

# Family Homeless Prevention and Assistance ProgramRequest for Proposals Application

Grant Period: October 1, 2025 – September 30, 2027

Application deadline: Friday, January 17, 2025, 4:30 p.m. Central Time.

This application must be submitted through the [Multifamily Secure Upload Tool](https://mnhousing.leapfile.net/). Refer to the [Request for Proposals (RFP) Application Instructions](https://www.mnhousing.gov/document/fhpap-instructions) for more information.

## Applicant Information

Organization Name: Click or tap here to enter text.
Legal Organization Name (if different than above): Click or tap here to enter text.
Organization Address: Click or tap here to enter text.
Organization City, State ZIP Code: Click or tap here to enter text.
Contact Person Name: Click or tap here to enter text.
Contact Person Title: Click or tap here to enter text.
Contact Person Telephone Number: Click or tap here to enter text.
Contact Person Email Address: Click or tap here to enter text.

1. Funding Request Type:
	1. [ ]  Coordinated Entry
	2. [ ]  Street Outreach
	3. [ ]  Prevention
	4. [ ]  Rapid Rehousing
2. Amount of Funding Request:
	1. $Click or tap here to enter text. Coordinated Entry
	2. $Click or tap here to enter text. Street Outreach
	3. $Click or tap here to enter text. Prevention
	4. $Click or tap here to enter text. Rapid Rehousing
	5. $Click or tap here to enter text. Total for all Request Types
3. Proposed Total Number of Households to be Served:

Click or tap here to enter text.

1. Service Area:

Click or tap here to enter text.

## Project Summary (25 Points)

1. Utilizing your most recent needs assessment, describe your project and how it meets the prevention and homeless needs for households in your organization’s service area. Include any discussion about the needs you have had with people with lived expertise, traditionally underserved households, stakeholders, advisory committee members, and/or partners.

Click or tap here to enter text.

1. Who are the households experiencing housing instability at disproportionate levels in your community? Cite data sources such as the [Homeless Management Information System (HMIS) Dashboard](https://www.hmismn.org/minnesota-dashboards), data from the regional [Continuum of Care (CoC)](https://mnhousing.gov/rental-housing/continuums-of-care-%28coc%29.html), and [Wilder Foundation data](https://www.wilder.org/wilder-research/research-topics/housing-and-homelessness). Citing other data specific to your local community and/or organization is encouraged.

Click or tap here to enter text.

## Equity (35 Points)

1. Are you a Tribal Nation or a group of Tribal Nations? Recognizing and honoring sovereignty, Tribal Nations will receive automatic points for this section of the application.
	1. [ ]  Yes; skip all questions in this section and move to section C: Capacity. 35 points will automatically be granted.
	2. [ ]  No; continue to question 2.
2. Share your organization’s outreach strategies to serve populations who may be experiencing housing instability at disproportionate levels (such as cultural, racial, and ethnic communities, LGBTQIA2S+[[1]](#footnote-1) communities, people experiencing domestic violence, people with disabilities, veterans, and others who are identified by the applicant).

Click or tap here to enter text.

1. Describe the role that people with lived expertise currently play in the project or organization.

Click or tap here to enter text.

1. How does an individual or a household experience and receive support with patience and empathy?

Click or tap here to enter text.

## Capacity and Performance (30 Points)

1. Does your organization have a history of performing similar duties to this project based on prior work?
	1. [ ]  Yes; indicate the state or federal program(s) and describe prior performance including whether the program met projected targets and/or fully expended funds:

Click or tap here to enter text.

* 1. [ ]  No; describe other relevant experience and qualifications of organization staff:

Click or tap here to enter text.

1. Describe your organization’s plan for training and knowledge sharing, and how it will inform staff on how to interact with participants; include details on subject matter, frequency, follow-up, knowledge sharing, and implementation.

Click or tap here to enter text.

1. Does your organization utilize the HMIS?
	1. [ ]  Yes
	2. [ ]  No; describe your organization’s plan to prepare for grant start, including the timeline for HMIS training and licensure:

Click or tap here to enter text.

1. Describe how assistance will be culturally and linguistically appropriate. Include how you will communicate (spoken and written) with non-English speaking, disabled, and low-literacy participants.

