

PROPOSER INFORMATION

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PROPOSAL INFORMATION

Date Submitted: 4/14/2016

Amount Requested: 84,887 annually

REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.

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REQUIREMENTS

Please respond to the following questions. The maximum score a Proposal can receive is 100 points. Your response to this section should not exceed 20 pages.

A. Organizational Experience (25 points)

1. Describe your organization's experience providing housing and supportive services. If you currently run any HUD-funded programs, please complete this chart of all current active HUD programs.

Operation Safety Net is Pittsburgh Mercy's award-winning, innovative medical and social service outreach program for the unsheltered homeless population in Allegheny County. Operation Safety Net strives to address the circumstances which undermine the mental and physical health of persons served by creating avenues for people who are homeless to access housing as well as the medical and social services that are necessary for them to improve their quality of life. Since its founding in 1992, Operation Safety Net has reached approximately 12,000 homeless individuals with more than 68,000 visits where they live - in camps along riverbanks, in alleyways, or beneath bridges and highway overpasses- and has successfully helped more than 1,500 individuals who were once homeless to find homes of their own. In 2015, OSN housed over 300 homeless individuals. In doing so, Operation Safety Net not only assists with providing health care and affordable housing, but also offers this vulnerable population hope, dignity, and a sense of community. Operation Safety Net reaches out to those in need by meeting people where they are in life. The people we serve have taught us how to best address their needs in the context of their real lives. By developing trust and fostering deep, personal connections with the individuals we serve, we are able to partner with them to find solutions. Operation Safety Net's roots were in making "house calls" to people in Pittsburgh wherever they call home - in doorways and alleyways, along river banks, or beneath bridges and highway overpasses. Operation Safety Net and Pittsburgh Mercy currently provide Permanent Supportive Housing (PSH) to 125 of the most vulnerable and service reluctant of the unsheltered chronically homeless population. We embrace a housing first, low demand model of care. Our passionate staff provides and connects these individuals to supportive services and has been successful in improving the health and quality of life of those we serve.

Current Active HUD Programs

Program Name	Type of Program	Population Served	Number Units/ Beds	Budget
Trail Lane Apartments	PSH	Chronically Homeless	17	\$861,350
Generations	PSH	Chronically Homeless	10	\$199,581
Bridging the Gap	PSH	Chronically Homeless	32	\$169,999
Spectrum	PSH	Chronically Homeless	65	\$503,467
A Step Forward	Rapid Rehousing	Homeless families	12	\$165,026

2. Describe your organization's experience in meeting HUD's performance goals (in addition to your own goals) for adults maintaining or exiting to permanent housing and maintaining or increasing income.

Operation Safety Net consistently meets or exceeds stated outcome goals and has successfully housed over 1,500 individuals and families through our PSH, Safe Haven, Homeless Prevention and Rapid Rehousing programs and foundation-funded rental assistance with an overall 70% retention rate. Through the SOAR program, every client has comprehensive access to services of Pittsburgh Mercy's Benefits Specialists who streamline access to SSI, Medicaid and SNAP benefits.

Due to our dedication to serving the most vulnerable and underserved populations, Pittsburgh Mercy's mission of service to the poor and our communities are further progressed. In addition, our comprehensive continuum of care for these individuals fervently supports participants in maintaining housing and societal integration. We consider it our moral obligation to follow each person from the street to housing. OSN rarely involuntarily terminates participants from housing and consistently chooses to work through the most difficult of circumstances. It's been our experience in working with the most vulnerable, that the mainstream mental health and substance abuse systems are insufficient in serving this challenging population. We act as advocates and facilitators to promote effectual access to the services and resources available in the county. We also work to mitigate barriers that develop when encouraging individuals to engage in traditional service systems. We are thankful for the opportunity to fill these gaps and eliminate barriers through the funds dedicated to providing services specifically to the homeless population.

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3. Describe your organization's ability to effectively utilize federal funds and performing the scope of services described in the RFP within funding and time limitations.

Operation Safety Net has consistently utilized our allotted funding completely in performing the activities described in the Scope of Service within the grants contract period. We are poised to assume an in progress program and are aware of the required outcomes of this project – that:

1. 85% of participants will maintain permanent housing or exit to other permanent housing.
2. 78% of participants will maintain or increase their income.
3. 75% of participants will maintain or increase non-cash benefits (e.g., Food Stamps).

Through the use of case management and other community supports and resources, we will also establish goals for the program such as employment and education, to help individuals establish greater levels of independence and quality of life.

4. Describe your organization's experience in leveraging other Federal, State, local and private sector funds.

Operation Safety Net has approximately 15 years of experience managing HUD permanent, transitional and rapid rehousing programs. Operation Safety Net has demonstrated expertise in utilizing funding from all types of sources such as government, community, and foundation funds that enhance the support of services delivered to our individuals. Pittsburgh Mercy's Development Department is dedicated to grant-seeking and outreach to community donors to supplement our governmental funding. OSN has been an expert in leveraging funding and resources to support our housing programs.

5. Describe the basic organizational and management structure of your organization. Include evidence of internal communication, external coordination with outside partners and an adequate financial accounting system.

