

Memphis/Shelby County

Youth Homelessness Demonstration Program

Request for Proposals

Due Date: Friday, May 20, 2022

Applications are to be submitted by email to: applications@cafth.org

For questions or application assistance, contact:

Stephanie Reyes- stephanie@cafth.org

Hannah McCarty- hannah@cafth.org

I. Applicant Information			
Name of Agency:			
Executive Director/CEO:			
Street Address:		City:	Zip Code:
Telephone:	Fax:	E-Mail:	
Applicant Federal Tax ID Number:			
Federal DUNS or UEI Number:			
Application Preparer/Contact:			
Telephone:	Fax:	E-Mail:	

I. Sub-recipient Information (If applicable)			
Name of sub-recipient Agency:			
Executive Director/CEO:			
Street Address:		City:	Zip Code:
Telephone:	Fax:	E-Mail:	
Applicant Federal Tax ID Number:			
Federal DUNS or UEI Number:			
Application Contact:			
Telephone:	Fax:	E-Mail:	

Projects- Please select only ONE		
Project Type		SSO-Navigation
		SSO-Host Homes
		Joint Transitional Housing/ Rapid Rehousing
		Permanent Supportive Housing
Total amount requested		

II. Agency Experience/ Capacity

1. Describe the basic organization, and management structure of the applicant agency. **(1650 character max)**

2. Describe the experience of the applicant and potential sub-recipients (if any), has in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. **(2250 character max)**
 - a. Describe why the applicant (& if applicable, sub-recipients) are the appropriate entities to receive funding.

3. If the applicant is planning to subgrant out funds, does the applicant have at least two years of experience sub-granting funds: ☐ YES ☐ NO ☐ N/A

4. If applicable, please describe the applicant's experience sub-granting funds. **(1600 character max)**

5. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG operated by the applicant or potential sub-recipients (if any): ☐ YES ☐ NO

6. Provide concrete examples that illustrate the applicant's experience and expertise in each of the following: **(2250 character max)**
- addressing housing and/or supportive service needs for youth and young adults; and
 - developing and implementing relevant program systems and/or services

III. Project Design

A. Approach and Overview

1. Please select the project type for which you are applying. If you are applying for more than one project type, please submit an application for EACH project type.

Project Type		SSO-Navigation
		SSO-Host Homes
		Joint Transitional Housing/ Rapid Rehousing
		Permanent Supportive Housing

2. Provide a description that addresses the entire scope of the proposed project and how YHDP funds will be used. **(3500 character max)** Include:
 - a. The plan for addressing the identified housing and supportive service needs,
 - b. Anticipated project outcome(s)
 - c. Coordination with other organizations (e.g. federal, state, nonprofit)
 - d. Describe specific efforts to ensure youth will be supported after the assistance has expired.

3. Describe your screening process for applicants to your program. **(1650 character max)**
Include:
- a. What makes an applicant eligible?
 - b. What makes an applicant ineligible (e.g. little or no income, active or history of substance abuse, having a criminal record with exceptions for state-mandate restrictions, history of domestic violence)?

4. Describe how your proposed project implements a Housing First/Low Barrier approach to providing services. **(2250 character max)**
- a. Describe how you will address issues around mental health, addiction, resistance to services, lease violations, and other things that could jeopardize a participant's housing.
 - b. Describe how you will cultivate landlord relationships, will help participants find housing, and will ensure participants can access available housing options within the coalition. This includes removing barriers.

III. Project Design

B. YHDP Core Values & Supportive Services

1. With YHDP funds, what services are provided to engage the family and youth in housing problem solving, diversion, or rapid exit?
 - a. ☐ Family counseling
 - b. ☐ Conflict resolution
 - c. ☐ Parenting supports
 - d. ☐ Relative or kinship caregiver resources
 - e. ☐ Targeted substance abuse and mental health treatment
 - f. ☐ Housing Search Assistance
 - g. ☐ Landlord-Tenant mediation
 - h. ☐ Legal Services
 - i. ☐ Utility or Security Deposits
 - j. ☐ One time moving assistance
 - k. ☐ Rental Application fees
 - l. ☐ Utility or Rental Arrears
 - m. Other*

*If "other" was selected above, please explain the potential service:

2. Identify the specific populations addressed in this project

- | | |
|--|---|
| a. <input type="checkbox"/> Minors | d. <input type="checkbox"/> LGBTQ+ & Gender |
| b. <input type="checkbox"/> Pregnant & Parenting | Non-Conforming |
| c. <input type="checkbox"/> Foster care/justice involved youth | e. <input type="checkbox"/> Victims of Sexual Trafficking |
| | f. <input type="checkbox"/> Other* |

