



**MONROE COUNTY
HOMELESS SERVICES**

CONTINUUM-OF-CARE, INC.

Request for Proposals

**Homeless Prevention Services
FL Fiscal Year 2019 - 2022
Homelessness Prevention - Temporary
Assistance for Needy Families (TANF) Grant.**

NOTE: To be considered, proposals *must be received* by the
Monroe County Homeless Services Continuum of Care, Inc.

Delivered electronically to
Mark.lenkner@monroehomelesscoc.org

On or Before 5:00 p.m. on Friday, March 15, 2019

I. GRANT OVERVIEW

In 2013, the Florida Legislature created the Homelessness Prevention Grant program to provide emergency financial assistance to families facing the loss of their current housing due to a financial or other crisis. The Monroe County Homeless Services Continuum of Care, Inc. (hereinafter the COC), as lead agency in Monroe County, will apply to be a recipient for grant funding beginning July 1, 2019, for a 3 year period ending June 30, 2022. The intent of the COC is to subcontract with direct service providers to deliver the services required by the grant, to assist families by preventing them from becoming homeless, and to enable them to remain stably housed.

II. Eligible Proposals/Applicants and Delivery of Services

The COC is soliciting proposals to provide the services funded under the TANF grant as described in Part III. Applicant must be members of the COC in good standing to apply. Membership may be obtained by paying dues required of a service provider, which payment can be made at the time of Application.

Knowledge of any laws and regulations applicable to the TANF program, delivery of services, and reimbursement for such services is the responsibility of each applicant. Each Applicant shall exercise due diligence in becoming sufficiently informed of the facts and circumstances necessary to make an informed decision to apply for and deliver the services required under the TANF program.

Likewise, Applicants are required to be familiar with the underlying Master Grant Agreement between the COC and the Florida Department of Children and Families, Office on Homelessness (copies are available on request to the COC), COC Policies and Procedures, and the COC by laws as they may apply to the application process and delivery of services.

The delivery of services is expected to commence the 1st day of July 2019 and continue through June 30, 2022. The delivery of the services shall be under the supervision of the COC and DCF and subject to the terms and conditions of the master grant agreement between DCF and the COC and any applicable state and federal regulations. Upon award by the COC, the successful applicant(s) shall enter into a subcontract with the COC to provide TANF funded services which agreement shall, among other things, incorporate by reference and be controlled by the master grant agreement between DCF and the COC. If an applicant is not aware of and familiar with the terms and conditions of the master agreement, a copy will be provided upon request to the COC.

The contract between the successful Applicant(s) and the COC shall include periodic reporting, invoicing for reimbursement, shall establish conditions for payment of services, establish performance measurement, standards for performance, and such other terms and conditions as the COC may deem necessary to deliver services efficiently and consistent with the COC Plan and in compliance with the master grant agreement and applicable state and federal regulations. More than one Applicant may be selected to deliver services funded by the TANF grant, in which case the COC shall allocate funding and performance measurement between the Applicants.

In the event the COC in its sole discretion determines that a service provider awarded a contract pursuant to this RFP is failing in any material respect to perform as required by the contract or the master grant agreement, the COC reserves the right to reallocate the funding, on notice to the applicant, to ensure delivery of services and compliance with the master grant agreement and applicable law.

III. SCOPE OF WORK

The purpose of the Homelessness Prevention Grant Program is to assist eligible families to avoid becoming homeless and to maintain stable housing following the assistance from the grant. For each recipient of funding from the Homelessness Prevention Grant, the providing agency must complete the following tasks:

1) Develop a written case plan and conduct mandatory case management for each family applying for financial assistance. The family's case plan shall set forth all of the costs that will be covered by the grant, as well as the total dollar amount of assistance to be provided to the family. The case plan shall spell out the family's goal for housing stability, the anticipated date the case plan will be completed, the agency's schedule for monitoring the family's housing stability following the cessation of grant assistance, whether the family was able to avoid becoming homeless, and whether the family remained in permanent housing.

2) Develop, maintain, and retain a case file on each family applying for assistance. The case file shall contain all information required to determine the eligibility of the family, along with the determination decision of eligibility. The file shall include documentation of household income. In addition, if eligible, the file shall include copies of all payments made, the case plan, follow up monitoring of the family, and the housing outcome achieved.

3) Track, monitor, and report on each family assisted for at least 12 months after the last assistance is provided to the family. The goal for the homelessness prevention program is to enable at least 85% of the families assisted to remain in their homeless and avoid becoming homeless during the ensuing year.

