

Wake County

*Bridge to Home: Service Expansion
Request for Proposals
for Homeless and Housing Services*

Application for Funding

Due Monday, December 20 by 5pm EST.

APPLICATION CHECKLIST

Legal Name of Applicant: _____

This checklist is provided to ensure that the application is complete, proper signatures are included, and that the required attachments are included. Provide each document in the format indicated and attach this checklist to the submitted proposal.

#	Application Elements	Electronic format	Attached?
1	Application: Completed	Word	<input type="checkbox"/>
2	Application: Completed, signed, and dated	PDF	<input type="checkbox"/>
3	Complete project budget and cost calculation in formats provided	Excel	<input type="checkbox"/>
4	Policies & Procedures Manual for activity applied for with areas reflecting Low-Barrier Service Model highlighted	PDF	<input type="checkbox"/>
5	Annual Performance Report (APR) for your project run for January 1, 2020—December 31, 2020 and January 1, 2021 to December 1, 2021. If you are a new organization and have not used HMIS yet, indicate such and include your organization's most recent annual report	PDF	<input type="checkbox"/>
6	List of additional Databases and their use within the organization for data collection and program monitoring	PDF	<input type="checkbox"/>
7	Current year annual operating budget	PDF	<input type="checkbox"/>
8	Most recent audited financial statement (include audit/management letters)	PDF	<input type="checkbox"/>
9	Brief (<1 page) organizational history, including recent projects	PDF	<input type="checkbox"/>
10	IRS 501(c)(3) tax determination letter	PDF	<input type="checkbox"/>
11	Articles of Incorporation and By-Laws	PDF	<input type="checkbox"/>
12	Current Organizational Chart including vacant but funded positions AND the requested FTE/PTEs included in this request. New FTE/PTEs must be highlighted. Include personnel names and titles.	PDF	<input type="checkbox"/>
13	List of current Board of Directors, with mailing addresses, terms, and roles	PDF	<input type="checkbox"/>
14	Conflict of Interest Policy (include who must read/sign the policy)	PDF	<input type="checkbox"/>
15	Board minutes documenting Board authorization for this application	PDF	<input type="checkbox"/>
16	MOU/MOAs reflecting existing community partnerships that fulfill part or all of the services listed in the "Full Service Array" section.	PDF	<input type="checkbox"/>

You must submit your proposal using the application that follows. Be aware that the number of words allowed each answer is limited. Be clear and concise. Additional certifications and policies may be required if funding is awarded.

Incomplete applications and applications received after the deadline will not be reviewed. Wake County reserves the right to reject any and all proposals.

To the best of my knowledge and belief, all data and narratives in this application are true, current, and complete. The governing board has authorized the application.

Executive Director (Please print or type)

Executive Director Signature

Date

Board Chair (Please print or type)

Board Chair Signature

Date

Instructions for submission:

1. Before submitting your RFP response, send an email to Housing.Info@wakegov.com from the email you will use to submit your RFP response. This is important to minimize fraud during the RFP process.
 - a. Include this message in your email: This is the email we will use to submit our Bridge to Home RFP Response.
2. Email your RFP submission to Housing.Info@wakegov.com with subject "Bridge to Home RFP Application." **Do not submit a zip file** as it will be quarantined by our technology team and may not be received by the deadline. If the application is too large for a single email, please add in the subject line "Bridge to Home RFP Application 1 of 2" or "2 of 4" etc.
3. Please request a confirmation of receipt. We will confirm receipt of your application and the components we received, but will not confirm whether the application is complete with all of the necessary components.

