

GREATER RICHMOND CONTINUUM OF CARE
Request for Proposal
New Projects

1. General Application Information

Are you a 501c3 organization or a unit of local government?

☐ **Selection:** (501c(3) Organization is pre-selected in the document)

Will services funded by this project be located within the GRCoC Service Footprint?

☐ Yes

☐ No

GRCoC Standards Acknowledgement

Organizations applying for funding through the GRCoC Acknowledge the following as Standards:

- Participation in coordinated CoC activities such as PIT participation and CoC workgroup/committee participation.
- Furthering community identified funding priorities.
- Supporting the inclusion of people with lived experience in decision-making roles within the continuum.
- Following the GRCoC- adopted program standards for relevant program types.

I acknowledge that I have read and understand the above GRCoC standards: I acknowledge

Are you an active GRCoC Member or do you commit to becoming one?

- Yes, I am an active an active member
- Yes, I commit to becoming an active member
- No, I am not an active member and do not commit to becoming one

GRCoC HUD FY25 CoC Competition

Name of Organization

- Sub-Recipient Organization (if applicable): Name of Organization
- Sub Recipient contact person for this application: Name
- Sub Recipient contact person for this application: Phone
- Sub Recipient contact person for this application: Email

Project Information

Project Name

Project Location

Is this a New or Renewal application?

Grant execution date

Grant end date

Is this an expansion project?

Is this a Transition Project

Renewal grant execution date

Renewal grant end date

Is this project created from re-allocation?

Name of project that funds are being re-allocated from & purpose

Type of Project

Please indicate the project type

Proposed Project Budget

For the below activities, please list the total assistance requested.

Budget Activity	Amount Requested (\$)
Rental Assistance	\$
Supportive Services	\$
Operations	\$
Administrative costs (Up to 7% of amount requested)	\$
HMIS	\$
Sub-total of expenses	\$

Match Activity	Amount (\$)
Cash Match	\$
In-kind Match	\$
Match Totals	\$ 0.00

Total Budget: \$ 0.00

Budget Narrative:

Please describe the services to be supported by this budget, including the proposed staff funded by this budget and their caseload ratios.

Housing Type (If applicable)

Housing Type
Total Number of Units
Total Number of Beds
PIT Count Total

Population to be Served in the Project (Point-in-Time)

Please list the total number of households that match each of the criteria below at this point in time.

Households with at least 1 adult and 1 minor child
Adult households without minor children
Households with only minor children

Population to be served in the project annually (over the course of a year)

Please list the total number of households that match each criteria below that will be served over the course of a year.

Households with at least 1 adult and 1 minor child
Adult households without minor children
Households with only minor children
Annual Total

Narrative Project Information

Please respond to the questions below. A 1000 character-no spaces limit for each numbered response will be strictly enforced.

Applicant Capacity

1. **Experience Serving Target Population:** Describe the organization's experience working with the proposed target population for the proposed project, including any relevant expertise with the specific subpopulation to be served.
2. **Experience Operating a Comparable Program,** Describe agency (and subrecipient if applicable) experience with comparable projects, including experience with program operations and service delivery.
3. **Experience providing service/housing as part of a coordinated system of care,** Describe agency (and subrecipient if applicable) experience delivering programs within a CoC or comparable system.
4. **Experience Managing Federal or Other Complex Funding,** Describe the agency's experience and capacity in leveraging and managing Federal funding or other sources.
5. **Financial Management Capacity,** Describe the organization's (and subrecipient(s) if applicable) financial management structure. Score will also factor in financial audit, with a clean audit (and/or fully resolved findings) part of a high score.

ALL - HUD and Local Policy Priorities

- **HUD Priorities:** Describe the extent to which the project will support the FY2025 HUD Policy Priorities. 1.Reducing unsheltered homelessness, 2. Prioritizing Treatment and Recovery, 3. Advancing Public Safety, 4. Promoting Self Sufficiency, 5. Improving Outcomes, 6. Minimizing Trauma.
- **Subpopulation Preference:** Identify which populations (if any) your project will prioritize serving: Aging & Older Adults (62+), families with minor children, Persons with disabilities, and youth & young adults (18-24).
- **Workforce:** Describe the plan for assessing workforce development needs regularly and/or connecting clients to specific workforce development resources such as training, assistance in job search.
- **Recovery Beds:** Demonstrate dedicated beds (included in the project or supported by project activities) for the purpose of providing substance use treatment, requiring participation in treatment as a condition of continued participation in the program (as demonstrated by occupancy/service participation agreements).

ALL - Project Performance Objective:

- **Project Implementation:** Describe plan for rapid implementation of the program,

documenting how the project will be ready to begin housing or deployment of services for the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.

