2022 Unsheltered Homelessness & Encampment Health & Housing Services Request for Proposal (RFP)

Updated 9/6/22
# Unsheltered Homelessness & Encampment Health & Housing Services RFP

**Guidelines and Application Document**

## TABLE OF CONTENTS

### GUIDELINES

<table>
<thead>
<tr>
<th>I. Summary</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. Background</td>
<td>5</td>
</tr>
<tr>
<td>III. Program Scope</td>
<td>5</td>
</tr>
<tr>
<td>IV. Requirements</td>
<td>10-11</td>
</tr>
</tbody>
</table>

### APPLICATION

<table>
<thead>
<tr>
<th>I. Instructions</th>
<th>PAGE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. Application Questions &amp; Rating Criteria</td>
<td>PAGE NUMBER</td>
</tr>
<tr>
<td>III. Deadline &amp; Completed Application Requirements</td>
<td>PAGE NUMBER</td>
</tr>
<tr>
<td>IV. Application Checklist</td>
<td>PAGE NUMBER</td>
</tr>
<tr>
<td>V. Attachment 1: Application Cover Sheet</td>
<td>PAGE NUMBER</td>
</tr>
<tr>
<td>VI. Attachment 2: Budget &amp; Personnel Detail</td>
<td>PAGE NUMBER</td>
</tr>
<tr>
<td>VII. Addendum: Site Visit/ Interview Questions (Internal Use Only)</td>
<td>PAGE NUMBER</td>
</tr>
</tbody>
</table>
I. Summary

Introduction: This 2022 Unsheltered Homelessness and Encampment Health & Housing Services RFP is looking for applications from agencies interested in implementing coordinated approaches -- grounded in Housing First and public health principles -- to reduce the prevalence of unsheltered homelessness, and improve service engagement, health outcomes, and housing stability among highly vulnerable unsheltered individuals and families. The King County Regional Homelessness Authority (KCRHA) may offer up to $4,700,907 annually, for three years or longer depending on the ongoing award and funding availability from the Department of Housing and Urban Development (HUD). Organizations that have not previously received CoC Program funding or are proposing new CoC projects are strongly encouraged to apply.

Successful proposals for the RFP will be ranked and rated as part of the Seattle-King County Continuum of Care’s (CoC) consolidated application to HUD. Awards offered by KCRHA to applicants, are contingent upon the final amount awarded to the Seattle-King County CoC through the 2022 Special Notice of Funding Opportunity (NOFO) to Address Unsheltered and Rural Homelessness.

The intent of the 2022 Unsheltered Homelessness and Encampment Health & Housing Services RFP is to enhance the continuum of comprehensive, person-centered, permanent housing solutions within the Seattle-King County Continuum of Care (CoC). The KCRHA expects to award the following:

- Multiple awards rooted in Housing First and public health approaches at address equity and leverage housing and healthcare resources;
- Funding awards and amounts are contingent upon HUD’s final award to the Seattle-King County CoC which is expected to be announced in 2023.

The KCRHA also seeks to align proposals awarded under this CoC NOFO with HUD’s recently announced and coordinated Stability Voucher program, for which three local public housing agencies are expected to apply.

Eligible Program Areas: Applicants may apply for one or more program areas. Applicants who can demonstrate how they anticipate partnering with health and housing agencies to leverage mainstream housing and healthcare resources will be most competitive. The applicant pool will be reviewed by a rating team of community members, CoC Committee and Board Members, and subject matter experts (SME’s). The rating team will recommend applications through a local rating process which will result in

---

1 As defined by the Department of Housing and Urban Development: https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/housing-first-implementation-resources/#housing-first-implementation

2 For additional information about the Stability Voucher program, please see HUD announcement: https://www.hud.gov/sites/dfiles/OCHCO/documents/2022-24plhn.pdf
the ranking of applications to be submitted and reviewed by HUD. Funding for this opportunity is based on HUD’s final award decisions for the Seattle-King County CoC application, as well as ongoing budget availability and customer satisfaction with service provider/program performance. Application categories include:

- **Permanent Supportive Housing (PH-PSH) – Scattered Site or Project Based**
  - Operations;
  - Supportive Services;
  - Rental Assistance; or
  - Long-Term Leasing

- **Joint Transitional Housing and Rapid Re-housing (TH & PH-RRH)**

**Program Participant Eligibility**
All participants must meet HUD's definition of "**Literally Homeless**"; or "**Chronically Homeless**"; or program participants who are fleeing/attempting to flee Domestic Violence (DV), sexual assault (including sex trafficking), dating violence, and/or stalking.

