



**Notice of Funding Opportunity**

**Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness
FR-6500-N-25S**

**City of St. Louis CoC-MO 501**

**Local Competition Request for Proposals**

Open August 30, 2022

**Local Competition Deadline:**

 September 19, 2022 4:00 PM CST

# Applicant Support

**Unsheltered Special NOFO Applicant RFP Applicant Briefing**

*ZOOM, In-Person and Recorded*

**August 31, 9 AM St. Patrick Center Auditorium
800 N. Tucker Blvd., St. Louis MO**

Join Zoom Meeting

<https://us06web.zoom.us/j/85664981974?pwd=V3NsZEdPbnRHaVFjT2d4ODlQeVFQUT09>

Meeting ID: 856 6498 1974

 *All interested organizations can attend this session for a briefing on the local RFP process. Session will include an overview of projects, eSNAPS, timelines and deadlines.*

**Unsheltered Special NOFO Applicant Open Technical Assistance Office Hours
September 11 – 15 As Available**

*As needed technical assistance for applicants related to the NOFO and eSNAPS. Request your organization’s one on one session over Zoom with Cindy Crain, OrgCode Consulting at* *ccrain@orgcode.com**.*

**RFP Questions**

*Questions regarding this RFP should be submitted on or before Monday, September 16, 2022, 12:00 PM / Noon to:*

**Amy Bickford**

**Chief Program Manager**

**Department of Human Services**

**Homeless Services Division**

bickforda@stlouis-mo.gov

**NOTICE OF FUNDING OPPORTUNITY**

**REQUEST FOR PROPOSALS**

**NEW PROJECTS FOR HOUSING AND SUPPORTIVE SERVICES FOR PERSONS EXPERIENCING HOMELESSNESS IN THE CITY OF ST. LOUIS MISSOURI
“Unsheltered Special NOFO”**

The City of St. Louis Continuum of Care MO-501 (CoC) Board of Directors and the City of St. Louis Department of Human Services (DHS) jointly announce this notice seeking proposals for New Projects for the following U. S. Department of Housing and Urban Development (HUD)

[**Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness
 FR-6500-N-25S**](https://www.hudexchange.info/programs/e-snaps/coc-supplemental-nofo-to-address-unsheltered-rural-homelessness/)

The U.S. Department of Housing and Urban Development (HUD) released a first-of-its-kind package of resources to address unsheltered homelessness and homeless encampments, including funds set aside specifically to address homelessness in rural communities.

The $322 million available under this NOFO will enhance communities’ capacity to humanely and effectively address unsheltered homelessness by connecting vulnerable individuals and families to housing, healthcare, and supportive services. This Special NOFO strongly promotes partnerships with healthcare organizations, public housing authorities and mainstream housing providers, and people with lived expertise of homelessness.

Through this Special NOFO, HUD will award funding to communities to implement coordinated approaches -- grounded in Housing First and public health principles -- to reduce the prevalence of unsheltered homelessness, and improve services, health outcomes, and housing stability among highly vulnerable unsheltered individuals and families. HUD expects applicant communities to partner with health and housing agencies to leverage mainstream housing and healthcare resources.

CoCs will have the opportunity to submit projects for two funding opportunities through this Special NOFO: (1) Unsheltered Homelessness Set Aside and (2) Rural Set Aside. CoCs may apply for projects under one or both funding opportunities as follows:

1. *Unsheltered Homelessness Set Aside*. Projects included in this funding opportunity may serve any geographic area within the CoC and must meet all eligibility and quality threshold requirements established in this Special NOFO. A CoC’s maximum award amount for this funding opportunity is described in Section III.J of the NOFO.
2. *Rural Set Aside.* Projects included in this funding opportunity must serve geographic areas that meet the definition of “rural area” as defined in Section III.C.2.k of the NOFO and meet all eligibility and quality threshold requirements established in this Special NOFO. CoCs whose geographic areas do not include any rural areas are not eligible for funding under this funding opportunity. A CoC’s maximum award amount for this funding opportunity is described in Section III.J of the NOFO.

The City of St. Louis Continuum of Care is ONLY eligible for *a. Unsheltered Homelessness Set Aside*.

Applications for the Special NOFO are **due to HUD on October 20, 2022** as part of the national competition.

**Local Competition**

In order to prepare the St. Louis City CoC collaborative application for the Unsheltered special NOFO, the **local deadline for proposed projects is September 19, 2022 at 4:00 p.m.**

In the same manner as the annual FY22 Continuum of Care NOFO local competition, the RFP for the Unsheltered Special NOFO FY 2022 process will include two methods for applicants to propose new local projects:

1. **New Project Applicant as City of St. Louis Subrecipient:** Applicants apply through the City of St. Louis Department of Human Services Homeless Services Division (HSD) thereby expressing a desire to apply for funds as a subrecipient and the City serves as the direct HUD recipient. Applicants accept City of St. Louis internal application processes and forms to assure projects are vetted through the City RFP standards and the City submits applications to the Continuum of Care.

**OR**

1. **New Project Applicant as direct HUD Recipient:** Applicants apply directly to the City of St. Louis Continuum of Care thereby choosing to apply for funds as a direct HUD recipient. The Application must be submitted directly into the HUD eSNAPS electronic system.

The purpose of providing the two options is to allow new project applicants the opportunity to consider their preferred contractual role should their project be selected, ranked by the CoC, submitted as part of the Collaborative Application and funded by HUD.

Both application processes contain uniform application requirements and narratives. All project applications will be reviewed and ranked according to the local Continuum of Care Review, Score and Rank procedures established by the CoC Board of Directors. A copy of the procedures can be found on the CoC website at [www.CoCSTL.org](http://www.CoCSTL.org)

**1. Competition Background and Applicant Resources**

This RFP Notice only reflects highlights of the HUD NOFO details. All interested applicants should review the HUD Continuum of Care Program materials including the NOFO, CoC Interim Rule, New Project Applications Detailed Instructions and eSNAPS instructional guides. The Unsheltered Special NOFO projects and eligible costs follow the same rules as the annual Continuum of Care program and rules set out in 24CFR578 and the NOFO.

The HUD home page for the Unsheltered Special NOFO is: <https://www.hudexchange.info/programs/e-snaps/coc-supplemental-nofo-to-address-unsheltered-rural-homelessness/>

Application, eSNAPS application portal, and detailed instructions for all elements of the competition can be found here: <https://www.hudexchange.info/programs/e-snaps/>

The two most important HUD documents that should be fully reviewed and will guide new project applicants on eligible projects, program design, funding and HUD expectations and evaluation criteria are the:

* [CoC Special Unsheltered Notice of Funding Opportunity (NOFO)](https://www.grants.gov/web/grants/view-opportunity.html?oppId=341301)
* [CoC Special NOFO to Address Unsheltered and Rural Homelessness through the CoC Program New Project Application Detailed Instructions](https://www.hud.gov/sites/dfiles/CPD/documents/CoC/NEW-Unsheltered-DI-FINAL-7-14-22.pdf)

*NOTE: Though the NOFO is published on Grants.gov, applications are NOT submitted through that platform. Applications are entered through eSNAPS.*

The City of St. Louis Continuum of Care Board of Directors, Project Performance Committee and the Rank and Review Sub-Committee have developed application processes and scoring tools to conform to HUD NOFO requirements and to optimize the community’s overall HUD Collaborative Application to be competitive nationally against other CoC’s applications. The scoring tools can be found on the CoC website at [www.CoCSTL.org](http://www.CoCSTL.org)

The local CoC competition websites are found here:

**City of St. Louis Dept. of Human Services here**: <https://www.stlouis-mo.gov/government/departments/human-services/homeless-services/continuum-of-care/nofo.cfm>

**City of St. Louis CoC here**: <http://www.cocstl.org>

# Renewals Submission Requirements

This is a FIRST TIME funding opportunity and there are no applicable instructions for renewals or current recipients/subrecipients of HUD Continuum of Care Program grants.