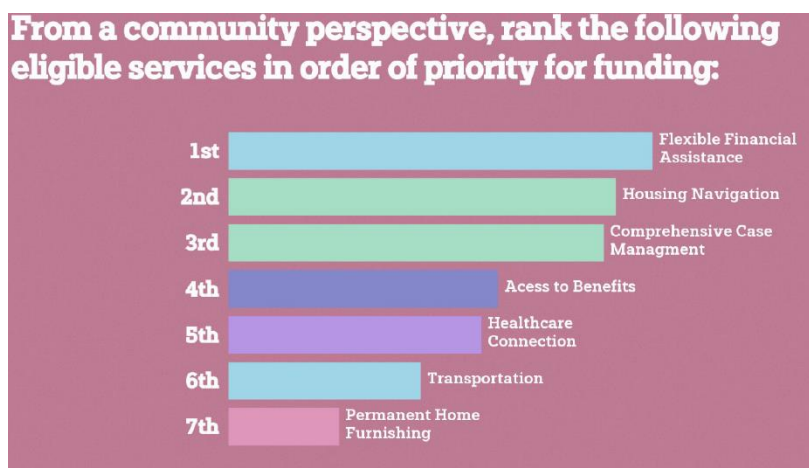
Bridge to Home: Service Expansion

The COVID-19 pandemic highlighted a significant deficit of emergency services and shelter space available to individuals and families in Wake County. The Hotels to Housing (H2H) program demonstrated the efficacy of providing a full-service array at the shelter level to increase exits to permanent housing. Within six months, the H2H program permanently housed more than 300 people, representing unprecedented success for the Wake County homeless service system.

Wake County intends to fund homeless service providers to fill gaps in service provision to increase successful outcomes for their clients with a comprehensive service array.

The Wake County Department of Housing Affordability and Community Revitalization (HACR) conducted 2 community listening sessions with over 100 community members registered to attend. Through these listening sessions HACR introduced the funding possibilities for the Bridge to Home RFP and received feedback from the community regarding priorities, major gaps in service, technical assistance needs, and challenges in implementing a low-barrier service model.

- 1. Priority Service Needs:** In both listening sessions, the attendees identified all seven services offered through this



RFP as needed in the community, but Flexible Financial Assistance is the top priority. During discussions, attendees shared that their funding streams are typically highly restrictive and don't allow them to adapt to a client's unique and changing circumstances. The community also identified Comprehensive Case Management and Housing Navigation as the second and third highest priorities in service needs. It is the consensus of the attendees that these top 3 are needed to move clients into permanent housing, where the remaining services are critical to supporting clients in maintaining their permanent housing.

- 2. Challenges to providing a Full-Service Array.** Through the Hotels to Housing program, HACR and our partner organizations piloted a comprehensive service model with co-located services accessible and optional for all clients. This new approach led to unprecedented outcomes. When asked to describe challenges in implementing

a full-service array at each agency, the community identified flexible and sustainable funding the availability and accessibility of affordable housing. Discussion around housing affordability needs offered a valuable opportunity for attendees to meet HACR's new Landlord Engagement Unit and

In 1-2 words, describe the concerns or challenges your agency faces in implmenting a full service array for clients?

discuss opportunities for housing navigators at each agency through this RFP. The LEU and Housing Navigators working together can increase the availability and accessibility of affordable units for individuals and families experiencing homelessness.

Keys to Success:
Please Read Carefully

- **Full-Service Array:** To receive this funding, agencies are expected to provide all seven (7) of the listed services OR demonstrate a partnership with an external agency that completes the service array.
- **Please review the 5 Components of the Low Barrier Service Model prior to completing this RFP.** While the definitions of each component are largely adapted from the National Alliance to End Homelessness, the definitions vary slightly to align with the expectations of this RFP:
 - **Housing First Approach:** Service eligibility criteria, policies, and practices are in alignment with Housing First meaning anyone experiencing homelessness can access service without prerequisites, services are voluntary, clients receive assistance in accessing permanent housing as quickly as possible.
 - **Safe and Appropriate Diversion:** Provide diversion service to find safe and appropriate housing alternatives to homeless services through problem-solving conversations, identifying community supports, and offering lighter touch solutions. While diversion is defined as a service administered at shelter entry, agencies throughout the continuum can provide administer diversion-adjacent services.
 - **Immediate and Low Barrier Access:** Ensure immediate and easy access to services by lowering barriers to entry or enrollment and, for shelters specifically, remain open 24/7. Eliminate sobriety and income requirements and other policies that make it difficult to enter or maintain service or access to housing and income opportunities.
 - **Housing Focused, Rapid Exit Services:** Focus services on assisting people to access permanent housing options as quickly as possible through creative, flexible, and housing focused solutions.
 - **Data to Measure Performance:** Data is measured and reviewed by necessary staff on a weekly, monthly, quarterly, and annual basis to assess and improve program administration and service delivery. Data to evaluate the effectiveness of services includes: percentage of exits to permanent housing (including completed move-in dates), average length of stay in shelter, and returns to homelessness.
- Scoring is based on the quality of the agencies' assessment of service provision, data collection, Low-Barrier Service alignment, and identification of technical assistance needs. There will be no penalty for not currently providing a specific service or aligning with all 5 components of the Low-Barrier service model, as long as the assessment of services provided and the plan to implement the service or component is complete and clear.