*If "other" was selected above, please explain:

3. Will your project offer any specialized services for youth living with HIV/AIDS?
- a. ☐ YES ☐ NO

If yes, provide details of those services:

4. How will the agency create a safe, inclusive and affirming space for all youth-especially LGBTQ+ youth, pregnant or parenting youth, undocumented youth, youth with experience with the foster care system and/or juvenile justice involvement? **(3500 character max)**

5. Describe how the project will ensure equal access for program participants regardless of sexual orientation or gender identity? **(1650 character max)**

6. How will the project continue to involve the Youth Action Board and other youth leaders in the development and implementation of the YHDP project? **(2250 character max)**

7. How will the project incorporate the YHDP Values including Positive Youth Development, and Trauma Informed Care? **(1650 character max)**

8. How will racial disparities be identified and addressed to ensure your program is equitable and accessible to all youth and young adults? **(2250 character max)**

9. How will the project allow youth the ability to choose the providers and interventions that fit their needs? **(1650 character max)**

10. Describe how you intend to identify gaps in your program and provide services to those not currently being served. **(1650 character max)**

11. Do you currently have the ability to internally provide all necessary supportive services including mainstream health, social services, and employment programs to ensure youth do not return to homelessness? If not, how will you formalize community partnerships by Sept 2022 to connect youth to needed services. **(2250 character max)**

IV. Special YHDP Activities

1. Are you requesting a special YHDP Activity, Exemption or Innovative Activity? ☐ YES ☐ NO

If yes, continue on. If no, you are not required to complete this section.

2. Check the appropriate boxes for the special activity being requested.

Activity	NOFO Citation	Check if being requested
Leases under 12 months (minimum 1 month)	1.C.1.a(1)	<input type="checkbox"/>
Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH)	1.C.1.a(2)	<input type="checkbox"/>
Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement <i>*all applicants are encouraged to consider this flexibility to include YYA voice in projects</i>	1.C.1.a(4)	<input type="checkbox"/>
Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness)	1.C.1.a(5)	<input type="checkbox"/>
Employ youth receiving recipient services (document nature of work and no conflicts of interest) <i>*all applicants are encouraged to consider this flexibility to embed YYA voice in projects</i>	1.C.1.a(6)	<input type="checkbox"/>
Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up to 24 months of housing assistance (document standards applied to units and proof of compliance)	1.C.1.a(7)	<input type="checkbox"/>
Provide moving expense more than one time to youth & young adult program participants (Supportive service cost)	1.C.1.a(8)	<input type="checkbox"/>
Provide payments for families that provide housing under host homes and kinship care (up to \$500 per month) (Supportive service cost)	1.C.1.a(9)	<input type="checkbox"/>

3. YHDP grant funds may be used for the following if they are necessary to assist eligible youth & young adults to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the youth & young adult to obtain and retain housing and must also conduct an annual assessment of the needs of the youth & young adult program participants and adjust costs accordingly. (Select all that apply)

Activity (All supportive service costs)	NOFO Citation	Check if being requested
Security deposits (not to exceed 2 months of rent)	C.1.a(10)(a)	<input type="checkbox"/>
Pay for damage to units (not to exceed 2 months rent)	C.1.a(10)(b)	<input type="checkbox"/>
Costs to provide household cleaning supplies	C.1.a(10)(c)	<input type="checkbox"/>
Housing start-up expenses (not to exceed \$300 per participant)	C.1.a(10)(d)	<input type="checkbox"/>
Purchase cell phone and service (cost must be reasonable and housing related)	C.1.a(10)(e)	<input type="checkbox"/>
Cost of Internet (costs must be reasonable)	C.1.a(10)(f)	<input type="checkbox"/>
Payment of rental arrears (up to 6 months)	C.1.a(10)(g)	<input type="checkbox"/>
Payment of utility arrears (up to 6 months)	C.1.a(10)(h)	<input type="checkbox"/>
Payment of utilities (up to 3 months)	C.1.a(10)(i)	<input type="checkbox"/>
Pay gas a mileage for participant personal vehicle for trips for eligible services	C.1.a(10)(j)	<input type="checkbox"/>
Payment of Legal fees	C.1.a(10)(k)	<input type="checkbox"/>
Payment of insurance, registration and past driving fines	C.1.a(10)(l)	<input type="checkbox"/>