**Applicant Eligibility**
Government agencies; public housing agencies; private nonprofit organizations; faith based organizations; federally recognized or Washington State-recognized Indian tribes; or community mental health associations that are public nonprofit organizations within King County, who meets KCRHA’s Minimum Qualifications and who propose new eligible program (see above) are eligible to apply. For-profit entities are ineligible to apply for grant funds. All applicants must propose programs which are rooted in a fidelity based Housing First model.

**Applications**: The deadline for submitting completed proposals is **Tuesday, September 20, 2022, by 11:59pm PST**. This funding process is competitive and open to any agencies that meet the KCRHA Agency Minimum Eligibility Requirements and any additional requirements outlined in Section III.

<table>
<thead>
<tr>
<th>Timeline*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Opportunity Released</td>
</tr>
<tr>
<td><strong>Live Information Session</strong> (Note: participation and registration is highly recommended, but not required to submit an application. A recorded session will be posted after the meeting.)</td>
</tr>
<tr>
<td>Video call link: <a href="https://meet.google.com/ejt-okkp-agv">https://meet.google.com/ejt-okkp-agv</a> Or dial: (US) +1 631-910-9013 PIN: 533 652 742#</td>
</tr>
<tr>
<td>Last Day to Submit Questions to <a href="mailto:coc.questions@kcrha.org">coc.questions@kcrha.org</a></td>
</tr>
<tr>
<td>Application Deadline</td>
</tr>
<tr>
<td>Denial Notification (anticipated)</td>
</tr>
<tr>
<td>Award Notification (anticipated)</td>
</tr>
<tr>
<td>KCRHA Submits Rating and Ranking to HUD</td>
</tr>
<tr>
<td>Estimated Contract Start Date</td>
</tr>
</tbody>
</table>

*KCRHA reserves the right to change any dates in the RFP timeline. Any updates, including responses to questions, will be posted on the KCRHA website under, ‘Funding Opportunities’. **Please contact the Procurement Coordinator for accommodation requests @ RFP@kcrha.org
II. Background

Background
Based on the KCRHA 2022 Point in Time Count (PIT), 13,368 individuals are experiencing homelessness at any one time in the Seattle-King County Region. Based on the PIT analyses, 25% of people experiencing homelessness in King County identify as Black/African American, but according to the 2020 U.S. Census only 7% of King County’s population identifies as Black/African-American. Similarly, 9% of people experiencing homelessness identify as American Indian, Alaskan Native, or Indigenous, but that group makes up only 1% of King County’s population. Additionally, one in three members of the LGBTQ community; specifically transgendered people of all ages, report experiencing homelessness at some point in their lives. The KCRHA recognizes that homelessness is a symptom of structural racism, and this RFP seeks to address racial and social inequalities which impact the most marginalized communities in King County.

Experiencing homelessness is traumatic and can trigger, create, or exacerbate health conditions, disability, substance use, and mental and behavioral health conditions, while at the same time making it harder to access treatment and care. This RFP also seeks to improve access to stable housing and high-acuity care to improve health and housing outcomes.

Funding Sources: The KCRHA will use this RFP process to rate and rank project applications to include in the CoC Consolidated Application for the FY2022 HUD Special Unsheltered NOFO. Based on final HUD awards, KCRHA may offer up to $4,700,907 per year, to support the highest-ranking projects awarded through this funding opportunity. Fund sources include FY2022 HUD Special NOFO funds which are contingent upon the CoC’s final award. Below is a breakdown of the maximum funding amount which may become available to the Seattle-King County CoC.

<table>
<thead>
<tr>
<th>Fund Source(s)</th>
<th>Annual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2022 HUD Special Unsheltered NOFO</td>
<td>$4,700,907</td>
</tr>
<tr>
<td>Total</td>
<td>$4,700,907</td>
</tr>
</tbody>
</table>

III. Program Scope

The 2022 Unsheltered Homelessness and Encampment Health & Housing Services RFP is intended to ensure people living in unsheltered situations, including encampments, are successfully connected to healthcare and housing resources using fidelity based Housing First and public health principles. Additionally, this community investment will focus on:

- Advancing equity for Black, Indigenous, and other people of color as well as individuals who identify as LGBTQIA+ and individuals with disabilities;
- Ensure individuals with lived experience of homelessness are included in the operations and program designs being proposed; and
- Services shall be offered across Seattle and King County.