Scoring	
Description of Service Coordination	50%
Data Collection Practices	10%
Demonstration of Low Barrier Service Model	30%
Identification of Technical Assistance Needs	10%

Application requirements

Some sections of this application limit the number of words allowed in the response to encourage concise, clear, specific responses. Only the number of words indicated will be read when reviewed.

SECTION 1: Applicant Information

Legal Name of Organization	
Street Address (include city and Zip Code)	
Mailing Address (if different from above)	
Project Mailing Address (if different from above)	
Phone Number	
Federal Tax ID (required)	
DUNS Number (required)	
Email and/or Website	

Program Contact Person

Name	
Title	
Phone Number	
Email Address	

Program

Project(s) to be funded	
-------------------------	--

Funding Requested

Total Amount of Funds Requested	
Estimated Total Program Budget	
Percent of Total Program Budget to be funded through this grant	

Check if organization is a . . .

Minority-owned or –controlled (at least 51%) Business Enterprise (MBE)	<input type="checkbox"/>
Women-owned or –controlled (at least 51%) Business Enterprise (WBE)	<input type="checkbox"/>
Community Housing Development Organization (CHDO)	<input type="checkbox"/>

SECTION 2: Organizational Overview and Mission Statement

A. Organizational Overview

Provide an overview of your organization: the work the organization does and the population it serves; number of years in business; number of years as 501c3; and the number of years implementing the project you seek funding for. **BE BRIEF: no more than 500 words**

B. Mission Statement

Include your organization's formal Mission Statement.

SECTION 3: Service Assessment

Determine which of the following options best apply before proceeding with SECTION 3.

1. If you are applying for this funding to complete the Full-Service Array answer ALL subsections sections within section 3.

OR

2. If you applying to administer a single service listed within Section 3 AND you intend to provide that service to the full continuum of housing and homeless service providers, ONLY complete the applicable subsection within Section 3. You do not need to complete all 7 subsections.

Service 1-Comprehensive Case Management:

Definition: High case manager-to-client ratios can lead to insufficient support for those experiencing homelessness. We recommend a housing-focused case management ratio of no more than 1:25 and required weekly or more case management interactions, service plans with defined housing goals, with referrals to appropriate and proportional resources.

1. Does your agency currently provide this service in totality as it is defined above? Yes ☐ No ☐

- If YES, please describe: **BE BRIEF: no more than 300 words**

- If NO, continue to question 2.

2. Is this service supplemented through an **established** partnership with an external agency? Yes ☐ No ☐

- If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words.**

- If NO, continue to question 3.

3. Are you requesting funding for this service? Yes ☐ No ☐

- If YES, include funds requested for this service on the project budget and describe your plan to implement or expand this service. **BE BRIEF: no more than 300 words.**

- If your funding request includes the addition of one or more Full-Time or Part-Time Employee, please list 3-5 high-level job functions and percentage of time dedicated to each function:

Job Functions	% of Time

4. Will this service be supplemented through an **intended** partnership with an external agency? Yes ☐ No ☐

- If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words**

Service 2- Flexible Financial Assistance:

Definition: Flexible financial assistance dedicated to reducing housing barriers and supporting a wide array of paths to permanent housing. This includes Homelessness Diversion, Rapid Exit, Family Reunification, Renter Assistance, Hotel Reimbursements, and more.

1. Does your agency currently provide this service in totality as it is defined above? Yes ☐ No ☐

- a. If YES, please describe: **BE BRIEF: no more than 300 words**

- b. If NO, continue to question 2.

2. Is this service supplemented through an **established** partnership with an external agency? Yes ☐ No ☐

- a. If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words.**

- b. If NO, continue to question 3.

3. Are you requesting funding for this service? Yes ☐ No ☐

- a. If YES, include funds requested for this service on the project budget and describe your plan to implement or expand this service. **BE BRIEF: no more than 300 words.**

- b. If your funding request includes the addition of one or more Full-Time or Part-Time Employee, please list 3-5 high-level job functions and percentage of time dedicated to each function:

Job Functions	% of Time

4. Will this service be supplemented through an **intended** partnership with an external agency? Yes ☐ No ☐

- If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words**

Service 3- Housing Navigation:

Definition: Dedicated Staff to collaborate with the Landlord Engagement Unit (LEU) and support clients through the housing search, application, and lease signing process. Housing Navigators are skilled in landlord/tenant mediation and serve as a point of contact when a client is placed in permanent housing for the tenant and landlord, alike.

