

Grant Application Overview
American Rescue Plan Act – Houseless Services Grant Program

OVERVIEW:

The purpose of the Program is to assist qualifying nonprofit organizations to address houselessness by supporting individuals experiencing houselessness in making meaningful steps toward transitioning to permanent housing. Awards will be made for the contract execution date through December 31, 2026. All contracts must be executed prior to December 31, 2024.

Eligible projects include:

- New Safe Parking Start Up and Operations
- Operations of Existing Safe Parking Sites
- Outreach and Case Management for Unsheltered Individuals and Families in the Temporary Safe Stay Area
- Shelter Services
- Housing-Focused Case Management and Houseless Prevention Services

Applications will be scored based on the following rubric:

| Category | Description | Available Points |
|---|--|-------------------------|
| Project Overview | <ul style="list-style-type: none"> - Proposed project overview, outcomes, and budget. - Impact of project to community - How project supports Council goals or TSSA | 80 |
| Prior Experience, Capacity, and Readiness | <ul style="list-style-type: none"> - Relevant prior experience, including experience operating similar programs, completing regular reporting of program outcomes, entering data into HMIS, utilizing federal funds, and working with the City of Bend. - Organization’s capacity to implement proposed project. - Organization’s experience collaborating with partner agencies. | 30 |
| Proposed Organizational Operations | <ul style="list-style-type: none"> - Required policies and procedures - Data management, case management, and record keeping | 25 |
| Fiscal Systems | <ul style="list-style-type: none"> - Fiscal systems | 25 |
| Certifications | Failure to complete certifications of required program elements will not be considered for funding. | Pass/Fail |

To apply for funding, please submit a completed application and all required documents to Brook O’Keefe, Shelter Coordinator at bokeefe@bendoregon.gov no later than 5pm on December 7, 2024. Applications will be evaluated on a rolling basis.

American Rescue Plan Act – Houseless Services Grant Program Application

Required Documents:

Please submit the following documents with the completed application.

1. Financial audits or reports from prior 3 years
2. Form 990s from prior 3 years
3. Detailed Project Budget
4. Articles of Incorporation
5. Internally Prepared Financial Statements
6. Other Reports from Government Agencies

Organizations, especially new organizations, may not have all the required documents. If any documents are not available, please list them below with the reason they were not provided.

| Document Not Provided | Reason |
|-----------------------|--------|
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Project Overview:

1. Proposed Project Start Date (fully operational): _____
2. Budget Overview

Please complete the following table with a high-level budget overview for all categories organization is requesting funds.

| Eligible Project Type | Proposed Budget |
|--|-----------------|
| New Safe Parking | |
| Existing Safe Parking | |
| Case Management and Outreach at the TSSA | |
| Shelter Services | |
| Housing-Focused Case Management and Houseless Prevention | |

3. Program Overview & Proposed Outcomes:

Please provide a detailed description of the proposed project(s), including types of services (case management, outreach, etc.) which will be offered to the community, participant eligibility criteria, and proposed outcomes (households/individuals served, transitions to permanent housing, etc.) (350- word limit)

Prior Experience, Capacity, & Readiness:

1. How many years of experience does the organization have working with federal funds?
_____ years.

2. How many years of experience does the organization have working with the City of Bend (including operating a city-supported shelter and/or receiving CDBG, CICT, or AHF)?
_____ years.

3. How many years of experience does the organization have entering data into the Homeless Management Information System (HMIS) and/or utilizing funding that requires regular reporting of program outcomes?
_____ years.

4. Prior Experience:

Please describe the organization’s experience operating similar projects or other programs providing services to individuals experiencing or at risk of experiencing houselessness. (350- word limit)

5. Capacity:

Please list names, titles, and dates of hire for all key staff who will be involved in the implementation of the proposed project. If the organization anticipates hiring additional staff, please list the anticipated number of FTE required. (250- word limit)

6. Community Connections and Collaboration:

Please provide a description of the organization’s prior experience, current efforts, and/or proposed efforts to collaborate with other social service agencies in the region and list all existing partnerships with other agencies. (250- word limit)

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Organizational Systems and Project Management:

1. Policies and Procedures:

Please complete the following table by indicating which policies and procedures the organization has already implemented and the date of the most recent update.

| Policy and Procedures | Status of implementation (not implemented in development, pending board approval, fully implemented) | Most Recent Update |
|---|---|---------------------------|
| Confidentiality Policy | | |
| Record Retention & Destruction | | |
| Service Termination or Denial of Assistance | | |
| Grievance and Appeals | | |
| Conflict of Interest | | |
| Nondiscrimination | | |
| Limited English Proficiency | | |
| Equity and Racial Justice | | |
| Fiscal (including gift card & credit card, if applicable) | | |
| Client Assistance | | |
| Employees Seeking Assistance | | |

2. Case Management Systems & Record Keeping:

All proposed projects are required to support individuals experiencing houselessness in making meaningful steps toward transitioning to more permanent housing. Please describe the organization’s current and proposed system for providing housing-focused case management. Please describe the organization’s current and proposed system for meeting this requirement and for maintaining organized and confidential client records. Additionally, please list all case management software the organization intends to utilize. (350 – word limit)

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3. Lived Experience

Please describe the organization's current and proposed efforts to collect and implement feedback from individuals with lived experience of homelessness and housing instability to form and influence project development and implementation. (250-word limit)

4. Data Management:

Please describe the organization's current and proposed systems and procedures for entering data into the Homeless Management Information System and ensuring timely submission of required reports. (250-word limit)

Fiscal Systems:

1. What accounting system does the organization use? _____
 - a. How long has the organization been using this system? _____

2. Does the organization perform financial management tasks internally, hire a bookkeeper/accountant, or both? _____
 - a. If internal, how many employees are responsible for completing financial management tasks? _____

3. Are employees/contractors completing financial management tasks trained in Generally Accepted Accounting Principles Yes No
 - a. If more than one employee is completing financial management tasks, how many are trained? _____

4. Are employees/contractors completing financial management tasks trained in Uniform Grant Guidance? Yes No
 - a. If more than one employee is completing financial management tasks, how many are trained? _____

5. Did the organization expend more than \$750,000 in federal assistance in the past fiscal year? Yes No

a. If so, did the organization undergo a Single Audit? Yes No

Other Requirements:

The following program elements are required. Failure to certify the organization's commitment to meeting these requirements will result in denial of application.

All Projects:

| Certification | Initial |
|--|----------------|
| Organization is a 501(c)(3) Charitable Organization | |
| Organization will enter data into the Homeless Management Information System (HMIS). | |
| Organization will provide housing-focused case management, including establishing client-driven and housing-focused goals and by completing individual service plans. (Not applicable to projects proposing only data management.) | |
| Organization will collaborate with other providers in the City of Bend, including participating in the Coordinated Entry System either through accepting referrals, participating in case conferencing, completing HEAT Assessments with clients, or other mechanisms. | |

Case Management and Outreach at the TSSA:

| Certification | Initial |
|---|----------------|
| Organization will participate in regular case conferencing meetings and collaborate with other organizations providing case management and outreach at the TSSA to ensure services are not duplicative. | |

Signatures:

As an authorized signatory for _____, I certify that the information provided in this application is true and accurate.

Signature: _____

Date: _____

Name: _____