



## **REQUEST FOR INFORMATION FY2019 Westchester County Continuum of Care CoC Bonus**

**Due: 3 PM on Tuesday, August 6, 2019**

The Westchester County CoC is soliciting pre-application Requests for Information (RFIs) from eligible partner agencies to be included as a subrecipient provider in the application to HUD for the CoC Bonus (CoCB) project, which **may** be awarded by HUD through the FY2019 Continuum of Care (CoC) Program competition.

A subrecipient agency will be chosen based on their ability to administer the CoCB project successfully under the guidelines and requirements set by HUD in the FY2019 Continuum of Care Notice of Funding Availability available at:

<https://files.hudexchange.info/resources/documents/FY-2019-CoC-Program-Competition-NOFA.pdf>

and 24 CFR 578, which may be accessed to reference specific sections mentioned below at:

[https://www.hudexchange.info/resources/documents/CoCProgramInterimRule\\_FormattedVersion.pdf](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf)

Applicants should have experience serving and successfully engaging the homeless population described in their application (chosen from those listed below) and demonstrated capacity to manage grant funds in a timely and effective manner.

All CoCB RFIs to the Westchester County CoC **must** include the following:

A Permanent Supportive Housing (PSH) project where all participants meet the definition of DedicatedPLUS per Section III.C.2.g. of the FY2019 CoC NOFA. Project must be low barrier and prioritize rapid placement and stabilization in permanent housing (see section II.A.6 of the FY2019 CoC NOFA for more information).

Project must serve one or more of the following target populations:

- Families with children
- Persons with a physical disability and adults over 62
- Persons with a substance abuse disability

**One or two potential sub-recipients will be chosen.**

**CoCB proposals** must exclusively serve the DedicatedPLUS population defined in Section III.C.2.g. of the FY2019 CoC NOFA and must meet the HUD definition of Permanent Supportive Housing found at 24 CFR 578.37(a)(1)(i). The project must follow all of the relevant sections of the Westchester CoC Written Assistance Standards available at (or future versions as approved by the CoC Board):

[https://static1.squarespace.com/static/5bec4c0daa49a114bde38f71/t/5c1d0e188a922d37a4acc225/1545408025050/NY-604-COC-ASSISTANCE-Policy\\_v4\\_060418.pdf](https://static1.squarespace.com/static/5bec4c0daa49a114bde38f71/t/5c1d0e188a922d37a4acc225/1545408025050/NY-604-COC-ASSISTANCE-Policy_v4_060418.pdf)

# REQUEST FOR INFORMATION

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Budget proposals for the CoCB project must be either **exactly** \$932,819 or **exactly** \$466,410.

All budget items must be eligible Continuum of Care project costs, per 24 CFR 578.43 through 578.63.

All **CoC Bonus Budget proposals** must include:

- Housing for participant households – this may be funded using Leasing, Rental Assistance, Operating, and/or Acquisition/Construction/Rehabilitation budget categories
- Sufficient supportive services of the appropriate types for clients to maintain housing stability and remain permanently housed.
- Administration costs at \$61,026 (if budget total is \$932,819), or \$30,513 (if budget total is \$466,410), equal to 7% of program costs (Note: Admin will be split evenly with Westchester County DSS)
- Matching funds (cash match from applicant *or* in-kind match supplied by MOU with a 3<sup>rd</sup> Party provider) equal to 25% of HUD grant funds. **NOTE:** HUD Leasing funds (if included) do **not** require match.

Matching funds can be Cash Match provided directly by the subrecipient (e.g. using staff paid with non-CoC funds to serve the participants of this program). Source of funds for cash match CAN be occupancy charges collected from project participants if using Leasing or Sponsor-based Rental Assistance (but not if using Tenant-based Rental Assistance).

OR

In-kind match provided by a 3<sup>rd</sup> Party agency (e.g. child care for participant households provided by a Headstart program, food provided by a local food bank, mental health services provided by a licensed agency, out-patient medical care or substance abuse treatment provided by a local hospital, etc.). In-kind match must be documented by an MOU with the 3<sup>rd</sup> Party agency if your application is the one selected.

Additional restrictions:

The type of housing proposed, including the number and configuration of units, must fit the needs of the program participants (e.g., two or more bedrooms for families.)

The type of supportive services that will be offered to program participants will ensure help to obtain and success in retaining permanent housing, including all supportive services regardless of funding source.

The proposed project must have a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply that meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

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Program participants must be assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing).

Project must be low barrier and prioritize rapid placement and stabilization in permanent housing.

Applicants will be scored on their previous experience and performance in serving long-term homeless and homeless families.

Applicants must demonstrate the financial and management capacity and experience to carry out the project.

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Any questions about this RFI should be e-mailed to Annette Peters-Ruvolo at [apr5@westchestergov.com](mailto:apr5@westchestergov.com) no later than 5 pm on Monday, 7/29/19.

In order to be eligible for FY2019 CoC Bonus funding, this **six-page** form plus Excel file draft budget form must be emailed by **3 PM on Tuesday, August 6, 2019** to [CoCB2019@programdesign.com](mailto:CoCB2019@programdesign.com).

Narrative responses must fit on this 6-page form. Budget proposal must use **ONLY ONE** of the \$932,819 or \$466,410 sheets in the Excel budget proposal form.

Agency Name:	
Mailing Address:	
City & Zip Code:	
Contact Name and Title:	
Telephone and Email:	
Target Population(s): (check one or more)	<input type="checkbox"/> Families with children <input type="checkbox"/> Persons with a physical disability and adults over 62 <input type="checkbox"/> Persons with substance abuse disability

**Proposals passing Threshold #1 will be scored on a scale from 0 to 20 points.**

**Proposals from agencies that are not current members of the CoC Board will be awarded 1 bonus point.**

**Using only the space provided**, briefly describe the following:

1. [Threshold question – Match must equal 25% of non-Leasing HUD funds] Describe the amount, type, and source of the Matching funds to be supplied by subrecipient. Show how your match equals 25% of the HUD funds requested (excluding Leasing funds).

Matching funds provided by subrecipient	\$
Type of Matching funds provided by subrecipient (e.g. employment services staffing costs, HQS inspection costs, etc.)	
Source of matching funds provided by subrecipient	
HUD non-Leasing funds requested (includes Rental Assistance, Supportive Services, Operating, and Administrative costs)	\$
<b>Match Percentage</b>	____ %

[illegible]

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4. [2 points] Explain how your budget is cost-effective for the number of clients served.

Number of Units		Total Number of Clients		Total HUD funds requested	
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5. [2 points] Describe your agency's experience with the Housing First model and how this project will be operated using a Low Barrier approach.

6. [2 points] Describe the plan for Supportive Services offered to program participants to ensure successful transition into and retention in permanent housing—this includes all supportive services, regardless of funding source.
7. [2 points] Describe your plan for ensuring that program participants will be assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing).

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- [illegible]



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10. [2 points] Describe your agency's previous experience and performance in serving the chosen target population(s) of persons experiencing homelessness.

11. [2 points] Describe your agency's basic organization and management structure. Include evidence of internal and external coordination and an adequate financial accounting system.

**ALL QUESTIONS and RESPONSES MUST FIT ON SIX PAGES**