



Family Homelessness Prevention and Assistance Program

2012-2013 Request for Proposals
February 15, 2011



Agenda

- **Introduction**
- **Overview**
- **RFP Guidelines & Application Info**
- **Q & A**

Funding Goals

To support continuing innovation and development of a comprehensive system to prevent homelessness and to assist people experiencing homelessness

- **Prevent homelessness.**
- **Minimize the number of days homelessness.**
- **Eliminate repeated episodes of homelessness**

Funding Overview

- **Minnesota State Grant**
- **Funding Period:**
July 1, 2011 – June 30, 2013
- **Funding Amount: about \$14.6 million (contingent upon approval by the 2011 Minnesota Legislature)**
- **Currently, 20 projects funded across the state (6 metro, 14 in greater Minnesota)**
- **Funding will be awarded through a Competitive process**

Funding Requirements (p.3)

- **Assessment:** homelessness response system
- **Coordination:**
 - » Public & private resources
 - » Planning Groups: CoC, Heading Home
 - » Other FHPAP providers to ensure access
- **Service to all populations**
- **Monitoring/Evaluation of outcomes**
- **Establishment of advisory committee to:**
 - » Develop proposal
 - » Assess community need & project performance
 - » Project re-design

Eligibility Criteria (p.2)

- **Eligible Applicants**
 - » **Metro: counties**
 - » **Greater MN: community-based nonprofit organization**
- **Eligible Recipients**
 - » **Low-income Minnesotans experiencing a housing crisis that are able to maintain housing after temporary FHPAP assistance and services**
 - » **Grantees may create additional eligibility criteria in order to target their funding to best meet identified community needs and to ensure that funding is sustained throughout the biennium.**

Any Questions?

Eligible Use of Grant (p.2)

- **Administration Costs**
 - » If your project involves more than one agency, administration funds should be shared unless any agency doesn't require funding for administration.
 - » ***This amount may not exceed 10%.***
- **Support Service Costs**
 - » ***Preference: Support Services not to exceed 50% of total budget, unless that direct assistance is provided from another source.***
- **Direct Assistance Costs**

Budget

- **Instructions (Appl p. 11)**
- **Narrative (Appl p. 11)**
- **Leverage (Appl p. 12)**
- **Budget Form from all possible service providers need to be submitted**

Ineligible Use of Grant (p.2)

- **Grants may not be used:**
 - » **To pay for, acquire, rehabilitate, or construct emergency shelters, or transitional, or permanent housing.**
 - » **To pay for more than 24 months of direct assistance and support services.**
 - » **To pay the operating costs of emergency housing.**
 - » **To pay the supportive service or operating costs of permanent supportive housing.**

Funding Request Options (p.7)

- **Proposed Increase**
 - » **Operational Increase (1-10%):** Based on cost-of-living
 - » **Program Expansion (Over 10%):** Program enhancement
- **No Change**
 - » **funding request is the same as current funding level**
- **Decrease**
 - » **Less funding based on change in:**
 - **Program design**
 - **Program delivery**
 - **Reduction in number to be served**
 - **Reduction in staff to provide services**
 - **Reduction in funding mix so fewer dollars are needed**

Any Questions?

Outcomes & Indicators (p.5)

- **Outcome for Prevention Goal**
 - a) # of households served under FHPAP Prevention Goal
 - b) # of households remained in current housing or re-housed without a day of homelessness at exit of service
 - c) *# of households served under Prevention Goal who will not enter shelter within 6 months of program exit*

- **Outcome for Homeless Assistance Goal**
 - a) # of households served with FHPAP fund under Homeless Assistance Goal
 - b) # of households obtained housing at exit of service
 - c) *# of households served under Homeless Assistance Goal who will not enter shelter within 6 months of program exit*

Outcome Table (Appl, p. 9)

Program Goal	Outcome Indicator	# of HH to be served
Prevention	a. ___ families will be served under prevention goal b. ___ families will remain in current housing or re-housed without a day of homelessness at program exit c. ___ families remain/re-housed under prevention goal who will not enter shelter within 6 months of program exit	
	a. ___ youths will be served under prevention goal b. ___ youths will remain in current housing or re-housed without a day of homelessness at program exit c. ___ youths remain/re-housed under prevention goal who will not enter shelter within 6 months of program exit	
	a. ___ single adults will be served under prevention goal b. ___ single adults will remain in current housing or re-housed without a day of homelessness at program exit c. ___ single adults remain/re-housed under prevention goal who will not enter shelter within 6 months of program exit	

Outcomes & Indicators (p. 5)