**3. New Applicant Types: Subrecipient versus Recipient**

In making the determination for which application type, subrecipient or direct applicant, an agency wishes to apply, the following table may provide some key differences in the subrecipient and recipient roles and differences in the Unsheltered Special NOFO application processes:

Summary of City Subrecipient and Direct HUD Recipient Application Differences:

| **City of St. Louis Subrecipient** | **Direct HUD Applicant** |
| --- | --- |
| * New Project Applications are submitted to the City of St. Louis Homeless Services Division that serves as the CoC Collaborative Applicant.
* Applications are finalized by the City of St. Louis Homeless Services Division and entered under the City’s profile in eSNAPS.
* The City of St. Louis Professional Services Agreement (PSA) committee reviews all submissions for compliance with City procurement policies and approves subrecipient proposals for submission to the CoC.
* HSD organizes materials and delivers to the CoC Review and Rank Committee to conduct their independent Review, Score and Ranking.
 | * New Project Applications are submitted to the City of St. Louis Homeless Services Division (HSD) that serves as the CoC Collaborative Applicant.
* HSD organizes materials and delivers to the CoC Review and Rank Committee to conduct their independent Review, Score and Ranking.
 |
| * Submission Deadline September 19, 2022 4:00 PM CST to bickforda@stlouis-mo.gov
 | * Submission Deadline September 19, 2022 4:00 PM CST to bickforda@stlouis-mo.gov
 |
| * City represents the project and is responsible for compliance with HUD regulations. Subrecipients are responsible to be in compliance with the City contract. City staff have substantial experience with multiple HUD programs, CoC projects, regulations, and federal statutes.
 | * Direct Applicant is solely responsible for compliance with HUD regulations and represents the project.
 |
| * The City works with subrecipients to enter the new project application in the HUD application portal eSNAPS. Subrecipients provide the narratives and application information per the HUD New Project Application Detailed Instructions into eSNAPS. Subrecipients will receive a pdf copy of the final eSNAPS application.
 | * Applicants enter project applications directly into eSNAPS and submit a pdf copy to the CoC as part of the local application.
 |
| * If funded, the City contracts directly with HUD and the project applicant contracts with the City as a subrecipient. HUD monitors the City. The City monitors its subrecipients on behalf of the City and the CoC.
 | * Project applicants contract directly with HUD. On occasion, HUD monitors the recipient that is fully accountable to HUD. Project monitoring and evaluation is conducted annually by the City of St. Louis HSD in their role as Collaborative Applicant for the CoC.
 |
| * Administration budget line item (maximum 10%) is shared between the City of St. Louis and Subrecipient 50%/50%.
 | * Administration budget line item (maximum 10%) is retained by the applicant.
 |
| * Subrecipients submit monthly performance reports and documented invoices for reimbursement to the City. When approved, electronic payment occurs usually within 30 days.
 | * Recipient draws down funding from HUD on a regular basis through the [eLOCCS federal system](https://www.hud.gov/program_offices/cfo/loccs_guidelines). Recipients are encouraged to conduct monthly draws and at minimum, quarterly.
 |

**About the City of St. Louis Homeless Services Division - Recipient**

As administrator of federal, state, and local funds, the City of St. Louis Department of Human Services, Homeless Services Division (HSD) provides a comprehensive approach in responding to the diverse needs of people experiencing homelessness or housing displacement in the City of St. Louis.

The City of St. Louis HSD is the collaborative applicant for the St. Louis City Continuum of Care (CoC), as well as the administrator of Emergency Solutions Grant (ESG) and Domestic Violence Shelter Funding (RSMo 455.210 - 455.230). HSD performs several important functions to coordinate homeless services with the CoC in St. Louis City that include the following:

• Development, coordination, and monitoring of new and existing housing and services programs to meet the needs of people experiencing homelessness and/or at-risk of homelessness;

• Negotiation of contracts with social service agencies ensuring that housing and services are delivered efficiently, effectively, and unduplicated;

• Collaboration and partnership with a broad spectrum of participants in the homeless services delivery system such as health and human services professionals, advocates, government officials, representatives from nonprofit agencies, businesses, and persons with lived experience from the metropolitan area, to address any needs that arise for the homeless community; and,

• Participation in a wide array of community meetings, committees, councils, training events, and national events and conferences, and community events, to educate and share information and best practices in the field of serving and housing homeless individuals and families.

Through these activities, the Homeless Services Division works to ensure an efficient homeless services system for funding the most efficient and effective programs, reducing duplication of services and increasing innovative program design.

Specific HUD guidelines related to the roles of a CoC Program grant recipient can be found at: <https://www.hud.gov/sites/dfiles/CPD/documents/SNAPS-Shots-Using-Contractors-in-ESG-and-CoC-Programs.pdf>

**HUD Definition of a Subrecipient**

The CoC Program Grant Subrecipient:

1. Makes determinations about who is eligible to receive what assistance;
2. Has its performance measured in relation to whether objectives of the program were met (e.g., is accountable for meeting HUD-established performance measures);
3. Has responsibility for programmatic decision making;
4. Is responsible for adherence to applicable requirements in the program regulations and HUD’s grant agreement with the recipient as well as adheres to the City of St. Louis CoC’s Policies and Procedures and Written Standards of Care;
5. Uses the program funds to carry out a portion of a recipient’s ESG program or to carry out a CoC or ESG project, for a public purpose specified in the McKinney-Vento Homeless Assistance Act (e.g., for the benefit of homeless individuals and families and individuals and families at-risk of homelessness), as opposed to providing goods or services for the benefit of the recipient or subrecipient.

**4. Eligible New Projects**

Basic definitions, eligible costs, and programming elements of housing projects for the Continuum of Care Program Grant can be found [here](https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/). In addition to the NOFO and the new project detailed instructions above, applicants should also review [HUD CoC Program guides](https://www.hudexchange.info/programs/coc/toolkit/) and the [CoC Interim Rule](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/), to fully understand program requirements.

The Unsheltered Special NOFO includes the following categories for new projects under the unsheltered set-aside:

* **PH-PSH: Permanent Supportive Housing**
* **PH-RRH: Rapid Re-Housing**
* **Joint TH and PH-RRH: Transitional Housing and Rapid Re-Housing**
* **SSO-CE: Coordinated Entry**
* **SSO-non CE: Street Outreach or SSO Other**
* **HMIS: Homeless Management Information Systems**
1. **Funds Available**

Total funds available under the Unsheltered Special NOFO for our community:

**St. Louis MO-501 Allocation Maximum Set-Aside
$17,305,363 over Three Years**

The total amount available represents funding for new projects based on a three-year grant term. In other words, the CoC could put forward projects totaling approximately $5,768,454 per year. If awarded by HUD, projects would begin in late 2023 or 2024 and be contracted for three years through 2026 or 2027. All awarded projects must be underway by September 15, 2024.

1. **Conflict of Interest**

Communication about this RFP or the local CoC Unsheltered Special NOFO competition with a member of the St. Louis City CoC Board of Directors appointed Review and Rank Committee is strictly prohibited until the entire project prioritization and funding decisions are final and approved by the CoC Board of Directors.

Additional conflict of interest or required disclosures are found in the CoC’s Review, Score and Ranking Procedures.

1. **Homeless Management Information System HMIS and Performance Measurement**

All CoC program recipients and subrecipients must ensure that data on all persons served and all activities assisted under the CoC programs are entered into the HMIS in accordance with HUD's standards on participation, data collection, and reporting requirements.

The St. Louis City CoC participating agencies are required to enter data on a regular and consistent basis into the HMIS system administered by the [Missouri Institute for Community Alliances](https://icalliances.org/missouri) (ICA). Data must be entered for CoC housing programs according to the CoC data timeliness standards. Any agency funded through the CoC will be required to use the HMIS system upon grant award. Agencies providing legal services or registered to serve persons fleeing violence are not allowed to use the shared HMIS system but must collect data in an HMIS equivalent system meeting the HUD data standards and regularly report de-identified aggregate performance data to the CoC and HUD.

**Scoring Applicant Performance Measurement**

HUD requires that the CoC Review, Score and Ranking procedures scoring tool used to determine the project priority list for the Unsheltered Special NOFO include at least 20% of scoring points be based on agency performance metrics. First time applicants, HMIS non-participants, or organizations that have not participated in CoC or ESG funded programs in the last year, will not have comparable performance measurements from current or prior projects in which to be scored. Therefore, as a data driven system, the CoC asks new applicants with no recent or existing HMIS history to provide specific performance measurements, data collection standards or other indicators of program performance used in their organizations to track outputs, outcomes of improve service delivery. This may include performance reporting to other funders, federal or state grants, etc., or HMIS reporting from projects prior to 2021. This information will be presented on **Form UN-C in the Appendix.**

Agencies that are current HMIS participants with active programs in the last year will have a record of data collection and performance in the CoC. ICA will prepare historical reporting based on the CoC Scoring Matrix Tool.

