

# Family Homeless Prevention and Assistance Program Request for Proposals Application

Grant Term: June 1, 2024 – September 30, 2025

**Application deadline: Thursday, February 22, 2024, at 11:59 p.m. Central Time**

**NOTE:** Reference the Family Homeless Prevention and Assistance Program (FHPAP) Request for Proposals (RFP) [Application Instructions](https://www.mnhousing.gov/document/fhpap-instructions) for more information.

## Applicant Information

Table 1: Applicant Information

|  |  |
| --- | --- |
| Contact Information | Response |
| Organization Name |       |
| Legal Organization Name (if different from above) |       |
| Geographic Service Area (list counties and/or Minnesota Indian Reservations) |       |
| Contact Person |       |
| Contact Person Title |       |
| Organization Street Address |       |
| City, State, Zip Code |       |
| Telephone Number |       |
| Contact Person Email Address |       |
| Funding Request |       |
| Proposed Total Number of Households to be Served |       |

## Project Summary (25 Points)

1. 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.
2. 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](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.

## Equity (35 Points)

1. Recognizing and honoring sovereignty, Tribal Nations will receive automatic points for the Equity section of this application. Check the “Yes” box if you are a Tribal Nation or group of Tribal Nations.

[ ]  Yes. Skip all questions in this section and move to the Capacity section ([Section C](#_Capacity_(10_points))); 35 points will automatically be granted.

[ ]  No. Continue to Question 2.

1. Share your organization’s outreach strategies to serve particular populations who may be experiencing housing instability at disproportionate levels (such as cultural, racial, and ethnic communities, LGBTQIA2S+ communities, people experiencing domestic violence, people with disabilities, veterans, and others who are identified by the applicant).
2. Describe the role that people with lived expertise currently play in the project or organization.
3. How does an individual or a household experience and receive support with patience and empathy?

## Capacity (30 Points)

1. Does your organization have history of performing similar duties to this project based on prior work? Y/N
* If yes, indicate the state or federal program(s) and describe prior performance.
* If no, describe other relevant experience and qualifications of organization staff.
1. Describe training and knowledge sharing plan that informs how staff interact with participants; include details on subject matter, frequency, follow-up/knowledge sharing/implementation.
2. Does your organization utilize the Homeless Management Information System (HMIS)? Y/N
* If no, indicate plans for HMIS training and licensure to be ready for grant start:
1. Describe how assistance will be culturally and linguistically appropriate. Describe how you will communicate (spoken and written) with non-English speaking, disabled, and low-literacy participants.

## Budget (10 Points)

1. Complete the separate budget form.
2. Provide additional detail to substantiate and justify (include rationale and calculations) the cost for staffing (FTEs) and average cost of direct assistance per household:
3. Leveraged funds are **not** required; however, list any proposed leveraged funds, listing in the table below the source, amount, and purpose:

Table 2: Leveraged Funds

|  |  |  |
| --- | --- | --- |
| Source | Amount | Purpose |
| Example: Agency XYZ | Example: $50,000 | Example: Housing Navigation – .50 FTE |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

## Required Documents

**Submit the following documents via Minnesota Housing’s online** [**Multifamily Secure Upload Tool**](https://mnhousing.leapfile.net/fts/drop/custom/Index.jsp) **no later than Thursday, February 22, 2024, at 11:59 p.m. Central Time.** Using the online tool, send items to mhfa.app@state.mn.us. Review the [Upload Tool Instructions](http://www.mnhousing.gov/get/MHFA_1014611) for more information.

1. This Application
2. [Application Signature Page](https://www.mnhousing.gov/document/fhpap-rfp-signature-page) (with an electronic, digital, or wet signature)

1. [Budget](https://www.mnhousing.gov/document/fhpap-application-budget) (refer to [Section D](#_Budget_(5_10), above)
2. Current financial information (does not apply to any governmental organization or Tribal Nations): Non-governmental organization applying for $25,000 or more must supply the following financial documentation depending on the organization’s total gross revenue (refer to table below):

Table 3: Required Applicant Financial Information

|  |  |
| --- | --- |
| Documentation | Total Gross Revenue |
| Board-Review Financial Statements | Under $50,000 (or not in existence long enough to have completed IRS Form 990 or an audit) |
| IRS Form 990 and Aging Schedule | $50,000-$750,000 |
| Certified Financial Audit | Over $750,000 |

**The naming convention of the items submitted above should be:**

**FHPAP RFP\_Applicant name\_Name of document.**

## Acknowledgment and Consent

The applicant acknowledges that this application will be reviewed and scored by a review committee comprised of Minnesota Housing Finance Agency (Minnesota Housing) staff, other state agency staff, and community reviewers with knowledge of homeless programs.

The applicant further agrees that, by submitting this application to Minnesota Housing, they agree and understand that this RFP response and data submitted as part of this RFP response are governed by the Minnesota Data Practices Act and may be considered private or nonpublic data.

The applicant further consents to Minnesota Housing sharing all data submitted as part of this RFP response, including private or nonpublic data, to individuals outside of Minnesota Housing who agree to assist with the evaluation of the responses and that such individuals will be instructed that they may not further disseminate the private or nonpublic data received.

By completing, signing, dating, and submitting the signature page (separate page), the applicant acknowledges and consents to the above information as well as the information stated on the signature page.