---

4 The KCRHA recognizes that PITs is widely understood to be an undercount, thus it also relies on the annualized count from DCHS across system analysis.
The tables below summarize the program areas available through this funding opportunity. Applicants may choose to apply for one or more programs.

<p>| Permanent Supportive Housing (PH-PSH) – Scattered Site or Project Based Rental Assistance or Long-Term Leasing |
|---|---|---|---|
| <strong>Scope</strong> | <strong>Provider Profile &amp; Eligibility</strong> | <strong>Eligible Costs</strong> | <strong>Ineligible Costs</strong> |
| <strong>Project-Based Rental Assistance</strong> – program participants must reside in housing provided through a contract with the owner of an existing structure where the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project. | Government agencies; public housing agencies; private nonprofit organizations; faith based organizations; federally recognized or Washington State-recognized Indian tribes; or community mental health associations that are public nonprofit organizations within King County. For-profit entities are ineligible to apply. | • Rental assistance; or • Long-term leasing | • Hard costs (acquisition, new construction, and rehabilitation) • Can apply as a standalone program but applicants must plan to fund support services to ensure program fidelity. |
| <strong>Sponsor-Based Rental Assistance</strong> - program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the program participants and the sponsor organization. | | | |
| <strong>Tenant-Based Rental Assistance</strong> - program participants select any appropriately sized unit within the CoC’s geographic area, although the program may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services. | | | |</p>
<table>
<thead>
<tr>
<th>Scope</th>
<th>Provider Profile &amp; Eligibility</th>
<th>Eligible Costs</th>
<th>Ineligible Costs</th>
</tr>
</thead>
</table>
| Operating costs are associated with the day-to-day operations of housing units and facilities. | Government agencies; public housing agencies; private nonprofit organizations; faith based organizations; federally recognized or Washington State-recognized Indian tribes; or community mental health associations that are public nonprofit organizations within King County. For-profit entities are ineligible to apply. | ● Maintenance and Repair  
● Electricity, Gas, and Water  
● Property Taxes and Insurance  
● Furniture  
● Replacement Reserve  
● Equipment  
● Building Security | ● Hard costs (acquisition, new construction, and rehabilitation)  
● Mortgage payments  
● Rent  
● Landscaping for beautification  
● Legal fees to keep attorney on retainer  
● General cleaning supplies  
● Office supplies (pens, paper, files, folders, postage)  
● CoC operating funds may not be used in units receiving CoC rental assistance funds.  
● All other costs not listed in the “eligible” column |
Permanent Supportive Housing (PH-PSH) – Supportive Services or Support Services Only

<table>
<thead>
<tr>
<th>Scope</th>
<th>Provider Profile &amp; Eligibility</th>
<th>Eligible Costs</th>
<th>Ineligible Costs</th>
</tr>
</thead>
</table>
| All supportive services provided must help program participants obtain and maintain housing. You may apply for this in conjunction with operating costs and rental assistance or long-term leasing, or as a stand-alone program. | Government agencies; public housing agencies; private nonprofit organizations; faith based organizations; federally recognized or Washington State-recognized Indian tribes; or community mental health associations that are public nonprofit organizations within King County. For-profit entities are ineligible to apply. | • Annual Assessment of Services  
• Moving costs  
• Case management  
• Childcare  
• Education services  
• Employment assistance and job training  
• Food  
• Housing search and counseling services  
• Legal services  
• Life skills training  
• Mental health services  
• Outpatient health services  
• Outreach services  
• Substance abuse treatment services  
• Transportation  
• Utility deposits | • Hard costs (acquisition, new construction, and rehabilitation)  
• All other costs not listed in the “eligible” column |
# Joint Component Transitional Housing and Rapid Re-Housing (TH-RRH)

<table>
<thead>
<tr>
<th>Scope</th>
<th>Provider Profile &amp; Eligibility</th>
<th>Eligible Costs</th>
<th>Ineligible Costs</th>
</tr>
</thead>
</table>
| This program model is intended to provide safe transitional housing – with financial assistance and wrap around supportive services determined by program participants to help them move to permanent housing as quickly as possible. Must be able to provide both components, including the units supported by the transitional housing component and the tenant-based rental assistance and services provided through the PH-RRH component, to all program participants for up to 24 months as needed by the program participants. | Government agencies; public housing agencies; private nonprofit organizations; faith based organizations; federally recognized or Washington State-recognized Indian tribes; or community mental health associations that are public nonprofit organizations within King County. For-profit entities are ineligible to apply. | ● Leasing of a structure or units, and operating costs to provide transitional housing  
● Short- or medium-term tenant-based rental assistance on behalf of program participants in the rapid re-housing portion of the project  
● Supportive services for the entire project | ● Hard costs (acquisition, new construction, and rehabilitation)  
● All other costs not listed in the “eligible” column |

*Federal Indirect Approved rates apply upon KCRHA’s verification of approval.**

KCRHA reserves the right to reopen an RFP if the number of applications is below 3 and/or the applications rated do not meet the minimum rating threshold of 70/100.