1. **Submission Instructions for New Project Applications**

The items below detail the specific checklist of application materials that should be submitted. Please submit Part I, Part II and Part III (if applicable) in separate PDF files. Email these files in ONE email to bickforda@stlouis-mo.gov by September 19, 2022 at 4:00 pm. Name the files:

ProjectName\_PartI.pdf

ProjectName\_PartII.pdf

ProjectName\_PartIII.pdf

If your project name is long, any appropriate abbreviation in the file name is sufficient.

When converting large files to PDF, please, where possible, print to pdf from an original electronic format RATHER than using a scanner. Scanned documents are often converted to images which create extremely large files. With the expedited timeline set by HUD, every opportunity to keep applications smaller, manageable and easily navigable is greatly appreciated.

|  |
| --- |
| **NEW PROJECT Application Submission Requirements Checklist** |
| **PART I:*** **Form UN-A.** City of St. Louis Unsheltered Special NOFO New Project Application Coversheet
* **B.** Exported PDF of complete eSNAPS (*Direct Applicants only*) ***OR*Form UN-B** and **UN-B1 Excel spreadsheet** (*City Subrecipients only*) converted to PDF
* **Form UN-C.** Documentation of Agency Performance Measurements (*All Applicants. Applicants with no HMIS reporting with CoC or ESG funded programs in the last year will be required to submit additional materials in their application*)

**PART II Attachments All Applicants:** * **D.** Applicant Eligibility: 501(c) 3 nonprofit status or unit of local government documentation
* **E.** Copy of System for Award Management (SAM.gov) Organizational Registration Report
* **F.** Match Documentation Letter
* **G.** Program or Agency Policies and Procedures
* **H.** Current List of Board of Directors – Including identification of member(s) who has lived experience in homelessness, if applicable.
* **I.** Most recently submitted A133 or Audit (e.g., Form 990 Public Copy)
 |
| **Part III Attachments City of St. Louis Subrecipient Applicants Only:*** **J.** Current FY2022 Agency Operating Budget
* **K.** Recent Income Statement
* **L**. Balance Sheet for the last three years
* **M.** Recent statement of Cash Flows
 |

**Agency Policies and Procedures (Item G)**

Consistent with several HUD service priorities the CoC will be evaluating how programs demonstrate:

* F1 Racial Equity
* F2 Gender Identity
* F3 Incorporation of Expertise by Persons with Lived Experience
* F4 Housing First

The primary tool for evaluation will be the agency’s policies and procedures. PLEASE HIGHLIGHT IN THE DOCUMENT or REFER TO SPECIFIC PAGES the sections of the policies that relate to these priorities areas as labeled in the Scoring Tool.

Alternatively, if your agency has extremely large policies and procedure documents, it is also acceptable to only submit the specific pages that demonstrate these service priorities.

For example, housing first approaches may be reflected in eviction/termination prevention procedures, landlord negotiation or advocacy processes, etc. Inclusivity of persons with lived experience may be referenced in participant feedback protocols, exit interviews procedures, etc. Submit what best demonstrates your agencies efforts to address these service priorities.

**9. CoC Rank and Review Process**

The Program Performance Committee developed, and approved by the CoC Board of Directors the Review, Score and Rank procedures as well as the scoring tools used for renewal and new project applications. CoC Project Scoring Matrix is available on the City of St. Louis HSD and the St. Louis City CoC websites. The Rank and Review Sub-Committee will make decisions based on HUD NOFO guidance, project scores, local priorities, and funds available. The CoC Review, Score and Ranking Procedures can be found on the CoC website.

# Sections 10 – 20 of this RFP Components Impact Subrecipient Applicants Only

**10. City of St. Louis Subrecipient New Project Applications RFP Terms and Conditions**

1. The City reserves the right to reject any and all proposals submitted; to select one or more respondents; to void this RFP and the review process and/or terminate negotiations at any time; to select separate respondents for various components of the scope of services; to select final team members from among the proposals received in response to this RFP. Additionally, any and all RFP project elements, requirements and schedules are subject to change and modification. The City also reserves the unqualified right to modify, suspend, or terminate at its sole discretion any and all aspects of its New Project Application RFP process, to obtain further information from any and all respondents, and to waive any defects as to form or content of the RFP or any responses by any firm. Respondents may be asked to make one or more presentations and participate in interviews.
2. This RFP does not commit the City to award a contract, to defray any costs incurred in the preparation of a response to this request, or to procure or contract for services. All submitted RFPs become the property of the City as public records. All proposals may be subject to public review, on request, unless exempted as discussed elsewhere in this RFP.
3. By accepting this RFP and/or submitting a proposal in response thereto, each proponent agrees for itself, its successors and assigns, to hold the City and all of their various agents, commissioners, directors, consultants, attorneys, officers and employees harmless from and against any and all claims and demands of whatever nature or type, which any such proponent, its representatives, agents, contractors, successors or assigns may have against any of them as a result of issuing this RFP, revising this RFP, conducting the selection process and subsequent negotiations, making a final recommendation, selecting a proponent or negotiating or executing an agreement incorporating the commitments of the selected proponent.
4. Proposals shall be open and valid for a period of 60 days from the date of their submission to the City.
5. All materials submitted in accordance with this RFP will become and remain the property of the City and will not be returned. All proposals will be considered public records, pursuant to the City’s understanding and interpretation of the laws of the State of Missouri. All proposal material may be treated as open records. The City cannot guarantee confidentiality of any materials. Thus, proposals and communications exchanged in response to this RFP should be assumed to be subject to public disclosure.
6. The proposed activities within an applicant’s proposal must meet the funding priority and eligible components as stated within the RFP.
7. Applicant must have a DUNS Number AND 12-digit UEI number.
8. Applicant must have registered in the System for Award Management (<https://www.sam.gov/SAM/>) before a contract can be awarded and are strongly encouraged to start the registration process on www.SAM.gov as soon as possible.
9. Applicant must be current with IRS Form 990 filings (when applicable) or be under an automatic or approved extension.
10. Applicant must have completed all required federal audits (if applicable).
11. Applicant must be current on filings of all federal, state, or local taxes.
12. Applicant must not have any unresolved or open HUD audit or monitoring findings.
13. Applicant must be in good standing with the State of Missouri and City of St. Louis (**Please note applicants must have a current business license or be deemed exempt by the License Collector’s Office)**.

See: <https://www.stlouis-mo.gov/government/departments/license/business-license-info/> and <https://www.stlouis-mo.gov/government/departments/license/business-license-info/Graduated-Business-License-Process.cfm>

1. Applicant’s proposed activities must not take place in a building not approved for occupancy by the City of St. Louis. See: <https://www.stlouis-mo.gov/government/departments/public-safety/building/permits/occupancy-permits/commercial-occupancy-permits.cfm>
2. Applicant must not be on the federal Excluded Parties List (debarred). See: <https://www.dol.gov/agencies/ofccp/debarred-list>

**NOTE: New Project Applicants that apply directly to the CoC are NOT subject to the above City of St. Louis RFP Terms and Conditions.**

**11. Additional Considerations for City of St. Louis Subrecipient Applicants**

Please note the City of St. Louis has the discretion to change subrecipient allocations based on the quality and quantity of proposals received. Private, nonprofit, tax-exempt organizations that plan to provide these projects/services are eligible to apply.

PSA Committee: In accordance with Ordinance 64102 and the Rules and Procedures for Professional Service Agreements promulgated pursuant to the same and approved by the Board of Public Service of the City of St. Louis, professional service selections shall comply with these procedures, including the use of a Selection Committee.

The Professional Services Selection committee shall be composed of the following: the Director of the department, division or agency seeking the professional service or the designee of the Director, who shall act as chairperson; one member of said department’s, division’s or agency’s staff selected by said Director, one member selected by the Mayor; one member selected by the Comptroller; and one member selected by the President of the Board of Aldermen.

The City will evaluate all proposals based on:

1. Review of the new project proposals by the Homeless Services Division (HSD) for conformance to the submission requirements and a determination of whether the proposals meet the minimum criteria established in this RFP.
2. Review of the proposals by the Professional Services Agreement Committee. The PSA committee may require interviews with applicants and provide applicants the opportunity to clarify their proposals and advise the City of any additional factors that may be relevant to their decision.

Each member of the Selection Committee shall vote to select applicants to perform the services requested in the RFP. Each PSA member will have one vote to approval formal submission of the proposals on to the CoC for submissions.