Click or tap here to enter text.

## Budget (10 Points)

Complete the FHPAP Budget Form.

1. Provide additional detail to substantiate and justify (include rationale and calculations) the cost for staffing full time equivalents (FTEs) and average cost of direct assistance per household.

Click or tap here to enter text.

1. Describe any proposed leveraged funds by completing the table below. Note that leveraged funds are not required; however, list any proposed leveraged funds, listing in the table below the source, amount, and purpose:

Table 1: Proposed Leveraged Funds

|  |  |  |
| --- | --- | --- |
| Source | Amount | Purpose |
| Example: Agency XYZ | Example: $50,000 | Example: Housing Navigation – 0.50 FTE |
| Click or tap here to enter text. | $Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | $Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | $Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | $Click or tap here to enter text. | Click or tap here to enter text. |

## Application Checklist and Submission Instructions

Applicants must use the required application form and include all the required information and documentation. Applicants are encouraged to be clear and concise in the presentation of information. Do not submit materials that are not requested (letter of support, photos, brochures, etc.). Unrequested materials will not be reviewed.

The naming convention of the items submitted should be:

1. Program Name RFP\_Applicant name\_Name of Document
2. Example: “FHPAP\_RFP\_EXY Services\_Application”]

The following checklist items must be completed properly and submitted to meet the threshold criteria. Only applications meeting the threshold criteria will be considered for funding:

1. [ ]  1. Application
2. [ ]  2. [Application Signature Page](https://www.mnhousing.gov/document/fhpap-rfp-signature-page) (wet, digital, or electronic signatures will be accepted)
3. [ ]  3. [Budget Workbook](https://www.mnhousing.gov/document/fhpap-application-budget)

1. [ ]  4. Pre-award Risk Assessment Form and accompanying documents detailed in the form
	1. [Risk Assessment Form—Nonprofit Organizations](https://www.mnhousing.gov/document/1481811662201-risk-assessment-form--nonprofit-organizations_final)
	2. [Risk Assessment Form—For-Profit Business Entities](https://www.mnhousing.gov/document/1481811662190-risk-assessment-form--for-profit-business-entities_final)
	3. [Risk Assessment Form—Political Subdivisions](https://www.mnhousing.gov/document/if_sf_rfp_risk_assessment_form_political_subdivisions)
	4. Accompanying Documentation:
		1. Financial documents related to the applicant organization and detailed on the Risk Assessment Form (nonprofits and for-profits only)
			1. Internal Controls Certification—Nonprofit Organizations, if applicable
			2. Internal Controls Certification—For-Profit Business Entities, if applicable
		2. Evidence of good standing with the Minnesota Secretary of State (nonprofits and for-profits only)
		3. Certification of no convictions of felony financial crimes by a principal, along with a list of principals being certified (all applicants)

Applicants must understand the application components and what types of submission materials are required to satisfy each required component. Applications that do not contain all required components (completed and submitted properly) will be noted as incomplete and will not be eligible for further review, including scoring. Minnesota Housing is unable to provide notice if an application is incomplete.

If you have questions regarding checklist items, contact the designated point of contact. Allow enough time for staff to respond and help resolve issues so that a complete application can be submitted prior to the application submission deadline. Also note that technical assistance does not guarantee that a complete application will be submitted.

Submit application materials via the [Multifamily Secure Upload Tool](https://mnhousing.leapfile.net/) no later than 4:30 p.m. Central Time on Friday, January 17, 2025, to be considered for funding.

The Secure Upload Tool will direct you to send items to the following email: mhfa.app@state.mn.us. Review the [Upload Tool Instructions](https://www.mnhousing.gov/get/MHFA_1014611) for more information. Required documents must be uploaded in their original format. Do not convert the documents into other formats.

If you have questions regarding the checklist items, please contact:

* Diane Elias at diane.elias@state.mn.us
* Nancy Urbanski at nancy.urbanski@state.mn.us
1. LGBTQIA2S+ means lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and two-spirit. The plus sign (+) recognizes that there are many ways to describe gender identities and sexual orientations. [↑](#footnote-ref-1)