***Please contact the Procurement Coordinator for accommodation requests @: RFP@kcrha.org*
IV. Requirements

Applicants must meet the following:

1. **Minimum Eligibility Requirements**
   This funding opportunity is open to government agencies, public housing authorities, private nonprofit corporations, faith based organizations, or federally recognized or Washington State-recognized Indian tribes within King County. Nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) final determination letter providing tax-exempt status under Section 501(c)(3) of the IRS Code (preferred); or (2) a certification from a licensed CPA that the organization meets each component of the definition of a private nonprofit organization as defined by 24 CFR 578.3. Applicants must have a Federal Tax ID number/employer identification number (EIN) to facilitate payments from King County Regional Homelessness Authority to the provider.

2. **Data Collection, Evaluation and Performance Measures**
   a. All funded agencies will participate in data collection through King County Homeless Management Information System (HMIS) to evaluate and improve the quality of their programming.
   b. KCRHA will collaboratively establish and evaluate performance metrics with each awardee which will be included into each Project Service Agreement (PSA).

3. **Seattle-King County Coordinated Entry System (CEA)**
   Coordinated Entry is a process designed to coordinate program participant intake, assessment, and provision of referrals. To be eligible for this funding opportunity your organization must agree to participate in the Seattle-King County CoC’s CEA system or DVCHAP system if you are working with survivors of gender-based violence.

4. **COVID-19 Safety Guidelines**
   a. Agencies are expected to follow current, appropriate safety protocols as outlined by Seattle-King County Public Health, to prevent the spread of COVID-19. These protocols may include social distancing, wearing masks, hand washing, and sanitizing surfaces.

5. **Unique Entity Identifier (UEI)\(^6\) number and Federal System for Award Management (SAM) registration must be in good standing.**

6. **Third-Party In-Kind Match**
   All proposals must include a 25% match to be eligible for funding. If your application includes a third-party in-kind match commitment, then a required Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) between your organization and the organization providing the in-kind match must be attached. Documentation is required prior to issuance of the grant agreement if your renewal project is selected for conditional award. These written commitments must demonstrate the number of new units being developed or set aside for individuals experiencing homelessness and the date by which they will be available. Written Commitments from Hospitals, Healthcare Clinics, Insurance Agencies, Medicaid State Agencies, Public Health Departments, Mental Health Clinics, Federally Qualified Health Center (FQHC), or Drug Treatment Facilities. These written commitments must demonstrate the types of services being made available on a voluntary basis, the value of the commitment, and the dates the healthcare resources will be provided.

---

\(^6\) Formally known as a Federal Data Universal Numbering System (DUNS)
7. **Replacement Reserve**
   If your project application will utilize replacement reserve as part of the CoC Program operating budget, you must attach supporting documentation that includes: total amount of funds that will be placed in reserve during the grant term; system(s) to be replaced that includes the useful life of the system(s); and repayment schedule that includes the payment amount.

8. **Federally Approved Indirect Cost Rate**
   If your organization has a Federally Approved Indirect Cost Rate Agreement, that approved agreement should be attached to your application.

9. **Commitment to Continuous Quality Improvement**
   Successful applicants may be asked to participate in ongoing quality improvement efforts led by the Lived Experience Coalition (LEC), in conjunction with KCRHA and HUD periodic site visits and audits.
Applications will be rated based on the information requested in this funding process, a financial review, the submission of supplemental documents, and any clarifying information requested by KCRHA. Answer each section completely. Do not include additional agency cover letters or brochures with your application. Applications that do not follow the required format may not be reviewed nor rated.

Instructions
Complete all fillable fields, checkboxes, narrative spaces, and requested attachments. Complete a separate application and budget templates for each program you are proposing through this RFP. All applications must be submitted through this Smartsheet process. Smartsheet applications cannot be saved once you start your application. It’s strongly advised that you complete your work on a separate document (e.g., Word), until you are ready to submit your final Smartsheet application. All applications must be submitted no later than September 20, 2022, by 11:59pm, PST.