After the PSA Committee’s review process and decision-making meeting, DHS Homeless Services Division will provide written notification to all applicants regarding selections and movement of their proposals to the Continuum of Care’s Review, Score and Ranking process.

If the PSA rejects any proposal, they must provide written notification detailing the specific deficits within the proposal by September 6 at 12:00 pm/Noon.

**NOTE: New Project Applications submitted directly to the CoC in eSNAPS, are not subject to the City of St. Louis internal PSA application review process. They will be reviewed only through the final CoC Rank and Review Process.**

**12. City of St. Louis Contract Obligations Subject to Appropriation**

The award and performance of any contract or agreement that results from this RFP is subject to appropriation of funds for such purposes by the City, including re-appropriations for each fiscal period. The City reserves the right to not appropriate funds in any fiscal period to make the payments required under any agreement or contract. In the event funds are not appropriated in any fiscal period for the purposes of making payments as required, any agreement or contract for which the payments are not appropriated shall terminate without penalty or expense to the City whatsoever.

**13. City of St. Louis Earnings Tax Requirements**

Every contract for services executed on behalf of the City shall require certification from the Collector of Revenue dated not more than thirty (30) working days prior to the execution of the contract stating that the contractor has paid all City earnings taxes due as of the date of the certification and has filed all returns of earnings tax and payroll expense tax required to be filed as of the date of the certification and from the License Collector that the contractor has a current business license, if applicable. Any contract for services executed without such certifications shall be void and of no force or effect.

Every contract for services executed on behalf of the City shall reflect a deduction of the earnings tax at the rate of one per cent on the amount of each payment, subject to subsequent adjustment or refund when the subject earnings tax return is filed.

**14. City of St. Louis Prohibited Contract Clauses**

The City will not accept any contract awarded following this RFP that includes a limitation of liability clause. Limitations of liability clauses include, but shall not be limited to:

* Monetary caps on the amount a vendor or contractor will pay to the City under any circumstances.
* Limits on categories of risks or liabilities for which a vendor or contractor will compensate the City.
* Limits on or disclaimers of certain damages.
* Limits on when the City can bring a breach of contract or breach of warranty claim.
* Limits on when the City can bring a tort claim.

**15. City of St. Louis Public Records Law**

Any Contractor awarded this contract acknowledges that the City is a “public governmental body” under and subject to the State of Missouri’s Sunshine Law (the “Act”), Revised Statute of Missouri § 610.010 et seq. The City will not give prior notice of receipt of a request under the Act for any record that has been provided to it by Contractor, nor of any record disclosed pursuant to the Act. Nothing in any awarded contract shall supersede, modify, or diminish in any respect whatsoever any of the City’s rights, obligations, and exceptions under the Act, nor will the City be held liable for any disclosure of records, including information that City determines in its sole discretion is a public record subject to disclosure under the Act.

**16. Missouri Unauthorized Aliens Law**

Requirements: Respondents are hereby advised that any Agreement that will be executed with a successful respondent pursuant to this RFP is subject to sections 285.525 through 285.555 of the Revised Statutes of Missouri, as amended (the “Missouri Unauthorized Aliens Act”). As a condition to the award of any such agreement, the successful respondent shall, pursuant to the applicable provisions of the Missouri Unauthorized Aliens Law, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the agreement. The successful respondent shall also affirm in said affidavit that it does not knowingly employ any person who is an unauthorized alien in connection with the Agreement pursuant to the Missouri Unauthorized Aliens Law. A copy of an affidavit can be found at the following website <https://ago.mo.gov/docs/default-source/forms/affidavit_of_compliance.pdf?sfvrsn=2> and on the RFP’s website page.

Information regarding the Missouri Unauthorized Aliens Law is available on the Missouri Attorney General’s web site at<https://ago.mo.gov/criminal-division/public-safety/unauthorized-alien-workers>. Information regarding E-Verify can be found on U.S. Citizenship and Immigration Services’ web site at <https://everify.uscis.gov/enroll>.

**17. City of St. Louis Living Wage & Service Contract Prevailing Wage**

The City of St. Louis presently has in force a Living Wage Ordinance (#65597) applicable to contracts of $50,000 or more in any twelve-month period, with limited exceptions.  The City posts through the Airport Authority an Annual Living Wage Adjustment Bulletin specifying the current Living Wage.  Any proposal or bid must reference the current Living Wage and, if applicable, demonstrate how the contractor shall comply with Ordinance 65597. <https://www.stlouis-mo.gov/internal-apps/legislative/upload/Ordinances/BOAPdf/65597x00.pdf>

The City of St. Louis presently has in force a Service Contract Prevailing Wage Ordinance (#62124) containing Minimum Prevailing Wages and Minimum Prevailing Benefits.  Service Contract Minimum Prevailing Wages and Minimum Prevailing Benefits for specific occupations for the St. Louis area are determined and published by the U.S. Secretary of Labor.  Any proposal or bid must demonstrate how the contractor shall comply with Ordinance 62124 to the extent it is applicable.

Per Ordinance 65597, contracts subject to the Service Contract Minimum Prevailing Wage and the Living Wage must pay a minimum wage that is the greater of the two.

**18. Missouri Statute – Israel Engagement Activity**

Requirements: Respondents are hereby advised that any Agreement that will be executed with a successful respondent pursuant to this RFP is subject to [*Certification under Revised Statutes of Missouri Section 34.600*](https://revisor.mo.gov/main/OneSection.aspx?section=34.600)*.* If a contract or grant exceeds $100,000 in value, and Subrecipient has 10 or more employees, then as a condition for the award of a contract or grant, Subrecipient, shall, pursuant to the provisions of Section 34.600 of the Revised Statutes of Missouri 2000, as amended, by sworn affidavit affirm and certify that Subrecipient is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the state of Israel; or persons or entities doing business in the state of Israel. <https://revisor.mo.gov/main/OneSection.aspx?section=34.600>

**19. City Liability Coverage Requirement**

Any City of St. Louis Contractor (subrecipient) awarded a contract shall procure and maintain General Liability Coverage, Automobile/Motor Liability Coverage (including non-owned and hired vehicle coverage), and Worker’s Compensation Insurance, and no coverage amounts listed shall be construed to limit the liability of the Contractor. The Contractor awarded this contract shall provide a Certificate of Insurance to the City of St. Louis prior to the execution of this contract, with “The City of St. Louis” listed as an Additional Insured to the policy. Certificates attesting to the coverage and naming the City of St. Louis as additional insured shall be mailed to:

Department of Human Services

Homeless Services Division

Room 4062, 1520 Market St

St. Louis, MO 63103

The Contractor’s Insurance provider shall be authorized to transact business in the State of Missouri and registered with the Missouri Department of Insurance – Financial Institutions & Professional Registration. Such Insurance company must have a financial strength of “A-” or better and a financial class size IV or greater as indicated in A.M. Best’s Key Rating Guide. (<http://www.ambest.com/home/default.aspx>).

Such liability insurance coverage must also extend to damage, destruction and injury to City owned or leased property and City personnel, and caused by or resulting from work, acts, operations, or omissions of Consultant, its officers, agents, employees, Consultants, subcontractors, licensees, invitees, representatives, and independent Consultants and, contractual liability insurance sufficient to cover Consultant's indemnity obligations hereunder. The City will have no liability for any premiums charged for such coverage, and the inclusion of the City as an Additional Insured is not intended to, and does not make the City a partner or joint-venture with Consultant in its operations hereunder. Each such insurance policy must, by endorsement, provide primary coverage to the City when any policy issued to the City provides duplicate or similar coverage and, in such circumstances, the City's policy will be excess over Consultant's policy.

**20. City of St. Louis Termination Rights**

Any contract awarded may be terminated by the City for convenience and without cause upon thirty (30) calendar days written notice delivered to Contractor, in which event Contractor shall be paid for all work performed up until the date of termination.

Any contract awarded may be terminated by either party for cause upon ten (10) calendar days written notice delivered to the other should the other party fail substantially to perform in accordance with the Agreement’s material terms. The non-performing party may use this ten (10) day notice period as an opportunity to cure any failure to substantially perform. If the Contractor abandons this contract, it shall indemnify the City against any loss caused by said abandonment.

# APPENDIX – and Forms Instructions

* **Form UN-A** – Coversheet for ALL project applications. Complete a NEW Form UN-A for each individual project
* **UN-B.** – A complete copy of the Direct Applicant’s eSNAPS application “Export to PDF”

**OR**

* **Form UN-B Housing Projects** – City of St. Louis New Project Subrecipient Application form. Complete the Microsoft Word document. Convert the file to PDF.

