency will perform the activity directly, cite the name of the lead agency. If another entity will carry out the activity under contract with the lead agency, provide the legal name of that entity.

**5. Existing or New Service**

Specify whether the activity or use to be funded will support an existing service or use, or whether the funded activity is a new service to fulfill an unmet need.

**6. Number of Homeless Persons Served**

For each activity, identify the estimated number of homeless persons to be served.

## Quality of Service - REQUIRED

1. Does the project(s) align with community goals, and how? Document how the agency's project meets the goals described in the 10 Year Plan to End Homelessness and/or the FY2015 Continuum of Care Application for Funding to the U.S. Department of Housing and Urban Development (HUD).
2. Does the project(s) address the needs of homeless in areas not already addressed by HUD ESG funds? Priority will be given to activities that address Street Outreach, Emergency Shelter, Homeless Prevention and Rapid Re-Housing within the City of Cape Coral and/or City of Fort Myers.
3. Explain how your agency is actively participating in coordinated assessment and the Homeless Management Information System (HMIS), and describe your procedure for assessing participant's needs and coordinating with other service providers.
4. Explain how your agency provides quality services to homeless persons in your community. If you are a faith-based organization, explain how your agency will ensure that ESG related activities remain separate from faith-based activities in the provision of services to client (i.e., spiritual counseling, worship services)?
5. Describe all leveraged funds (funds that support the project but are not included as match; this is not for the agency as a whole but rather for the funded project only), including sources, amounts, and timeframes of commitment.
6. Describe all the funding sources (other grants, donations, etc.) that your agency receives and utilizes for homeless activities that will be used as match for this project(s). Applicants who receive an ESG award are required by 24 C.F.R. 576 and the State of Florida to match the award with an amount that equals the full amount of the ESG award.
7. Does your agency conduct an internal annual evaluation of services provided (other than HMIS)? If yes, please provide a copy of the most recent evaluation.
8. From HMIS/CAPER, what is the total number of persons served during July 1, 2014 – June 30, 2015? **YOU MUST ATTACH HMIS REPORT FOR POINTS**
9. From the HMIS report (same time period as above), are any special populations served?
10. Complete the chart below with desired program outcomes that will be evaluated at the end of the grant period. You must include three (3) outcomes.

Desired Outcome:	Project Activities to achieve this outcome:
1.	
2.	
3.	

**LEVERAGED FUNDING - REQUIRED**

A. McKinney-Vento Homeless Assistance Act Grants

List each grant award claimed separately under the McKinney-Vento Program.

<u>Program</u>	<u>Grant Amount</u>	<u>Grant Award #/Reference</u>	<u>Page #</u>	Please indicate (and state the reason) if Provider is not eligible to receive the funding
1. Homeless Veterans Reintegration	\$ _____	_____	_____	_____
2. Health Care for the Homeless	\$ _____	_____	_____	_____
3. PATH	\$ _____	_____	_____	_____
4. Education for Homeless Children	\$ _____	_____	_____	_____
5. Emergency Solutions Grant	\$ _____	_____	_____	_____
6. Section 8 Moderate Rehab., SRO	\$ _____	_____	_____	_____
7. Emergency Food & Shelter	\$ _____	_____	_____	_____
8. Shelter Plus Care	\$ _____	_____	_____	_____
9. Supportive Housing Program	\$ _____	_____	_____	_____
10. HUD – VASH	\$ _____	_____	_____	_____
11. Supportive Services for Veterans (SSFV)	\$ _____	_____	_____	_____
<b>TOTAL GRANTS</b>	\$ _____	_____	_____	_____

B. Private Cash for Services to Homeless Persons

List each agency separately, and the total private cash received by that agency.

<u>Participating Continuum Agency</u>	<u>Cash Received</u>
1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____
4 _____	\$ _____

<b>Total Private Cash</b>	\$ _____
A. McKinney Act Grants	\$ _____
B. Private Cash	\$ _____
<b>Total Leverage Claimed</b>	\$ _____

**2016 Emergency Solutions Grant Application Ranking Committee Summary Sheet -  
REQUIRED**

Applicant Name: \_\_\_\_\_

Funds Request: \_\_\_\_\_ Funds Leveraged: \_\_\_\_\_

Provide a description of the project. Describe all of the activities to be funded, the number of projected unduplicated clients, the number of bed/units provided, the homeless populations to be served, and outcomes expected. The narrative shall clearly state how ESG will further the implementation of the CoC plan, and help to reduce homelessness in the community. The description must also address how the project will be impacted if partial or no funding is allocated in 2016 and an overall demonstration of need. Limit response to 500 words.

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

<b>2016 Application Ranking Tool</b>				
<b>Objective Criteria Point Summary</b>				
Is the project a street outreach (SO), emergency shelter (ES) or prevention activity (PA), or Rapid Rehousing (RR) that aligns with the CoC plan? (5 Point Yes, 0 No)				
Does the project include leveraged funding? (5 Point Yes, 0 No)				
Does the project address community goals within the City of Cape Coral and/or City of Fort Myers? (5 Point Yes, 0 No)				
Does the project utilize HMIS and coordinated assessment? (5 Point Yes, 0 No)				
Does the agency actively participate in coordinated assessment and HMIS? (5 Points Yes, 0 No)				
Is agency able to match the full ESG award amount? (5 Point Yes, 0 No)				
Did the agency have any findings on the last monitoring of the project? (5 Points No, 0 Yes)				
Were the findings satisfactorily resolved in the time period allowed? (5 Points Yes or N/A, 0 No)				
<b>Total of Objective Criteria Points</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Ranking Committee/Subjective Criteria Point Summary</b>				
Assessment of Quality of Service section. Assign points based on agency's use of grant funds, ability to leverage funds, ability to match funds, and overall impression of the project. Please assign a point value from 0-10 with 10 being the highest score.				
Assessment of Summary Sheet. Assign points based on agency's description of activities to be funded, the number of projected unduplicated clients, demonstration of need, the number of beds/units provided, and the homeless populations to be served. 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 and plans to correct unmet measures. Please assign a point value from 0-10 with 10 being the highest score.				
<b>Committee Average of Subjective Criteria</b>				
<b>Combined Score</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>