II. Questions & Rating Criteria

Answer each section completely according to the questions. Applications will be rated out of 100 points for the following criteria:

A. TELL US WHO YOU ARE (10 POINTS)
1. Explain your agency’s history, mission, cultural identity, and experience providing services you are proposing.
2. Does your organization provide culturally relevant services to any of the following communities (check all that apply):
   - Black
   - Indigenous
   - People of Color
   - LGBTQIA+
   - People living with disabilities
   - Survivors of gender-based violence
   - Immigrants/refugees
   - People living with co-occurring disorders
   - People with limited English proficiency
3. Does your proposal plan to serve individuals and/or families who have the following barriers (check all that apply):
   - Have little to no income
   - Active or past history of substance use
   - Has a criminal history
   - History of victimization (e.g. DV, sexual assault, childhood abuse)
4. Will your proposal prevent program participants termination from the project for the following reasons (check all that apply):
   - Failure to participate in supportive services
   - Failure to make progress on a service plan
   - Loss of income or failure to improve income
   - Any other activity not covered in a lease agreement typically found for unassisted persons
   - None of the above
Rating Criteria - A strong application meets all the criteria below.

- Experience reflects a history of providing services that are focused on helping individuals gain safety, improve health and racial equity, and address barriers to securing housing.
- An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed.

B. WHAT ARE YOU PROPOSING TO DO? (20 POINTS)

1. Describe how program participants will be assisted to obtain and remain in permanent housing. Please also include the following:
   a. Describe how your proposal will implement Housing First\(^7\) and public health principles into the program design.
   b. Who will you serve and how many people/households/participants do you plan to serve annually? Be explicit if you plan to serve any of the priority populations.
   c. How well will the project accommodate people with a variety of needs, including different household configurations, service needs, or pets?
   d. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
   e. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? If yes, explain why
   f. What is the ratio of staff to participants?
   g. If you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges;
   h. Where will you carry out your proposed program(s) (region, city, neighborhood(s), etc.)?
   i. What are your anticipated annual performance outcomes?
   j. Will your program offer transportation assistance\(^8\) for participants to attend benefit appointments, employment training, or jobs? Yes or No
   k. Will your program complete an annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes or No
   l. Will program participants have access to SSI/SSDI technical assistance provided by the program you are proposing, or a partner agency? Yes or No
   m. Do you have connections to Foundational Community Supports (FCS)? If so, please explain.
   n. It is estimated that up to 75 Stability Vouchers may be project-based locally: If you are proposing PH-PSH Supportive Services for a project-based PSH site under development with project-based voucher commitments from a local public housing agency that may benefit from the soon-to-be released Stability Voucher program, please identify how this application would support that project.
   o. It is estimated that up to 30 Stability Vouchers may be used for tenant-based PSH locally: If you are proposing PH-PSH Supportive Services for a tenant-based supportive housing program in alignment with a local public housing agency to utilize rental assistance from the soon-to-be released Stability Voucher program, please identify how this application would support that program.

---

\(^7\) Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as, sobriety or a minimum income threshold).

\(^8\) Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, etc.
2. Enter the number of days from the execution of the grant agreement that each of the following milestones will occur. The KCRHA anticipates receiving final awards and award amount information during the third quarter of 2023. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Not applicable fields can remain blank, or you can enter “0” or “NA.”

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin hiring staff or expending funds</td>
<td></td>
</tr>
<tr>
<td>Begin program participant enrollment</td>
<td></td>
</tr>
<tr>
<td>Program participants occupy leased or rental assistance units or structure(s), or supportive services begin</td>
<td></td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity</td>
<td></td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease - (ineligible cost)</td>
<td></td>
</tr>
<tr>
<td>Start rehabilitation - (ineligible cost)</td>
<td></td>
</tr>
<tr>
<td>Complete rehabilitation - (ineligible cost)</td>
<td></td>
</tr>
<tr>
<td>Start new construction - (ineligible cost)</td>
<td></td>
</tr>
<tr>
<td>Complete new construction – (ineligible cost)</td>
<td></td>
</tr>
</tbody>
</table>

3. Enter the housing type(s), number of units and the number of bedrooms you are proposing:

<table>
<thead>
<tr>
<th>Housing Type</th>
<th># of Units</th>
<th># of Bedrooms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter the total number of units available at full capacity on a single night in the selected housing type and location.</td>
<td>Enter the total number of beds available at full capacity on a single night in the selected housing type and location.</td>
</tr>
<tr>
<td>Dormitory: (shared or private rooms). Individuals or families share sleeping rooms or have private rooms; share a common kitchen, common bathrooms, or both.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared housing: Two or more unrelated people share a house or an apartment. Each unit must contain private space for each individual or family, plus common space for shared use by residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared housing: Culturally specific housing arrangement or multi generational households where two or more related people share a house or an apartment. Each unit must contain private space for each individual or family, plus common space for shared use by residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clustered apartments: Individuals or families have a self-contained housing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.  