- **Budget:** Describe the budget as adequate and cost effective, includes an appropriate staffing structure, and identify services to be provided and by whom.
- **Design of Housing & Supportive Services:** Describe: 1) demonstrating understanding of the needs of the clients to be served; 2) demonstrating that type, scale, and location of the housing or services fit the needs of the clients to be served; 3) demonstrates how clients will be assisted in obtaining mainstream benefits and increasing employment income; and 4) establishes performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD or CoC benchmarks.

ALL - Bonus Points

- **HUD Opportunity Zones:** Demonstrate more than 50% of the project will operate in a HUD-opportunity zone.

Transitional Housing - Project-Specific Criteria

- **Obtaining/Maintaining Housing:** Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing
- **Exiting within 24 months:** Demonstrate that the applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months.
- **Employment income:** Demonstrate that the project has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure, that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.
- **Accessing mainstream resources:** Demonstrate that the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
- **Required services participation:** Demonstrate that your project will require program participants to take part in supportive services. Attached supportive service agreement.
- **Customized supportive services:** Demonstrate that your project will provide 40 hours per week of customized services for each participant (e.g. case management, employment training, substance use treatment, etc.).
- **Housing/Healthcare Leverage:** Demonstrate that your project will have a documented (via a letter or MOU) leverage of non-CoC/ESG funded housing or healthcare resources in the amount required for HUD bonus points (25% of units, OR 25% of the value of the project for healthcare/substance use treatment)? Attach letter or MOU.
- **Substance Use Disorder Treatment Availability:** Demonstrate that your project will provide on-site substance use treatment (this includes an on-site clinician providing substance abuse treatment services).

SSO Standalone - Project-Specific Criteria

- **Required services participation:** Demonstrate that your project will require program participants to take part in supportive services. Attached supportive service agreement.
- **Increasing Self-sufficiency:** Demonstrate that the project is necessary to assist people in exiting homelessness and increasing self-sufficiency.
 - Confirm that the project will conduct an annual assessment of the service needs

of the program participants

- **Engagement Strategy:** Demonstrate that the project will have a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services
- **Accessing mainstream resources:** Demonstrate that the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
- **Substance Use Disorder Treatment Availability:** Demonstrate that your project will provide on-site substance use treatment (this includes an on-site clinician providing substance abuse treatment services).

SSO Street Outreach - Project-Specific Criteria

- **Required services participation:** Demonstrate that your project will require program participants to take part in supportive services.
 - Attach supportive service agreement.
- **Outreach Experience:** Demonstrate that the project has experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13). Document the effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.
- **Engagement Strategy:** Demonstrate that the project has a strategy for providing supportive services to eligible program participants including those with history of unsheltered homelessness and those who do not traditionally engage with supportive services.
- **Accessing mainstream resources:** Demonstrate that the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
- **Partnering with First-Responders & Law Enforcement:** Demonstrate that the project have a history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living.
 - Confirm that the project will cooperate, assist, and not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws.

SSO Coordinated Entry- Project-Specific Criteria

- **Covers 100% of geographic:** Can you confirm that the Coordinated Entry system is easily available and reachable for all persons, including those with disabilities, within the CoC's geographic area who are seeking homelessness assistance?
- **Advertising Strategy:** Describe the strategy for advertising that is specifically designed to reach households experiencing homelessness with the highest needs?
- **Standardizes Assessment:** Does will the project use a standardized assessment process for all program participants? Please confirm and provide details if applicable.
- **Appropriate Services:** How will your project ensure that program participants are directed to appropriate housing and services that fit their needs?

HMIS- Project specific criteria

- **HMIS implementation:** Will HMIS funds be expended in a way that furthers the CoC's HMIS implementation and ability to use HMIS as a proactive case management tool to

promote treatment and recovery? Please confirm and explain.

- **Collects all required elements:** Does your HMIS collect all Universal Data Elements as set forth in the HMIS Data Standards?
- **Un-duplicate client records:** Does your HMIS have the ability to unduplicate client records? Please confirm.
- **Produces all required reports:** Can your HMIS produce all HUD-required reports and provide data as needed for HUD reporting (e.g., APR, quarterly reports, CAPER/ESG reporting) and other federal partner requirements? Please confirm.

Mandatory Attachments

- Non-Profit Documentation & UEI number or local government entity
- Source & documentation of Match *
- Signed CES MOU or commitment to sign if funded *
- Signed HMIS MOU or commitment to sign if funded *
- Documentation of non-CoC or ESG funded housing or healthcare leverage (TH only)
- Support Services Participation Agreement