1. Does your agency currently provide this service in totality as it is defined above? Yes ☐ No ☐

- a. If YES, please describe: **BE BRIEF: no more than 300 words**

- b. If NO, continue to question 2.

2. Is this service supplemented through an **established** partnership with an external agency? Yes ☐ No ☐

- a. If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words.**

- b. If NO, continue to question 3.

3. Are you requesting funding for this service? Yes ☐ No ☐

- a. If YES, include funds requested for this service on the project budget and describe your plan to implement or expand this service. **BE BRIEF: no more than 300 words.**

- b. If your funding request includes the addition of one or more Full-Time or Part-Time Employee, please list 3-5 high-level job functions and percentage of time dedicated to each function:

Job Functions	% of Time

4. Will this service be supplemented through an **intended** partnership with an external agency? Yes ☐ No ☐

- If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words**

Service 4- Access to Benefits:

Definition: Dedicated staff to support clients through the application process for mainstream benefits like SSI/SSDI and acquiring documents necessary to the housing search process.

1. Does your agency currently provide this service in totality as it is defined above? Yes ☐ No ☐

- a. If YES, please describe: **BE BRIEF: no more than 300 words**

- b. If NO, continue to question 2.

2. Is this service supplemented through an **established** partnership with an external agency? Yes ☐ No ☐

- a. If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words.**

- b. If NO, continue to question 3.

3. Are you requesting funding for this service? Yes ☐ No ☐

- a. If YES, include funds requested for this service on the project budget and describe your plan to implement or expand this service. **BE BRIEF: no more than 300 words.**

- b. If your funding request includes the addition of one or more Full-Time or Part-Time Employee, please list 3-5 high-level job functions and percentage of time dedicated to each function:

Job Functions	% of Time

4. Will this service be supplemented through an **intended** partnership with an external agency? Yes ☐ No ☐

- If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words**

Service 5- Health Care Connection:

Definition: Agency provides a connection to healthcare services such as telemed and telepsych, prescription payment assistance, and referrals to behavioral health providers.

HACR highly recommends the presence of a nurse or medical professional on-site at least 4 days a week to triage medical needs and facilitate connections to health care providers.

1. Does your agency currently provide this service in totality as it is defined above? Yes ☐ No ☐

- a. If YES, please describe: **BE BRIEF: no more than 300 words**

- b. If NO, continue to question 2.

2. Is this service supplemented through an **established** partnership with an external agency? Yes ☐ No ☐

- a. If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words.**

- b. If NO, continue to question 3.

3. Are you requesting funding for this service? Yes ☐ No ☐

- a. If YES, include funds requested for this service on the project budget and describe your plan to implement or expand this service. **BE BRIEF: no more than 300 words.**

- b. If your funding request includes the addition of one or more Full-Time or Part-Time Employee, please list 3-5 high-level job functions and percentage of time dedicated to each function:

Job Functions	% of Time

4. Will this service be supplemented through an **intended** partnership with an external agency? Yes ☐ No ☐

- If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words**

Service 6- Transportation:

Definition: Transportation options are offered at no cost to the client with minimal restrictions.

1. Does your agency currently provide this service in totality as it is defined above? Yes ☐ No ☐

- a. If YES, please describe: **BE BRIEF: no more than 300 words**

- b. If NO, continue to question 2.

2. Is this service supplemented through an **established** partnership with an external agency? Yes ☐ No ☐

- a. If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words.**

- b. If NO, continue to question 3.

3. Are you requesting funding for this service? Yes ☐ No ☐

- a. If YES, include funds requested for this service on the project budget and describe your plan to implement or expand this service. **BE BRIEF: no more than 300 words.**

- b. If your funding request includes the addition of one or more Full-Time or Part-Time Employee, please list 3-5 high-level job functions and percentage of time dedicated to each function:

Job Functions	% of Time

4. Will this service be supplemented through an **intended** partnership with an external agency? Yes ☐ No ☐

- If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words**

Service 7-Permanent Home Furnishings:

Definition: Home furnishings are offered to clients exiting homelessness into permanent housing at no cost to the client.