**OR**
* **Form UN-B Supportive Services Only (SSO)** – City of St. Louis New Project Subrecipient Application form. Complete the Microsoft Word document. Convert the file to PDF.



 **UN-A. COVER SHEET
Unsheltered Special NOFO**

**NEW PROJECT APPLICATIONS REQUEST FOR PROPOSALS (RFP)**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **New Project Name** |  |
| **Project Address** |  |
| **Executive Director Name** |  |
| **Executive Director Email/Phone**  |  |
| **Organization Address** |  |
| **Organization Telephone #** |  |
| **Organization Fax #** |  |
| **Organization Website** |  |
| **Organization DUNS #** |  | **Tax ID or EIN:** |  |
| **Organization UEI # (Sam.gov)** |  |
| **Contact Person & Title**  |  |
| **Contact’s E-mail**  |  |
| **Contact’s Telephone #** |  |

**SELECT ONLY ONE OF THE FOLLOWING CATEGORIES:**

|  |
| --- |
| * **PH-PSH: Permanent Supportive Housing**
* **PH-RRH: Rapid Re-Housing**
* **Joint TH and PH-RRH: Transitional Housing/Rapid Re-Housing**
* **SSO-non CE: Street Outreach or SSO Other**
* **HMIS: Homeless Management Information Systems**
 |

**Page 2: Form UN-A Unsheltered Special NOFO New Project Application Cover Sheet**

**APPLICANT TYPE:**

**❒** City of St. Louis Subrecipient **❒** Direct Applicant

AND

**❒** NON **-** Victim Services Provider **❒** Victim Services Provider (definition **24 CFR 578.3)**

**Financial Section:**

Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested amount reflects \_\_\_\_% of the program/project budget $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested amount reflects \_\_\_\_% of the total agency’s budget $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of funds that will serve as match for this project $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (minimum 25%)

Projected Grant Start Up date and term \_MM/DD/YYYY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*NOTE: All grants funded by the Unsheltered Special NOFO will be a three-year term.*

**Target Population(s)**

 Single Men Women w/children Veterans Mentally Ill

 Single Women Elderly Youth Other \_\_\_\_\_

 Families Reentry Substance Use/Treatment

 Teenage Mothers Chronic Homeless Domestic Violence, Dating Violence & Stalking

 Persons with HIV/AIDS Physically Disabled Developmentally Disabled



**HOUSING PROJECTS**

**Form UN-B. SUBRECIPIENT NEW HOUSING PROJECT APPLICATION**

**HOUSING PROJECTS**

**PSH, RHH and JOINT TH-RRH**

**Unsheltered Special NOFO New Project Application**

**City of St. Louis**

**Reminder: This Form UN-B is to be completed ONLY by applicants wishing to be a subrecipient of the City of St. Louis. Direct Applicants must create their applications in eSNAPS.**

***Applicant:*** *Please adhere closely to* [*the* [*HUD Unsheltered NOFO New Project Application Detailed Instruction*](https://www.hud.gov/sites/dfiles/CPD/documents/CoC/NEW-Unsheltered-DI-FINAL-7-14-22.pdf) *document*](https://www.hud.gov/sites/dfiles/CPD/documents/CoC/NEW-Unsheltered-DI-FINAL-7-14-22.pdf) *in completing this application form. THERE ARE DISTINCT DIFFERENCES IN SOME QUESTIONS BETWEEN THE DIFFERENT TYPES OF HOUSING (PH, RRH, TH-RRH)*

**Experience of Applicant, Subrecipient(s), and Other Partners** (eSNAPS 2B.)

1. **Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.** Required. Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:
	1. working with and addressing the target population(s) identified housing and supportive service needs;
	2. developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation;
	3. identifying and securing matching funds from a variety of sources; and
	4. managing basic organization operations including financial accounting systems.

Applicant experience narrative (maximum 3500 characters):

1. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase “No experience leveraging other federal, state, local, or private sector funds.”

Applicant experience in leveraging funds narrative: (maximum 3500 characters):

1. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.

Organizational financial management structure narrative: (Maximum 3,500 characters)

1. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?

🞏 Yes, your organization has unresolved HUD Monitoring or OIG Audit findings

🞏 No, there are no unresolved HUD Monitoring or OIG Audit findings. The HUD monitoring or OIG audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs, (e.g., HOPWA, ESG).

4a. Describe the unresolved monitoring or audit findings. If “Yes” was selected for question 4. provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

Unresolved monitoring findings narrative:

**Project Detail** (eSNAPS 3A.)

7. Is your organization a victim service provider defined in 24 CFR578.3? ❑YES ❑NO

**Yes**, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

24 CFR 578.3: Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

**No**, if your organization, or subrecipient, is not a victim service provider.

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? ❑YES ❑NO

9. Will this project include replacement reserves in the Operating budget? ❑YES ❑NO

**Project Description** **(eSNAPS 3B.) for PSH, RRH and TH-RRH**

1. **Provide a description that addresses the entire scope of the proposed project.** Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

The information in this description must align with the information entered in other screens of the application. Additionally, if your project will implement service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

**Joint TH-RRH PROJECTS additional project description:** If you are not requesting CoC Program funds for both TH and PH-RRH units in this application, you must include the number of TH and PH-RRH units that will be utilized by your project from other funding source(s) and provide details of how TH and PH-RRH assistance will be provided for all program participants under this joint component. For example, if TH units are requested in this application and PH-RRH units will be funded from other sources, the description must include information as to where the funds for the PH-RRH units will come from, and if provided by a separate organization, provide organizational information and source funding for these units, including the number of units supported.

**Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in CY 2023 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

Project description narrative: (Maximum 3,500 characters)

1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFO? The CoC Plan to End Homelessness for Individuals and Families with Severe Service Needs. ***(NOTE: The CoC Plan to be finalized by the CoC Sept. 9, 2022 and posted on the COC and City websites.)***

The Plan: (Maximum 3,500 characters)

**Project Implementation Milestones –**

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award. You must enter a value greater than zero for at least one project milestone. You must enter information in at least one field on the table. If your project includes multiple structures you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank or you can enter “0” or “NA”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Milestones** | **Days from Execution****of Grant Agreement** | **Days from Execution****of Grant Agreement** | **Days from Execution****of Grant Agreement** | **Days from Execution****of Grant Agreement** |
|  | **A** | **B** | **C** | **D** |
| **Begin hiring staff or expending funds** |  |  |  |  |
| **Begin program participant enrollment** |  |  |  |  |
| **Program participants occupy leased or rental assistance units or structure(s), or supportive services begin** |  |  |  |  |
| **Leased or rental assistance units or structure, and supportive services near 100% capacity** |  |  |  |  |
| **Closing on purchase of land, structure(s), or execution of structure lease** |  |  |  |  |
| **Start rehabilitation** |  |  |  |  |
| **Complete rehabilitation** |  |  |  |  |
| **Start new construction** |  |  |  |  |
| **Complete new construction** |  |  |  |  |

**Populations to be Served**

3. Place “X” the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| N/A - Project Serves All Subpopulations |  | Domestic Violence |  |
| Veterans |  | Substance Abuse |  |
| Youth (under 25) |  | Mental Illness |  |
| Families |  | HIV/AIDS |  |
| Chronic |  | Other |  |

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? ❑YES ❑NO

5a. Will the project quickly move participants into permanent housing? ❑YES ❑NO

5b. Will the project enroll program participants who have the following barriers: (*Select all that apply be placing an “X” next to the relevant participant barrier)*

|  |  |
| --- | --- |
| Having too little or little income |  |
| Active or history of substance use |  |
| Having a criminal record with exceptions for state-mandated restrictions |  |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) |  |
| None of the above |  |

5C Will the project prevent program participant termination for the following reasons? *(Select all that apply be placing an “X” next to the relevant participant barrier)*

|  |  |
| --- | --- |
| 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 in the project’s geographic area |  |
| None of the above |  |

5d. Will the project follow a "Housing first" approach? ❑YES ❑NO

6. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? ❑YES ❑NO

If YES, 6a. Explain how and why the project will implement this requirement. Required if you answered “Yes” to question 6. Describe the reason for this program design.

The Plan: (Maximum 3,500 characters)

7. Will more than 16 persons live in a single structure? ❑YES ❑NO

7a. Describe the local market conditions that necessitate a project of this size. Required if you answered “Yes” to question 7. Explain the local market conditions that require placing more than 16 persons in a single structure.