**Scattered-site apartments** (including efficiencies): Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.  

**Single family** homes/townhouses/duplexes: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.

4. Please complete the following information about program participant information that includes the number of households the project serves, the characteristics of those households, and the number of persons for each household type, as applicable.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult (over 18 yrs) &amp; One Child (under 18 yrs)</th>
<th>Adult (18+ yrs) Households without Children</th>
<th>Households with Only Children (under 18 yrs)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Characteristics By Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons over age 24</td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under 18</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under 18</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

5.

<table>
<thead>
<tr>
<th>Persons in Households w/ At Least One Adult &amp; One Child</th>
<th>Characteristics</th>
<th>Chronically Homeless-non veteran</th>
<th>Chronically Homeless-veteran</th>
<th>Veteran – Not chronically homeless</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Mental Illness</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Dev. Disability</th>
<th>Persons not represented by a subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td># over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Persons in Households without Children</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons in Households with Only Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Accompanied under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Unaccompanied under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rating Criteria - A strong application meets all the criteria below.**

- Applicant has a logical, thorough plan to address the needs identified in this procurement process.
- Applicant proposes to implement services within KCRHA’s jurisdiction and with the intended populations.
- The ratio of direct-service staff to participants supports housing-focused services.
- Applicant clearly explains and understands the fidelity based Housing First Model.
- Applicant clearly explains a realistic timeline which aligns with KCRHA’s priorities.
- Applicant provides detail about the anticipated number of people housed and anticipates serving an underserved population.
- Applicant proposes a program which leverages housing and other community resources to maximize permanent housing and health outcomes.

**C. HOW IS YOUR WORK ADVANCING RACIAL EQUITY & SOCIAL JUSTICE? (35 POINTS)**

1. Describe how your agency engages, supports and empowers low-income Black, Indigenous, and People of Color (BIPOC) communities who have historically experienced systemic oppression.
2. Describe how your agency engages, supports and empowers the LGBTQIA+ community.
3. Describe how your agency engages, supports, and empowers people living with disabilities, survivors of gender based violence, immigrants/refugees, people living with substance use disorder, co-occurring disorders, people with criminal records, and/or people with limited English proficiency who have historically experienced systemic oppression.
4. Describe how your agency involves or plans to involve residents and others with lived experience of homelessness and disabilities in your program policies and procedures.
5. Give an overview of your board members - qualifications of board members and number of dedicated seats for those with lived and living experience.

**Rating Criteria - A strong application meets all the criteria below.**

- Applicant demonstrates how they empower their customers’ potential and demonstrates an understanding of the historical systemic forms of oppression which harm the communities they serve.
- Applicant has a strong history and/or commitment working with and supporting low income BIPOC communities and individuals impacted by institutional racism.
- Applicant demonstrates how they currently or plan to include people with lived expertise into their program operations, policy development and leadership.
- Applicant effectively communicates how they ‘share power’ and respond to customer feedback by including customer voice in their planning, implementation, and evaluation of services.

**D. TELL US ABOUT YOUR PARTNERSHIPS (25 POINTS)**

1. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.
2. Describe how your organization plans to leverage existing housing resources (e.g. landlord recruitment, use of capital building project, etc.).
3. Describe how your organization plans to leverage existing healthcare (including behavioral health) services.
4. Does your program budget reflect an equitable partnership? (☐ Yes/☐ No) Please explain.
Rating Criteria - A strong application meets all the criteria below.
● Applicant clearly describes who and how they will partner with other agencies and/or other community stakeholders to accomplish their proposed program.
● Applicant effectively demonstrates how they will leverage resources to create a more coordinated system of care that will improve housing and health outcomes.
● Applicant proposes culturally responsive and identity affirming approaches within their partnerships.
● Applicant’s budget and explanation reflect a financially equitable partnership.

E. TELL US ABOUT YOUR DATA AND FISCAL MANAGEMENT PRACTICES (5 POINTS)
1. Describe your agency’s experience or ability to collect and manage Homeless Management Information System (HMIS) data.
2. What is your agency’s experience gathering and reporting on programmatic data? If your agency has limited experience in gathering and reporting on program data, please describe your capacity-building needs in this area.
3. Describe how your agency manages finances, including any financial systems and controls in place.