A. Eligible Activities

The Homelessness Prevention Grant may be used to pay the following costs to assist eligible families avoid homelessness:

- a) Past due rent or mortgage payments, not to exceed four (4) months of rent or mortgage payment.
- b) Past due utility bills, not to exceed four (4) months in arrears for electric, gas, water and sewer only.
- c) Staff and operating costs for the provision of the required case management services to be provided to the eligible families assisted.

The amount and percent of the grant award budgeted to the eligible uses will be a local determination with no state minimum or maximum levels prescribed.

B. Eligible Clients

To be eligible for assistance under this grant, families must reside in Florida; have at least one household member who is a United States citizen or a lawful permanent resident; have a minor child living in the household full-time; and have a household income less than two-hundred percent (200%) of the federal poverty level as annually published by the U.S. COC of Health and Human Services at <https://aspe.hhs.gov/poverty-guidelines>. See chart below for 2019 poverty guidelines:

2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Family	Poverty Guideline	TANF threshold (200% of poverty guideline)
1	\$12,490	\$24,980
2	\$16,910	\$33,820
3	\$21,330	\$42,660
4	\$25,750	\$51,500
5	\$30,170	\$60,340
6	\$34,590	\$69,180
7	\$39,010	\$78,020
8	\$43,430	\$86,860

For families/households with more than 8 persons, add \$4,420 to the poverty guideline or \$8,840 to the TANF threshold for each additional person.

A minor child means a child under the age of eighteen (18); or if age eighteen (18), but not yet nineteen (19), is attending high school, a General Education Development (GED) program, a trade school, or other career training program on a full-time basis. A minor child cannot be married or divorced.

The adult who applies for the grant assistance must be either the parent, or the relative caregiver of the minor child residing in the household.

The household income means both earned and unearned income received in the month in which the family applies for assistance. Earned income is income received from employment or self-employment, including wages, salary, tips, commissions and bonuses. Unearned income is income received for which there is no performance of work, or provision of services as an employee or self-employed person. The income of all members of the household shall be reported in determining eligibility of the family for assistance. The family's housing emergency shall be the result of a financial or other crisis, as documented by the lead agency, or its sub-recipient.

IV. FUNDING ALLOCATIONS

The Homeless Prevention Grant is funded by the Federal Temporary Assistance for Needy Families (TANF) program. The COC will apply for up to \$70,000 per year for a period of three years. This solicitation of services will commence funding July 1, 2019 and continue through June 30, 2022. The total sums available for services is subject to and limited by any grant funds retained by the COC, which sums shall not exceed 3% of the total award.

The COC remains ultimately responsible for the timely delivery of services and compliance with the master grant agreement and it is understood by and a condition of application that Applicants accept such contract terms and conditions as may be deemed necessary, in the COC's discretion, to ensure COC compliance with the master agreement.

A. Additional Federal Requirements

The Homelessness Prevention Grant program is funded pursuant to Florida’s approved TANF State Plan from federal TANF block grant funds received by the state from the U.S. Department of Health and Human Services as appropriated by the Florida Legislature. Sub-recipients must also comply with other federal laws and regulations, including the following:

Receipt of TANF funds requires that Florida make services available to all on a nondiscriminatory basis. The recipient must establish procedures that will ensure that services funded by the Homelessness Prevention Grant program are available to persons of any race, color, religion, sex, age, familial status or national origin.

The COC advances payment for services and is reimbursed for services provided under the program, for eligible expenditures, based upon actual program expenses incurred along with supporting documentation. Payment for eligible housing costs is limited to third-party payments directly to the landlord, property owner, Mortgage Company or utility company. The supporting documentation must be submitted along with copies of invoices in order for payment to be processed. The COC will be allowed to expend the grant commencing July 1, 2019. Applicants agree that in the event any charge or cost approved and paid by the COC which is rejected by the State of Florida shall be repaid to the COC in a timely manner.

V. GRANT SOLICITATION PROCESS

The contact person for the COC for the 2019-2022 Homeless Prevention Grant application process is:

Mark Lenkner, Executive Director
Monroe County Homeless Services Continuum of Care, Inc.
PO Box 2410
Key Wes, FL 33045
Telephone: (305) 440-2315
Email: mark.lenkner@monroehomelesscoc.org

Applicants are permitted to contact the COC staff after the notice of RFP has been posted. COC staff will respond to written questions based upon the RFP document.

Eligible applicants may submit written inquiries to the COC regarding the RFP to enhance their understanding of the requirements. Use of electronic communications is encouraged for all inquiries. Responses to all written inquiries will be posted to the COC’s internet site at <http://www.monroehomelesscoc.org>.