- **Outcome for System Goal**
 - a) **Average length of homelessness (based on self-report)**
 - b) **Average stay at emergency housing**
 - c) **Average days from FHPAP application submission to housing**
- **Outcome Table (Appl p.10)**

Program Goal	Outcome Indicator
System Goal	a. ____ days of Homelessness based on households' self-report (possibly tracked by HMIS) b. ____ days of Homelessness in emergency housing (i.e. shelter, motel vouchers, etc) c. ____ days from application submission to housing

Self-Sufficiency Matrix (p. 5)

New Measurement

- **To measure the impact of supportive services and/or direct assistances, every service provider is required to use the Self-Sufficiency Matrix through HMIS at:**
 - » **Initial assessment at program entry**
 - » **Interim assessment to determine ongoing need at 6 months, 9 months, 12 months, 15 months, 18 months, and 21 months, if applicable**
- **Trainings on the Self-Sufficiency Matrix will be offered by Minnesota Housing and Wilder prior to July 1, 2011.**

Reporting (p.6)

- **HMIS**
- **Reporting Requirement**
 - » **Semi-Annual Outcome Report**
 - **6 & 18 months Outcome table**
 - » **Quarterly Expenditure Report**
 - **Expenditures must not exceed quarterly allotment.**
 - » **Annual Report to the FHPAP Committee**
 - **12 & 24 months outcome table w/ narratives**

MN Housing reserves the right to hold or discontinue funding disbursements if grantee fails to accomplish its projected plan or to comply with funding agreements

Modification

- **Outcome goals & Budget modification**
 - » Will be allowed only at 12 & 18 months data availability
 - » Maximum 10% outcome goal reduction possible
 - » Exceptions to the above will be considered if:
 - Major system/policy changes in service area
 - Unexpected natural disaster or incidents
 - Submission of solid evidences for need change

Submit accountable Outcome goals & Budget plan with your proposal

Any Questions?

Funding Criteria (p.8)

- **Need (20 points)**
- **Project Design (30 points)**
- **Planning (20 points)**
- **Program Capacity (30 points)**

APPLICATION COMPONENTS TABLE

FORM	# OF PAGES COUNTED AS:
Application Cover Sheet	Does not apply to total page count
Project Description 1. Project Overview 2. Statement of Need 3. Project Design 4. Project Planning 5. Additional Information 6. Questions for New Applicants Only	Up to 15 pages total (identify each section) 1. No more than 1 page 2. No more than 3 pages 3. No more than 6 pages 4. No more than 4 pages 5. No more than 1 page 6. Does not apply to total page count
Continuum of Care Certification (New Applicants Only)	Does not apply to total page count
County Board Approval	Does not apply to total page count
Outcome	Does not apply to total page count
Budget 1. Budget Narrative Section 2. Leverage Section 3. Worksheet Form	1. No more than 2 pages 2. Does not apply to total page count 3. Does not apply to total page count

Application

- **General: Be specific!**
- **Need: Use data & trend info to supplement state-gathered data**
- **Eligibility/Priority: explain how established criteria will support your goals**
- **Activities: congruent with needs identified?**
- **Planning: advisory committee's time to shine!**

New Applicants

- **Describe planning process**
- **Previous experiences**
- **HMIS**
- **Certification of Consistency with the Continuum of Care**

For current grantees that will expand service areas – Please contact Ji-Young or Erin for further guidelines

Submission Info

- **By April 11th: via email**
 - » **Application**
 - » **Budget Form**
 - » **Advisory Committee List**
- **By Completion of Contract**
 - » **County Approval Letter**
 - » **Proof of Fidelity Bond, Forgery Bond, Crime Coverage Insurance**
 - » **All sub-grantee(s) info including outcome & budget**

RFP to Contract

- **Prerequisites for Contract Process**
 - » **Final budget & outcome info if modification necessary**
 - » **Agreement on sub-grantee & funding activity**
- **Grantee meeting will be in July 2011**

RFP Important Dates (p.1)

February 15, 2011	RFP Info Session
March 17, 2011	RFP Q & A Session
April 11, 2011	RFP Proposal Due
April 25, 2011	Additional Information due
May/June 2011	Proposals Review
June 23, 2011	Funding recommendations presented to Minnesota Housing Board for approval
July 1, 2011 – June 30, 2013	Grant term

Resources

- <http://www.mnhousing.gov/initiatives/housing-assistance/prevention/index.aspx>
- <http://www.hmismn.org>

For More Information Contact

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Any Questions?

**Please don't forget to submit
your evaluation.**

THANK YOU!!!