Rating Criteria - A strong application meets all the criteria below.
● Applicant explains their knowledge and capacity to collect and manage HMIS data or acknowledge areas of needed growth and capacity.
● Applicant has experience or has the ability to meet reporting requirements with state, local and/or federally funded programs.
● Applicant adequately describes its revenue, financial health, and financial management systems.
● Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles to safeguard all funds that may be awarded under the terms of this funding opportunity. If applicant lacks fiscal management capabilities, applicant identifies its fiscal sponsor.

F. HOW MUCH FUNDING IS NEEDED, WHY? (5 POINTS)
Complete all sections of the attached Proposed Program and Personnel Budgets. A separate budget is needed for each program area you are applying for. Do not provide your agency’s total budget. Costs should reflect the proposed activities and the required fund sources directly related to the program area(s) being proposed. All budget proposals must include a 25% match. Cash or in-kind resources will satisfy match requirements but they must be tracked and monitored for the duration of the contract term. In addition, complete a budget narrative which addresses the questions below.

1. Will funds requested in this proposal replace state or local government funds (24 CFR 578.87(a))? If yes, please explain.
2. Does your budget contain a 25% match of your proposed budget? (☐ Yes/☐ No)
3. Please provide a copy of the MOU or MOA between your organization and the organization providing any in-kind match.
4. Describe each budget item you are requesting and how you plan to use it.
5. Is there any other project funding/revenue or income received from other sources for the proposed program(s) (individual, government, foundation, fees for service, volunteers, etc.)? (☐ Yes/☐ No) If yes, please include each additional fund source in separate columns on tab #3 of the budget template.

Rating Criteria - A strong application meets all the criteria below.
● Staff positions and ratios are designed to meet the needs of its customers.
● Applicant explain each budget item and its use clearly. Budget items seem logical and cost effective.
● If funds are being used from other sources, the applicant clearly lists the fund source(s) and budget allocations are clearly explained.
A. Application Submittal
   1. A completed Application Cover Sheet
   2. The application must include:
      a. A completed narrative response to sections A. – F.
      b. If you are proposing a partnership or subcontract with another agency, attach a signed
         MOU or MOA from that agency’s Director or other authorized representative.
      c. List of Board of Directors names and last three meeting minutes.

Completed applications are due by September 20, 2022 no later than 11:59pm. Applications must be submitted through the KCRHA website Smartsheet application form. KCRHA suggests submitting application documents several hours prior to the deadline in case you encounter an issue with the system, etc. KCRHA is not responsible for ensuring that applications are received by the deadline. KCRHA reserves the right to deny any applications submitted after the stated deadline.

B. Determination of a Completed Application
   KCRHA screens each complete application that is submitted on time. The below supplemental attachments are due at time of submission, unless otherwise indicated.

1. (Only applies to applicants who are not currently contracted with KCRHA) Current certificate of commercial liability insurance (if awarded, the agency’s insurance must conform to Master Service Agreement (MSA) requirements at the start of the contract).
2. (Only applies to applicants who are not currently contracted with KCRHA) Current fiscal year’s financial statements, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.
3. Most recent audit reports.
4. Most recent fiscal year-ending Form 990 report.
5. Current verification of nonprofit status or evidence of incorporation or status as a legal entity.
6. Proof of federal tax identification number/employer identification number.
7. Proof of federally approved indirect rate, if applicable.
8. Proof of Federal System for Award Management (SAM) registration in good standing, if applicable.
9. Proof of Federal Unique Entity Identifier (UEI) registration in good standing, if applicable.
10. MOU for In-Kind Match. These written commitments must demonstrate the number of new units being developed or set aside for individuals experiencing homelessness and the date by which they will be available. Written Commitments from Hospitals, Healthcare Clinics, Insurance Agencies, Medicaid State Agencies, Public Health Departments, Mental Health Clinics, Federally Qualified Health Center (FQHC), or Drug Treatment Facilities. These written commitments must demonstrate the types of services being made available on a voluntary basis, the value of the commitment, and the dates the healthcare resources will be provided.
IV. Application Checklist

2022 Unsheltered Homelessness & Encampment Health & Housing Services Request for Proposal (RFP)

This checklist is to help you ensure your application is complete prior to submission, and to verify KCRHA’s expectations. Please do not submit this form with your application.