Single Structure:

7b. Describe how the project will be integrated into the neighborhood. Required if you answered “Yes” to question 7. Explain how your organization will successfully integrate program participants into the neighborhood.

Neighborhood integration:

**Supportive Services for Participants** (eSNAPS 4A.)

1. **Describe how program participants will be assisted to obtain and remain in permanent housing:**

***PSH PROJECTS***: **Describe how program participants will be assisted to obtain and remain in permanent 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. Additionally, if you will coordinate with other partners, include their role in meeting this criterion.

The description should include:

•how you will determine the right type of housing that fit the needs of program participants (this should match the information entered on screen 4B. Housing Type);

•if you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges;

•the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management; housing counseling, employment resources); and

•how you will work with program participants to set goals towards successful retention of permanent housing.

* if this project will exclusively assist victims of domestic violence, the description must include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing.

***RRH PROJECTS:*** As Rapid Re-Housing funds are short-term (up to 3 months) or medium-term (up to 24 months) tenant-based rental assistance, describe how the project applicant will help program participants obtain permanent housing, and provide the necessary services and support to help program participants successfully remain in permanent housing once assistance ends. 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. The description should include how you will:

* determine the right type of housing that fits the needs of program participants (this should match the information entered on screen **4B. Housing Type**).
* work with landlords to address possible issues and challenges.
* work with program participants to set goals towards successful retention of permanent housing.

***JOINT TH-RRH PROJECTS:*** 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. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

* how you will determine the right type of housing that fit the needs of program participants
* if you will use rental assistance (PH-RRH portion) or leasing assistance (TH portion), how you will work with landlords to address possible issues and challenges;
* the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management; housing counseling, employment resources); and
* how you will work with program participants to set goals towards successful retention of permanent housing.

**DV:** If the PSH, RRH or RRH/TH-RRH project will exclusively assist victims of domestic violence, the description must include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing.

Supportive Services Plan narrative: (maximum 3,500 characters)

2. **Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.** Describe how this project will help program participants obtain the benefits for which they are eligible. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

* assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities);
* the type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI; SSDI; Food Stamps, Veterans benefits);
* the type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education); and
* access to healthcare benefits and resources (e.g., Medicaid, Medicare, healthcare for the homeless, FQHCs).

Integration and coordination of services narrative: (maximum 3,500 characters)

3. **COMPLETE UN-B1 UN NOFO New Project Application. EXHIBIT A**. For all supportive services available to program participants, indicate who will provide them and how often they will be provided from the list of supportive services provided, select the service(s) provided by your project to program participants from; your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just those that may be requested in the project application.

Identify whether the project includes the following activities:

4. Transportation assistance to program participants to attend mainstream benefit appointments, employment training, or jobs?

* **Yes,** if the project provides regular, or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, and jobs. Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, etc.

* **No**, if transportation is not regularly provided or cannot be provided consistently as requested.

5. Annual follow-up with program participants to ensure mainstream benefits are received and renewed?

* **Yes**, if the project follows-up with program participants annually to ensure they applied for mainstream benefits (e.g., TANF, food stamps, SSI) for which they are eligible, receiving the benefits, and renew benefits as required.
* **No**, if the project does not follow-up with program participants annually.

6. Will program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency?

* **Yes**, if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by the project applicant, a subrecipient, or a partner agency–through a formal or informal relationship.
* **No**, if there is no or significantly limited access to SSI/SSDI technical assistance.

35a. IF YES Has the staff person providing the technical assistance completed SOAR training in the past 24 months?

* **Yes**, if the staff person who provides SSI/SSDI technical assistance completed SOAR training, online or in person, in the past 24 months. If more than one person provides technical assistance, only select “Yes” if all persons have completed the training.
* **No**, if the staff person(s) has not completed SOAR training.

**Housing Type and Location** (eSNAPS 4B)

1. The following list summarizes each housing site in the project. *\*The number of beds provided should equal the number of persons served.*

**Total Number of Units: \_\_\_**

**Total Number of Beds: \_\_\_**

**Total Dedicated CH Beds: \_\_\_**

*\*NOTE: the Unsheltered Special NOFO does NOT distinguish Chronic and Dedicated Plus.*

1. Housing Breakdown of Units, Beds and Dedicated beds based on housing type Chart:

**Address:** Enter the address for all properties for which funding is requested. If the location is not yet known, enter the expected location of the housing units. For scattered-site and single- family housing, or for projects that have units at multiple locations, you should enter the address where the majority of units and beds will be located. Where the project uses tenant-based rental assistance, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for your administration office and indicate it is the office address. **Important Note**: Projects serving survivors of domestic violence must use a PO Box or other anonymous address to ensure the safety of program participants.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **PSH Housing Type** | **Units** | **Beds** | **Dedicated Chronic** | **Address** |
| *EXAMPLE: Cluster Apartments*  | *10* | *10* | *10* | *Oak Manor, 222 Oak St.* |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RRH Housing Type** | **Units** | **Beds** | **Dedicated Chronic** | **Address** |
| *EXAMPLE: Scattered Site Apartments* | *10* | *10* | *10* | *Agency Admin Address* |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Joint TH-RRH Housing Type** | **TH Units** | **TH Beds** | **RRH Units** | **RRH Beds** | **Dedicated Chronic** | **Address** |
| *EXAMPLE: Scattered Site Apartments* |  |  | *12* | *18* |  | *Agency Admin Address 123 Main St.* |
| *Example: Dormitory* | *4* | *8* |  |  |  | *Pear Tree Apts. 111 Pear St. STL* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***PSH and RRH Housing Types to Select From:***

* ***Dormitory****: (shared or private rooms). Individuals or families share sleeping rooms or have private rooms; share a common kitchen, common bathrooms, or both.*
* ***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.*
* ***Single Room Occupancy (SRO) units:*** *Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.*
* ***Clustered apartments****: Individuals or families have a self-contained housing 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.*

**Part 4 Housing Type PH – JOINT TH-RRH Projects Only:**

**Select from the following housing types.**

* + **Barracks:** Individuals **or** families sleep in a large room with multiple beds.
		- Can be used for TH units and beds of this joint project.
		- Not appropriate for PH-RRH units and beds and should not be selected.
	+ **Dormitory: (shared or private rooms)**. Individuals or families share sleeping rooms or have private rooms; persons share a common kitchen, common bathrooms, or both.
		- Can be used for the TH units and beds of this joint project.
		- Not appropriate for PH-RRH units and beds and should not be selected.
	+ **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.
	+ **Single Room Occupancy (SRO) units**: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
	+ **Clustered apartments**: Individuals or families have a self-contained housing 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.
1. **JOINT TH-RRH PROJECTS ONLY: What is the funding source for these units and beds?** Be sure to include all funding sources used for this project, not just CoC Program funds. Using the dropdown, select the appropriate type of funding:
	* **CoC;**
	* **ESG;**
	* **Section 8;**
	* **HUD-VASH;**
	* **Mixed Funding; Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	* **Other: Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARTICIPANTS SERVED** (eSNAPS 5A and 5B)

**Complete UN-B1 UN NOFO New Project Application.xls Exhibit B and C**

1. **COMPLETE EXCEL UN-B1, EXHIBIT B** **“Households Table”** Detailing the total number of program participants in the Households Served table to indicate household types and total persons served by the project.

2. **COMPLETE EXCEL UN-B1 EXHIBIT C “Subpopulations Table”** For the units provided, indicate the number of persons intended to be served within the subpopulations.

**FUNDING REQUEST (**eSNAPS Part 6)

**NOTE:** All funds conditionally awarded in the Unsheltered Special NOFO must be obligated via grant agreement no later than September 15, 2024.

**PROJECT BUDGET (6A – 6F)**

**Complete UN-B1 UN NOFO New Project Application.xls Excel Exhibit D,E,F,G,H**

**You will create an annual budget in the Exhibits. The Summary worksheet (H) will provide the three-year mandatory grant term TOTAL three-year budget. This three-year budget represents the funds you are applying for.**

Below is a snapshot of eligible costs by component type for CoC projects.

|  |  |  |
| --- | --- | --- |
| **Permanent Housing – PSH** | **Permanent Housing – RRH** | **Joint TH/PH-RRH** |
| Acquisition/Rehabilitation/New Construction |  |  |
| Leased Units |  | Leased Units |
| Leased Structures |  | Leased Structures |
| Rental Assistance | Rental Assistance | Rental Assistance |
| Supportive Services | Supportive Services | Supportive Services |
| Operations |  | Operations |
| HMIS | HMIS | HMIS |
| Administration (10%) | Administration (10%) | Administration (10%) |

Applicants should complete the Excel Worksheet EXHIBITS D,E,F,G and H. Applicants should carefully read the HUD CoC New Project Applications Detailed Instructions for the specific component type they are applying for to understand eligible costs and calculations.