1. Does your agency currently provide this service in totality as it is defined above? Yes ☐ No ☐

- a. If YES, please describe: **BE BRIEF: no more than 300 words**

- b. If NO, continue to question 2.

2. Is this service supplemented through an **established** partnership with an external agency? Yes ☐ No ☐

- a. If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words.**

- b. If NO, continue to question 3.

3. Are you requesting funding for this service? Yes ☐ No ☐

- a. If YES, include funds requested for this service on the project budget and describe your plan to implement or expand this service. **BE BRIEF: no more than 300 words.**

- b. If your funding request includes the addition of one or more Full-Time or Part-Time Employee, please list 3-5 high-level job functions and percentage of time dedicated to each function:

Job Functions	% of Time

4. Will this service be supplemented through an **intended** partnership with an external agency? Yes ☐ No ☐

- If YES, please provide a copy of or description of the contract, MOU, or MOA with the external agency describing the nature of the partnership AND Include a summary narrative of this partnership. **BE BRIEF: no more than 300 words**

SECTION 4: Low Barrier Service Model Program Assessment

Describe to what degree your program aligns with each component of the Low Barrier Service Model.

If any program components do not align with the low barrier service model, share how each component does not currently meet the Low-Barrier Service definition and the proposed plan to bring the program into alignment with this model.

For additional information on how to conduct a low-barrier service self-assessment, see Attachment A.

Housing First Approach: *BE BRIEF: no more than 300 words*

Safe & Appropriate Diversion: *BE BRIEF: no more than 300 words*

Immediate and Low Barrier Access: *BE BRIEF: no more than 300 words*

Housing Focused Rapid Exit: *BE BRIEF: no more than 300 words*

Data to Measure Performance: *BE BRIEF: no more than 300 words*

○

SECTION 5: Current Data Collection Practices

Please list the current databases your agency uses for program level data collection and describe how each database is utilized. *i.e. Homeless Management Information System (HMIS) is used to collect client level data to meet reporting obligations for CoC, ESG, and County funding.*

Please describe your current strategy to monitor data quality and/or report on program outcomes through the previously listed data system. *BE BRIEF: no more than 300 words*

Please provide a staff point of contact for each database Include Staff First Name, Last Name, Title, Email, and Work Phone Number.

SECTION 6: Technical Assistance Needs

- Please describe any Technical Assistance needs to fully implement a Low-Barrier Service Model or full-service array as listed above. *BE BRIEF: no more than 300 words*

Attachment A

Low-Barrier Service Self-Assessment

[Adapted from the National Alliance to End Homelessness Emergency Shelter Self-Assessment](#)

Immediate and Low-Barrier Access to Services

- 1. The eligibility criteria to enroll in our services is low-barrier, and does not exclude people who have criminal histories, a lack of income, or currently use drugs and/or alcohol.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly Disagree
 - ☐ I don't know

- 2. Clients are not required to participate in services or “earn” services provided at my agency.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly Disagree
 - ☐ I don't know

- 3. We do not permanently ban people for anything other than violence or theft.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly Disagree
 - ☐ I don't know

- 4. Our services are compliant with the HUD Equal Access Rule and is open to all eligible individuals regardless of sexual orientation, gender identity, or marital status.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly Disagree
 - ☐ I don't know

- 5. If applicable, our family shelter space can accommodate different configurations of families, such as allowing a male head of household or teenage son to stay in the same room with the rest of the family.**
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly Disagree
 - ☐ I don't know

○ N/A

6. If applicable, Our shelter is open 24 hours a day, 7 days a week to provide easy and immediate access for participants any time of the day.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I don't know

7. If applicable, our shelter does not make people leave every morning at a certain time, stay outside until evening, and line up for their beds every night.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I don't know

8. We provide training for board, staff, donors, and community members on why a low-barrier model is a more effective way to serve people who are experiencing homelessness in our community.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I don't know

Action Plan for Providing Immediate and Low-Barrier Access to Shelter

Action Step <i>What needs to be done?</i>	Responsible Person <i>Who should take action to complete this step?</i>	Deadline	Necessary Resources <i>What do you need in order to complete this step?</i>	Potential Challenges <i>Are there any potential challenges? How will you overcome them?</i>	Result <i>Was this step successfully completed? Any new steps to take?</i>