VI. PROCESS AND DEADLINES

A. Application Notice and Submission Deadline

The RFP will be posted on the COC internet web page. The deadline to provide proposals is March 15, 2019 by 5:00 p.m. Eastern Time. PROPOSALS MUST BE RECEIVED ELECTRONICALLY BY THE COC EXECUTIVE DIRECTOR ON OR BEFORE THE SUBMISSION DEADLINE. FAILURE TO ENSURE THAT APPLICATIONS ARE RECEIVED BY THE DEADLINE WILL RESULT IN THE APPLICATION BEING DENIED.

The COC is not responsible for any costs incurred by an applicant in responding to this grant application. Such costs are not eligible for reimbursement from the grant award.

No faxed, hand or mail delivery shall be permitted for submission of applications. Applications MUST be submitted electronically to the email address of the COC Executive Director (mark.lenkner@monroehomelesscoc.org).

Applications received after the noticed deadline shall be rejected and returned to the applicant without review. There shall be NO EXCEPTIONS or WAIVERS. The applicant is exclusively responsible for the delivery of the application to the COC. Applications must be received in the COC at the above email address by the deadline. The COC will not entertain appeals based on the failure of a delivery service to make timely delivery.

B. Format and Content of Application

The applicant shall submit an original signed application electronically to the COC Executive Director. Each application/proposal shall describe how the Applicant's proposal will support and advance the COC Plan and shall include the following mandatory documentation in the following order:

1. Applicant Information Request
2. All relevant attachments to Scoring Criteria
3. Budget Form
4. Budget Narrative
5. Project Narrative (See Appendix C for guidelines)
6. MyFloridaMarketPlace Registration
7. Evidence of Insurance
8. Documentation establishing IRS 501(c) (3) (if appropriate), FL Corporate Status in good standing, any relevant licenses to do business.

In addition to the project budget forms contained in Appendix B, the applicant shall submit a budget narrative to describe the organization's overall budget and financial sources of funds expected for the period of the grant, identifying funding sources committed to the Applicant, and those that are anticipated. If the applicant performs services other than those eligible under the component applied for by the applicant, clearly denote the type of other services or programs and the funding sources. In such cases, separately describe the applicant's general management and oversight budget, key executive staff, budget levels, and overhead/indirect rates charged to grant sources, where allowable.

C. Application Scoring

Service contracts will be awarded by the COC on a competitive basis to those Applicants deemed most qualified to deliver the services consistent with the COC Plan, the master grant agreement and state and federal regulations based on experience, available resources, past performance, and ability to serve the entire jurisdiction of the COC.

Applications will be objectively scored using the scoring criteria set forth at Appendix D. Applications will be reviewed and scored by COC Staff and thereafter independently reviewed and scored by the COC Oversight Committee. The Oversight Committee will review presentations by the applicant on Monday, March 18th, 2019. The applicant shall provide 3 printed copies for the Oversight Committee at the review. Final selection of service providers and award of contracts is subject to the action of the COC Board of Directors.

Section 414.161(2), Florida Statutes, requires that preference be given to applicants who leverage additional private funds and public funds to fund grant eligible financial assistance and case management costs, who demonstrate the effectiveness of the homeless prevention programs in keeping families housed, and who demonstrate the commitment of other assistance and services to address family health, employment and education needs.

Notice of award shall be made in writing and shall be accepted by the successful applicant (s) within five (5) business days of the notice. Acceptance is subject to execution of the COC subcontract. The COC reserves the right to include such terms and conditions in the subcontract as the COC Staff may determine are necessary to ensure compliance with the underlying master grant agreement, timely delivery of services, and any controlling state and federal law, including periodic audit of the providers records and operations by COC staff.

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APPENDICES

- A. Applicant Information Request**
- B. Budget Form**
- C. Project Narrative Guidelines**
- D. Applicant Scoring Criteria**

APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City _____ County: _____

Zip Code: _____ Telephone #: _____

Applicant's E-mail Address: _____

Federal Tax Identification: _____

DUNS Number: _____

1. PROJECT ADMINISTRATOR

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

2. CONTACT PERSON FOR THE APPLICATION

Name: _____

Phone: _____

Email: _____

3. AREA TO BE SERVED/OFFICE SERVICE LOCATIONS: _____

4. PRIOR TANF FUNDING?

YES _____ NO _____

Amount(s) _____ Year(s) _____

5. TOTAL FUNDS REQUESTED: \$ _____

6. LEVERAGED FUNDS: \$ _____

7. TOTAL PROGRAM COST: \$ _____

8. NUMBER OF FAMILIES TO BE SERVED MONTHLY: _____

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

APPENDIX B

PROVIDER'S BUDGET AND BUDGET NARRATIVE

Line Items <i>(Provider must complete where indicated)</i>	Approved Budget <i>(Provider must complete)</i>
Past Due Rent or Mortgage Assistance	\$ _____
Past Due Utility Assistance- electric, gas, water, and sewer only	\$ _____
Case Management Salaries and benefits-Number of FTE's _____	\$ _____

Provider must complete the following and sign:

F2.1 Rental Assistance - \$ _____ to assist eligible client(s) for a maximum of 4 months of rent to include arrears, and a total support not to exceed \$ _____.

F2.2 Utility Assistance - \$ _____ to assist client(s) with past due utility payments not to exceed \$ _____, and a total support not to exceed \$ _____ in a 12 month period.

F2.3 - \$ _____ total for staff and operating costs for the provision of the required case management services to be provided to the eligible families assisted.

Prepared by: _____

Date: _____

Title: _____

PROJECT NARRATIVE GUIDELINES

All applicants shall submit a complete and comprehensive narrative describing their intended use of the grant funds. Clearly state the goals to be pursued by the grant funded prevention program, and how the grant will stabilize the housing of families assisted.

Describe how your program will be operated, including but not limited to the following:

1. Method by which the applicant will take applications for assistance from eligible families;
2. How the applicant will keep these families informed on the status of their request for assistance;
3. The eligible grant funded services to be provided, and the specific housing costs to be covered by the direct financial assistance;
4. How the grantee will provide case management reviews to document family eligibility and housing stability plan;
5. Describe any preferences, or priorities used to select eligible families to be assisted, and how those references or priorities shall be determined/documented;
6. The number of families to be assisted;
7. How often a family can apply and receive assistance, and the limit on the number of times a family will be assisted;
8. The maximum level of direct financial assistance to be provided to an eligible household under the grant award, as well as the estimated average cost per family served;
9. The content of each applicant's case file used to establish the family's eligibility for assistance;
10. In the case of the denial of assistance, describe the process by which the family can appeal the decision;
11. Describe how your organization will track the assisted household's housing status following assistance provided under the grant award; and
12. How the program will connect the family to other services and benefits they may need and be eligible to receive.

TANF Subcontractor Evaluation / Ranking Form

Applicant Name: _____

Past Due Rent/Mortgage Requested Funding Level: \$_____ Area Of County_____

Past Due Utilities Funding Level: \$_____ Area Of County_____

TANF Case Management Requested Funding Level: \$_____ Area Of County_____

Agencies must be members in good standing to compete.

Scoring 1-5 with 1 being the lowest level of completeness and 5 being excellent.

<i>Scoring Criteria</i>	<i>Score 1-5</i>	<i>Comments</i>
Agency Capacity / Quality of Program Design	Up to 25	
1. Does the overall program/project comply with the overall objectives of the TANF Program?		
2. Performance and outcomes of current or past agency projects and grants.		
3. Capacity to deliver the proposed activities and prior experience performing the proposed activities/program.		
4. Quality of data submitted through HMIS and attendance to monthly HMIS meetings. New projects must commit to use HMIS and attend monthly HMIS meetings.		
5. Overall program includes coordination of services (non-duplication), meets community needs and utilizes the community assessment system (CAS)?		
Project Narrative	Up to 25	
1. Proposed activities and goals clearly defined		
2. Target population clearly defined		
3. The total number of persons in each core category and each region is clearly stated		



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4. Measurable outcomes identified and achievable within the grant period		
5. CoC Plan goal identified and clear link between activities and CoC objective.		
Budget	Up to 25	
1. Budget is complete and clearly defined		
2. Match is 100% and clearly defined		
3. Does the organization have qualified staff to oversee the financial operation?		
4. Did the agency spend previous funding in a timely manner within any grant's term?		
5. Did the agency meet the deliverables within their original proposed application terms in previous grants including 12 month follow up with all clients?		
Bonus for Middle and Upper Keys		
1-Point: Based in Key West but clients come to your program from the Middle and Upper keys. 3-Points: Based in the Middle or Upper Keys but clients come to your program from all areas. 5-Points: Based in one or more of the areas of the Keys and/or have staff that travel to the other two areas of the Keys to provide services.		
Total Score		

Additional Comments by Scorer if needed: _____