**1. Select the costs for which funding is requested**: Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

* + **Acquisition/Rehabilitation/New Construction** (24 CFR 578.43 – 47)**;**
	+ **Leased Units** (24 CFR 578.49);
	+ **Leased Structures** (24 CFR 578.49);
	+ **Rental Assistance** (24 CFR 578.51);
	+ **Supportive Services** (24 CFR 578.53)**;**
	+ **Operating** (24 CFR 578.55); and
	+ **HMIS** (24 CFR 578.57).

**2. If you will have Rental Assistance Costs, what type of rental assistance will you provide?**

**Type of Rental Assistance:** Select one:

* PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby 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;
* SRA – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization or;
* TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC’s geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services.

**NOTE: The Unsheltered Special NOFO is a THREE YEAR GRANT TERM. Create your 1-YEAR ANNUAL Budget and then it will be multiplied by the three years. eSNAPS does NOT allow for DIFFERENT budgets from Year 1 to Year 2 to Year 3.**

Applicable FY2022 Fair Market Rents for St. Louis:

|  **FMRs By Unit Bedrooms** |
| --- |
| **Year** | **0 Bed** | **One-Bedroom** | **Two-Bedroom** | **Three-Bedroom** | **Four-Bedroom** |
| FY 2021 FMR | $689 | $745 | $947 | $1,230 | $1,449 |

*(Metropolitan fair market rent area: IL – St. Louis, MO-IL HUD Metro FMR Area (1701399999)*

3. (6C-6E)**Leasing and Rental Assistance Budget Detail**. **COMPLETE EXCEL WORKSHEET EXHIBIT D** To provide the breakdown of units and rents and the leasing or rental assistance budgets. For TH-RRH, applicants may need to complete two EXHIBIT E to distinguish costs where leasing and rents applies to BOTH transitional housing units and rapid rehousing units.

4. (6F) **Supportive Services Budget Detail**. **COMPLETE EXCEL WORKSHEET EXHIBIT E** To provide supportive services that will be funded through the project.

5. (6G)**Operating Budget Detail. COMPLETE EXCEL WORKSHEET EXHIBIT F** To provide detail on operating costs.

6. (6H)**HMIS Budget Detail. COMPLETE EXCEL WORKSHEET EXHIBIT G** To provide any HMIS costs that will be funded by the project.

7. (6J)**Budget Summary**. **COMPLETE EXCEL WORKSHEET EXHIBIT H** To provide a complete summary of the budget, match, and administration costs.

**Match** (eSNAPS 6I)

1. Applicants should review 24 CFR 578.73 and the New Project Detailed Instructions regarding match requirements to ensure in-kind match reported is documented appropriately if this method of match is selected. Match may be in the form of Cash or In-Kind. Match is required on all projects in the amount of 25% of the total budget amount, excluding Leasing. Program Income as described in 24 CFR 578.97 may also be used as match. **A dated written letter(s) will need to be provided for each match source and included in the application Attachments Part III**. The match letter should refer to the proposed grant term dates. **Match must cover the entire THREE YEAR Budget**

|  |  |  |
| --- | --- | --- |
| **Cash or In-Kind** | **Source** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |



**SSO PROJECTS**

**Form UN-B. SUBRECIPIENT NEW SSO PROJECT APPLICATION**

**Supportive Services Only Projects SSO – Non-Coordinated Entry**

**Unsheltered Special NOFO New Project Application**

**City of St. Louis**

**Reminder: This Form UN-B is to be completed ONLY by applicants wishing to be a subrecipient of the City of St. Louis. Direct Applicants must create their project applications in eSNAPS.**

***Applicant:*** *Please adhere closely to the* [*HUD Unsheltered NOFO New Project Application Detailed Instructions*](https://www.hud.gov/sites/dfiles/CPD/documents/CoC/NEW-Unsheltered-DI-FINAL-7-14-22.pdf) *document in completing this application form. Examine the requirements for SSO Non-CE application instructions. This stands for Supportive Services Only Non-Coordinated Entry projects.*

**Experience of Applicant, Subrecipient(s), and Other Partners** (eSNAPS 2B.)

1. **Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.** Required. Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:
	1. working with and addressing the target population(s) identified housing and supportive service needs;
	2. developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation;
	3. identifying and securing matching funds from a variety of sources; and
	4. managing basic organization operations including financial accounting systems.

Applicant experience narrative (maximum 3,500 characters):

1. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase “No experience leveraging other federal, state, local, or private sector funds.”

Applicant experience in leveraging funds narrative: (maximum 3500 characters):

1. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.

Organizational financial management structure narrative: (Maximum 3,500 characters)

1. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?

🞏 Yes, your organization has unresolved HUD Monitoring or OIG Audit findings

🞏 No, there are no unresolved HUD Monitoring or OIG Audit findings. The HUD monitoring or OIG audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs, (e.g., HOPWA, ESG).

4a. Describe the unresolved monitoring or audit findings. If “Yes” was selected for question 4. provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

Unresolved monitoring findings narrative:

**Project Detail** (eSNAPS 3A.)

6a. Select the type of SSO project: Select either “SSO-Street Outreach,” or “SSO- Other” from the dropdown menu.

* **Street Outreach.** Applicants should select this SSO subtype if the project will fund street outreach activities. Street outreach offers services necessary to reach unsheltered homeless individuals and families to connect them with emergency shelter, housing, or critical services and provide urgent non-facility-based care to those who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.
* **SSO-Other**. Applicants select this SSO subtype if the project will fund stand-alone support services to individuals and families experiencing homelessness or who have been homeless in the prior 6-months but are now residing in permanent housing (that is not PSH or RRH). This means, the recipient is providing supportive services to individuals and families experiencing homelessness for whom the applicant is not also providing housing or housing assistance. Examples of stand-alone supportive services include (1) housing navigation activities for people experiencing homelessness when the applicant is not also providing any ongoing housing assistance (e.g., rental assistance), (2) childcare services to individuals and families experiencing homelessness, (3) drop-in centers that provide supportive services to people experiencing homelessness, and (4) family reunification services to reunite people experiencing homelessness with their families.

7. Is your organization a victim service provider defined in 24 CFR578.3? ❑YES ❑NO

**Yes**, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

24 CFR 578.3: Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

**No**, if your organization, or subrecipient, is not a victim service provider.

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? ❑YES ❑NO

**Project Description** **(eSNAPS 3B.) for SSO – Non CE**

1. **Provide a description that addresses the entire scope of the proposed project.** Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

The information in this description must align with the information entered in other screens of the application. Additionally, if your project will implement service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

**Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in CY 2023 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

Project description narrative: (Maximum 3,500 characters)

1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFO? The CoC Plan to End Homelessness for Individuals and Families with Severe Service Needs. ***(NOTE: The CoC Plan to be finalized by the CoC Sept. 9, 2022 and posted on the COC and City websites.)***

The Plan: (Maximum 3,500 characters)

**Project Implementation Milestones –**

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award. You must enter a value greater than zero for at least one project milestone. You must enter information in at least one field on the table. If your project includes multiple structures you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank or you can enter “0” or “NA”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Milestones** | **Days from Execution****of Grant Agreement** | **Days from Execution****of Grant Agreement** | **Days from Execution****of Grant Agreement** | **Days from Execution****of Grant Agreement** |
|  | **A** | **B** | **C** | **D** |
| **Begin hiring staff or expending funds** |  |  |  |  |
| **Begin program participant enrollment** |  |  |  |  |
| **Program participants occupy leased or rental assistance units or structure(s), or supportive services begin** |  |  |  |  |
| **Leased or rental assistance units or structure, and supportive services near 100% capacity** |  |  |  |  |

**Populations to be Served**

3. Place “X” the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| N/A - Project Serves All Subpopulations |  | Domestic Violence |  |
| Veterans |  | Substance Abuse |  |
| Youth (under 25) |  | Mental Illness |  |
| Families |  | HIV/AIDS |  |
| Chronic |  | Other |  |

**4.** Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? ❑YES ❑NO

**5.** As an SSO non-CE project, answer the following questions:

**5a**. **(SSO-Street Outreach ONLY**) Describe how the street outreach project will develop a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

Street Outreach Strategies: (Maximum 3,000 characters)

**5b. (SSO-Other non-CE ONLY)** Describe how project refers program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?