HAVE YOU…
☐ Read and understand the following additional documents found on the KCRHA website?
  ☐ Proprietary and Confidential Information
  ☐ KCRHA’s Agency Minimum Eligibility Requirements

☐ Completed each section of the Narrative response for each program area(s) you are applying for? (Enter narrative response for each question in the Smartsheet application)
  ☐ TELL US WHO YOU ARE (10 points)
  ☐ WHAT WOULD YOU LIKE TO DO? (20 points)
  ☐ HOW IS YOUR WORK ADVANCING RACIAL EQUITY & SOCIAL JUSTICE? (35 points)
  ☐ TELL US ABOUT YOUR PARTNERSHIPS (25 points)
  ☐ TELL US ABOUT YOUR DATA AND FISCAL MANAGEMENT PRACTICES (5 points)
  ☐ HOW MUCH FUNDING IS NEEDED AND WHY? (5 points)

☐ Completed each section of the Budget Template for each program area(s) you are applying for?

☐ Attached the following supporting documents?
  ☐ Roster of your current Board of Directors
  ☐ Minutes from your agency’s last three Board of Directors meetings or comparable minutes as outlined in Section III of the application.
  ☐ (Only applies to applicants who are not currently contracted with KCRHA) Current certificate of commercial liability insurance (if awarded, the agency’s insurance must conform to Master Service Agreement (MSA) requirements at the start of the contract).
  ☐ (Only applies to applicants who are not currently contracted with KCRHA) Current fiscal year’s financial statements, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.
  ☐ Most recent audit reports.
  ☐ Most recent fiscal year-ending Form 990 report.
  ☐ Current verification of nonprofit status or evidence of incorporation or status as a legal entity.
  ☐ Proof of federal tax identification number/employer identification number.
  ☐ Proof of federally approved indirect rate, if applicable.
  ☐ Proof of Federal System for Award Management (SAM) registration in good standing, if applicable.
  ☐ Proof of Federal Unique Entity Identifier (UEI) registration in good standing, if applicable.

☐ *If you are proposing a significant collaboration with another agency, have you attached a MOU or MOA between your organization and the organization providing the in-kind match from that agency’s Director or other authorized representative?

All applications are due to the King County Regional Homelessness Authority by September 20th, 2022, no later than 11:50pm. See Section III for submission instructions.
<table>
<thead>
<tr>
<th></th>
<th>Application Cover Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>CoC Program Project Title:</td>
</tr>
<tr>
<td>2.</td>
<td>Name of Lead Agency/Organization (project sponsor):</td>
</tr>
<tr>
<td>3.</td>
<td>Application Program Area(s) (check all that apply): □ PSH Rental Assistance □ PSH Long-Term Leasing □ PSH Operations □ PSH Supportive Services □ Joint Component TH-RRH</td>
</tr>
<tr>
<td>4.</td>
<td>Households Served (check all that apply): □ Single Adults □ Families □ Youth &amp; Young Adults (1-24 years) □ Survivors of DV, sexual assault, dating violence, stalking</td>
</tr>
<tr>
<td>5.</td>
<td>How many do you plan to serve annually?</td>
</tr>
<tr>
<td>6.</td>
<td>Will 100% Of Your Program Participants Be Survivors? Yes or No</td>
</tr>
<tr>
<td>7.</td>
<td>When can you start offering services?</td>
</tr>
<tr>
<td>8.</td>
<td>Will at least one member of the household have a disability? Yes or No</td>
</tr>
<tr>
<td>9.</td>
<td>Proposed Location(s):</td>
</tr>
<tr>
<td>10.</td>
<td>Agency Executive Director:</td>
</tr>
<tr>
<td>11.</td>
<td>Does your organization currently receive funding as part of the Seattle-King County CoC? Yes or No</td>
</tr>
<tr>
<td>12.</td>
<td>Are You Requesting PSH Rental Assistance: Yes or No If so, How Many Units: Bedroom Size(s): What Is the Fair Market Rate (FMR)?</td>
</tr>
<tr>
<td>13.</td>
<td>Total Amount being requested for operations and/or services:</td>
</tr>
<tr>
<td>14.</td>
<td>Agency Primary Contact Name: Title: Address: Email: Phone:</td>
</tr>
<tr>
<td>15.</td>
<td>Organization Type: □ Non-Profit □ For Profit □ Public Agency □ Other (Specify):</td>
</tr>
<tr>
<td>16.</td>
<td>Federal Tax ID or EIN: 17. UEI#:</td>
</tr>
<tr>
<td>18.</td>
<td>WA Business License #:</td>
</tr>
</tbody>
</table>

Unsheltered Homelessness & Encampment Health & Housing Services RFP 20 V.2, June 2022 Guidelines and Application Document