4. Check the appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting.

Activity	NOFO Citation	Check if being requested
A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a youth & young adult program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance.	1.C.1.b(1)	<input type="checkbox"/>
If requesting 1.C.1.b(1), provide additional information:		
YHDP recipients may continue providing supportive services to youth & young adult program participants for up to 24 months after the youth or young adult exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant.	1.C.1.b(2)	<input type="checkbox"/>
YHDP recipients may continue providing supportive services to youth & young adult program participants for up to 36 months after the youth or young adult exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for youth & young adult program participants.		<input type="checkbox"/>
If requesting 1.C.1.b(2), provide additional information:		
Recipients will not be required to meet the 25% match requirement if the applicant is able to show it	1.C.1.b(3)	<input type="checkbox"/>

has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community		
If requesting 1.C.1.b(3), provide additional information:		
Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy	1.C.1.b(4)	<input type="checkbox"/>
If requesting 1.C.1.b(4), provide additional information:		
YHDP recipients may provide payments of up to \$1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program.	1.C.1.b(5)	<input type="checkbox"/>
If requesting 1.C.1.b(1), provide additional information:		

V. Budget

A. Leased Units

1. Leased Units (TH, RRH, PSH)

The explanation of eligible costs can be found at 24 CFR 578.49

- A. All new project applications are required to use FY2021 Fair Market Rent (FMR) and request full FMR for initial funding.
https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/select_Geography.odn
- B. If your project provides units in more than 1 FMR area, you must complete a chart for each FMR area.
- C. The table accounts for the size of units, number of units requested, FMR for each unit, and multiplied by 12 months to account for annual rent.

FMR Area	Total Units Requested	Total Annual Budget Requested	
Size of Units	# of Units	FMR Amount	FMR Amount x 12
0 Bedroom (studio or efficiency)			
1 Bedroom			
2 Bedrooms			
3 Bedrooms			
4 Bedrooms			
5 Bedrooms			
6 Bedrooms			
7 Bedrooms			
8 Bedrooms			

What is the total amount of Leased Units requested (adding the total annual budget requested for all FMR areas)? _____

Any additional notes regarding the leased units section of this project:

2. Leased Structures

- a. Enter the Structure Name by which you will identify the leased structure (e.g. name of the property), street address, city, and zip code.

Structure #1: _____

Structure #2: _____

- b. Enter the monthly amount of HUD paid rent you are requesting for each structure, multiple by 12, and the total annual assistance requested for each structure.

	Structure #1	Structure #2
HUD paid rent (monthly)		
Multiply monthly amount by 12 = total annual assistance		

If there will be more than 2 structures, please add information regarding the address of the location(s) and requested funds for the additional sites here:

What is the total amount of Leased Structures requested (adding the total annual budget requested for all FMR areas)? _____

Any additional notes regarding the leased structures section of this project:

B. Operating funds

1. Operating Budget (TH, RRH, PSH)

The explanation of eligible costs can be found at [24 CFR 578.55](#)

Enter the quantity and total budget request for each Operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

The Budget Narrative must provide a complete picture of how CoC Program funds will be used in the project to assist eligible youth & young adults. Enter the quantity (i.e. numbers) and descriptive information for each activity. For example: if requesting staffing enter position title – 1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe of \$X.

	Annual Amount	Budget Narrative (quantity & description)
Maintenance and Repair		
Property Taxes and Insurance		
Building Security		
Electricity, Gas, and Water		
Furniture		
Equipment		

What is the total amount of Operating funding requested? _____

Any additional notes regarding the operating section of this project:

C. Rental Assistance

1. Rental Assistance Budget (Rapid Rehousing only)

The explanation of eligible costs can be found at 24 CFR 578.51

- A. All new project applications are required to use FY2021 Fair Market Rent (FMR) and request full FMR for initial funding.
- B. https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/select_Geography.odn
- C. If your project provides units in more than 1 FMR area, you must complete a chart for each FMR area.
- D. The table accounts for the size of units, number of units requested, FMR for each unit, and multiplied by 12 months to account for annual rent.

FMR Area	Total Units Requested		Total Annual Budget Requested
Size of Units	# of Units	FMR Amount	FMR Amount x 12
0 Bedroom (studio or efficiency)			
1 Bedroom			
2 Bedrooms			
3 Bedrooms			
4 Bedrooms			
5 Bedrooms			
6 Bedrooms			
7 Bedrooms			
8 Bedrooms			

FMR Area	Total Units Requested	Total Annual Budget Requested
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Size of Units	# of Units	FMR Amount	FMR Amount x 12
0 Bedroom (studio or efficiency)			
1 Bedroom			
2 Bedrooms			
3 Bedrooms			
4 Bedrooms			
5 Bedrooms			
6 Bedrooms			
7 Bedrooms			
8 Bedrooms			

If more than 2 FMR areas, please copy and add another chart below.