Service Connections: (Maximum 3,000 characters)

**Supportive Services for Participants** (eSNAPS 4A.)

1. **Describe how program participants will be assisted to obtain and remain in permanent housing:**

The description should include:

•how you will determine the right type of housing that fit the needs of program participants (this should match the information entered on screen 4B. Housing Type);

•if you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges;

•the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management; housing counseling, employment resources); and

•how you will work with program participants to set goals towards successful retention of permanent housing.

* if this project will exclusively assist victims of domestic violence, the description must include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing.

Supportive Services Plan narrative: (maximum 3,000 characters)

2. **Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.** Describe how this project will help program participants obtain the benefits for which they are eligible. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

* assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities);
* the type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI; SSDI; Food Stamps, Veterans benefits);
* the type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education); and
* access to healthcare benefits and resources (e.g., Medicaid, Medicare, healthcare for the homeless, FQHCs).

Integration and coordination of services narrative: (maximum 3,000 characters)

3. **COMPLETE UN-B1 UN NOFO New Project Applications.xls EXCEL SPREADSHEET EXHIBIT A**.

**INSTRUCTIONS FOR EXHIBIT A all supportive services available to program participants, indicate who will provide them and how often they will be provided.** From the list of supportive services provided on the excel spreadsheet Exhibit A, select the service(s) provided by your project to program participants from; your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

If more than one “Provider” or “Frequency” is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non- Partner.

**Provider: For the supportive services listed, select one of the following as applicable:**

**“Applicant”** indicates the City of St. Louis organization will provide the supportive service;

**“Subrecipient”** indicates the subrecipient(s) YOUR ORGANIZATION listed on Screen 2A. Project Subrecipients will provide the service;

**“Partner”** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or

**“Non-Partner”** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

**Frequency:** For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common–select weekly).

Identify whether the project includes the following activities:

4. Transportation assistance to program participants to attend mainstream benefit appointments, employment training, or jobs?

* **Yes,** if the project provides regular, or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, and jobs. Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, etc.

* **No**, if transportation is not regularly provided or cannot be provided consistently as requested.

5. Annual follow-up with program participants to ensure mainstream benefits are received and renewed?

* **Yes**, if the project follows-up with program participants annually to ensure they applied for mainstream benefits (e.g., TANF, food stamps, SSI) for which they are eligible, receiving the benefits, and renew benefits as required.
* **No**, if the project does not follow-up with program participants annually.

6. Will program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency?

* **Yes**, if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by the project applicant, a subrecipient, or a partner agency–through a formal or informal relationship.
* **No**, if there is no or significantly limited access to SSI/SSDI technical assistance.

35a. IF YES Has the staff person providing the technical assistance completed SOAR training in the past 24 months?

* **Yes**, if the staff person who provides SSI/SSDI technical assistance completed SOAR training, online or in person, in the past 24 months. If more than one person provides technical assistance, only select “Yes” if all persons have completed the training.
* **No**, if the staff person(s) has not completed SOAR training.

**PARTICIPANTS SERVED** (eSNAPS 5A and 5B)

1. **COMPLETE EXCEL UN-B1 UN NOFO New Project Application.xls EXHIBIT B** **“Households Table”** Detailing the total number of program participants in the Households Served table to indicate household types and total persons served by the project.

2. **COMPLETE EXCEL UN-B1 UN NOFO New Project Application.xls EXHIBIT C “Subpopulations Table”** For the units provided, indicate the number of persons intended to be served within the subpopulations.

**FUNDING REQUEST (**eSNAPS Part 6)

**NOTE:** All funds conditionally awarded in the UN Special NOFO Program Competition must be obligated via grant agreement no later than September 15, 2024.

3. Does this project propose to allocate funds according to an indirect cost rate? Required.

❒Yes, if your project will use an indirect cost rate either approved by a cognizant agency or will use the 10 percent de minimis rate.

❒No, your project will not use an indirect cost rate.

**PROJECT BUDGET (6A – 6F)**

**Complete UN-B1 UN NOFO New Project Application.xls EXHIBIT E, G and H**

**You will create an annual budget in the Exhibits. The Summary worksheet (H) will provide the three-year mandatory grant term TOTAL three-year budget. This three-year budget represents the funds you are applying for.**

**Select the costs for which funding is requested**: Check the box(s) for the BLI(s) for which your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

Supportive Services Only grants can only be funded for eligible Supportive Services and/or HMIS costs.

* + **Supportive Services (24 CFR 578.53)**.
	+ **HMIS (24 CFR 578.57)**.

The itemized budget screen includes eligible Supportive Services categories:

|  |  |
| --- | --- |
| 1 | Assessment of Service Needs |
| 2 | Assistance with Moving Costs |
| 3 | Case Management |
| 4 | Child Care |
| 5 | Education Services |
| 6 | Employment Assistance |
| 7 | Food |
| 8 | Housing/Counseling Services |
| 9 | Legal Services |
| 10 | Life Skills |
| 11 | Mental Health Services |
| 12 | Outpatient Health Services |
| 13 | Outreach Services |
| 14 | Substance Abuse Treatment Services |
| 15 | Transportation |
| 16 | Utility Deposits |
| 17 | Operating Costs |

HMIS Costs include:

1. Equipment
2. Software
3. Services
4. Personnel
5. Space and Operations

4. (6F) **Supportive Services Budget Detail**. **COMPLETE EXCEL WORKSHEET EXHIBIT E** To provide supportive services that will be funded through the project.

6. (6H)**HMIS Budget Detail. COMPLETE EXCEL WORKSHEET EXHIBIT G** To provide any HMIS costs that will be funded by the project.

7. (6J)**Budget Summary**. **COMPLETE EXCEL WORKSHEET EXHIBIT H** To provide a complete summary of the budget, match, and administration costs.

**Match** (eSNAPS 6I)

1. Applicants should review 24 CFR 578.73 and the New Project Detailed Instructions regarding match requirements to ensure in-kind match reported is documented appropriately if this method of match is selected. Match may be in the form of Cash or In-Kind. Match is required on all projects in the amount of 25% of the total budget amount, excluding Leasing. Program Income as described in 24 CFR 578.97 may also be used as match. **A dated written letter(s) will need to be provided for each match source and included in the application Attachments Part III**. The match letter should refer to the proposed grant term dates. **Match must cover the entire THREE YEAR Budget**

|  |  |  |
| --- | --- | --- |
| **Cash or In-Kind** | **Source** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |

**Form UN-C.**

**HMIS and Performance Measurement
Unsheltered Special NOFO**

**NEW PROJECT APPLICATIONS REQUEST FOR PROPOSALS (RFP)**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **New Project Name** |  |

1. **SELECT ONLY ONE OF THE FOLLOWING HMIS Status Categories:**
* 1. Current St. Louis CoC HMIS User
* 2. Victims of Violence Provider with HMIS equivalent data system as determined by ICA
* 3. Not currently but *prior* St. Louis CoC HMIS User
* 4. Victims of Violence Provider with non-HMIS data system
* 5. Non HMIS User
1. **If your organization HMIS status is 1. or 2., please list below any CoC or ESG (including ESG-CV or other special COVID programming) projects performed by the organization in 2021 to present.**

|  |  |  |
| --- | --- | --- |
| **HMIS Project Name** | **Funding (CoC, ESG, ESG-CV, etc.)** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Note: ICA will pull data from these recent projects to demonstrate performance measured in HMIS or confirm that a Victim Services Provider is maintaining a comparable database.***

1. **If your organization HMIS status is 3., 4. or 5., you must complete the following questions. Because the organization does not have any current or recent program performance history in HMIS, this information provides first-time or new applicants an opportunity to demonstrate performance driven practices.**

**C.1.** Describe the specific tools, data systems or processes used to track participants and evaluate performance for the organization’s existing programs and service delivery. (maximum 400 words)

**C.2.** Please attach to this form (pdf) copies of *recent* (2020 – current) examples of agency data dashboards, data reporting to the board, a funder, or other demonstration of how outputs, outcomes, and/or program performance is monitored and evaluated. This may also include HMIS reporting prior to 2021.