What is the total amount of Rental Assistance requested (adding the total annual budget requested for all FMR areas)? _____

Any additional notes regarding the rental assistance section of this project:

D. Supportive Services

1. Supportive Services Budget

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. The explanation of eligible costs can be found at [24 CFR 578.53](#).

Reminder, YHDP allows for implementation of a variety of regulatory flexibilities and these flexibilities can create innovation within the CoC Regulations. Please review the flexibilities for more information and to outline anticipated costs associated with the flexibilities you are requesting. Most flexibilities will be billed to the Supportive Service budget line (this is noted where applicable in Appendix 1) and should be included in the "other" row on the chart below.

The Budget Narrative must provide a complete picture of how CoC Program funds will be used in the project to assist eligible youth & young adults. Enter the quantity (i.e. numbers) and descriptive information for each activity. For example: if requesting staffing enter position title – 1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe of \$X. Include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g. monthly use of cell phone to contact youth & young adults @ \$x per month.

	Annual Amount	Budget Narrative (quantity & description)
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		

Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		
Operating Costs		
Other - <i>Only applicable if requesting flexibilities - add in costs from flexibilities section, question 2</i>		

What is the total amount of Supportive Service funding requested? _____

Any additional notes regarding the supportive services section of this project:

E. HMIS

1. HMIS Budget

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

The Budget Narrative must provide a complete picture of how CoC Program funds will be used in the project to assist youth & young adults. Enter the quantity (i.e. numbers) and descriptive information for each activity. For example: if requesting staffing enter position title – 1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe of \$X. Include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g. monthly use of cell phone to contact Youth & Young adult program participants @ \$x per month.

	Annual Amount	Budget Narrative (quantity & description)
Equipment		
Software		
Services		
Personnel		
Space & Operations		

What is the total amount of HMIS funding requested? _____

Any additional notes regarding the HMIS section of this project:

F. Detailed Project Budget

1. Provide a detailed project budget using the template provided on the [YHDP page of the CAFTH website](#).
2. Describe how the project will be sustained at grant expiration. **(2250 character max)**

VI. Local Assurances

1. The applicant is in compliance with all applicable civil rights laws and Executive Orders and meets all standards outlined in the U.S. Department of Housing and Urban Development Notice of Funding Availability.
2. The organization's Board of Trustees has approved the submission of this application.
3. The applicant acknowledges that its organization has been in existence for at least one year as a non-profit entity.

Employer/Taxpayer Identification Number _____

Organizational DUNS or UEI Number _____

4. The applicant acknowledges that it maintains a detailed financial management system and has a fund accounting system in place.
5. The Applicant agrees to participate in an interview and/or host a site visit if deemed appropriate or needed by review team.
6. If Applicant is selected and subsequently receives grant funds, the applicant will upon request agree to a scheduled monitoring visit by CAFTH.
7. If Applicant is selected and subsequently receives grant funds, the Applicant acknowledges and understands that, although the Community Alliance for the Homeless will review each reimbursement request and provide technical assistance to applicants and advise applicants of obvious errors and omissions as time permits, the applicant assumes ultimate responsibility for maintaining compliance with all HUD contract requirements.
8. If Applicant is selected and subsequently receives grant funds, the applicant agrees to enter program level data into the Memphis/Shelby County Homeless Consortium Homeless Management Information System (HMIS).

Signature, Executive Director

Signature, Board Chair

Print Name of Executive Director

Print Name of Board Chair

Date

Date

VII. Required Documents

Required documents with templates can be found on the [YHDP page of the CAFTH website](#).

1. Screenshot verification of LIVEGIVEmidsouth (<https://www.livegivemidsouth.org/>) profile reviewed and approved by CFGM (with green check-mark on profile page)
2. Documentation of cash match (current grant awards specific to this project), in-kind match, and/or collaboration agreements, letters of support (not referral agreements) as applicable.
3. Certification that all corporate filings have been received and all annual reports are received by the TN Secretary of State. The Certificate of Existence verifies the agency is certified as a business entity in TN. You can find and print the information online at Business Information Search: <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx>
4. YHDP Budget Document
5. Drug-Free Workplace Affidavit
6. Certificate of Insurance to include:
Community Alliance for the Homeless,
44 N. 2nd St., Memphis, TN 38103
7. IRS 501 (c) 3 determination letter