Mercy Life Center Corporation, DBA Pittsburgh Mercy, is a \$90 million dollar behavioral health, intellectual disabilities and community health provider that has a mature and robust management and finance function. The internal control structure has been designed in accordance with the principles-based guidance of COSO and has been implemented to ensure an effective enterprise-wide approach to the organizations risk management function. In addition, the organization is subject to an annual A133 audit. No deficiencies in internal controls, significant deficiencies or material weaknesses have ever been noted in the course of these audit procedures. Operation Safety Net has managed more than \$10 million dollars of services, primarily

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with Allegheny County contracts. Financial policies and procedures are designed to follow general acceptable accounting procedures and best practices along with fiscal responsibility and accountability.

B. Target Population and Approach (15 points)

1. Describe your organization's proposed staffing plan.
 - a. Operation Safety Net is highly experienced in providing housing, street medicine, outreach, and case management services to the unsheltered homeless. It is our mission to provide services to people who sleep outdoors. Outreach, engagement, and relationship building are major focuses as it is necessary for trust to be developed. Staff actively foster working relationships with external entities. Also, they are constantly building new relationships with potential landlords to house individuals through our multitude of housing programs.
 - b. Your organization's strategy for recruiting and retaining quality staff
Pittsburgh Mercy's Human Resources department recruits quality staff through website, print ads, social media, and job fairs with special efforts to recruit military veterans. Mercy's wage and salary plan is based on market research of wages at similar organizations and is applied consistently according to specific qualifications. Mercy offers an excellent benefit package including 403B matching, medical/dental/vision/insurance, life insurance and paid time off. Staff are supported in improving their health and wellness and a healthy work-life balance.
 - c. Your organization's professional development and staff training program
Pittsburgh Mercy recognizes that the strength of our organization depends upon the people who work for it. Training and Development is an integral part of this organization's performance management system. Training and Development offers extensive training opportunities for staff growth in various topic areas, both in person and online. All employees establish individual annual goals and are expected to complete them within the evaluation period.
 - d. Your organization's plan for staff performance management
Pittsburgh Mercy has well-developed policies and procedures. It is strongly mission-based and places high value on performance excellence in adherence to our code of conduct. Our human resources department provides online software which facilitates annual performance evaluations and professional development planning.
2. The Target Population for this RFP is adults experiencing homelessness who have been diagnosed with a substance use disorder. Beyond that, the Program has not identified a specific subpopulation focus. If your organization will request an addition to the specific subpopulation

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focus, please identify it by completing the Population Focus chart below. Provide a narrative describing the specific subpopulation(s) and why you propose the specific focus.

Population Focus			
Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth under 25	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
		HIV/AIDS	<input type="checkbox"/>
Other: Specify - Click here to enter text.			

Note: OSN recognizes that the targeted population has already been determined for this RFP. We are committed to proactively working with these individuals to obtaining personal quality of life. OSN will remain flexible in adapting to any needs or trends of this program and the overall population.

- In the chart below, enter the number of persons that your organization plans to serve according to their age group, disability status and the extent in which persons served fit into one or more of the subpopulation categories. The numbers are intended to reflect your organization's plan for the Program at maximum capacity. Numbers should reflect a single point in time and not the number serviced over the course of a year or grant term.

Persons in Households without Children			
	Adults over age 24	Adults ages 18-24	Total Persons
Chronically Homeless Non-Veterans	Click here to enter text.	Click here to enter text.	Click here to enter text.
Chronically Homeless Veterans	Click here to enter text.	Click here to enter text.	Click here to enter text.
Non-Chronically Homeless Veterans	Click here to enter text.	Click here to enter text.	Click here to enter text.
Chronic Substance Abuse	9	Click here to enter text.	Click here to enter text.
Persons with HIV/AIDS	Click here to enter text.	Click here to enter text.	Click here to enter text.
Severely Mentally Ill	Click here to enter text.	Click here to enter text.	Click here to enter text.
Victims of Domestic Violence	Click here to enter text.	Click here to enter text.	Click here to enter text.
Physical Disability	Click here to enter text.	Click here to enter text.	Click here to enter text.
Developmental Disability	Click here to enter text.	Click here to enter text.	Click here to enter text.

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Persons not represented by listed subpopulations	Click here to enter text.	Click here to enter text.	Click here to enter text.
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Note: OSN is committed to working with the nine individuals within this program and has extensive experience in working with the populations represented in the above demographics.

4. Summarize each housing site in the project including the number of beds, how many are dedicated to the chronically homeless (CH) and geographic location. The numbers are intended to reflect your plan for the Program at maximum capacity at a single point in time. Fill out the chart below.

Note: OSN is committed to working with the identified nine individuals within this program.

Housing Type and Location					
Housing Type	Units	Beds	Dedicated CH Beds	Non-CH Beds	Location
Scattered Site	9	9	9	Click here to enter text.	Scattered throughout Allegheny County
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Totals	9	9	9	0	

5. Describe your organization’s plan for coordinating with outside partners to ensure that the Program is successful, including your plan for leveraging funds and support. Operation Safety Net places a high value on collaboration with Allegheny County and all homeless and local social service providers. We network extensively and participate in numerous coalitions.

Our staff are members of the Homeless Advocacy Committee, Homeless Outreach Coordinating Committee and Homeless Advisory Board. OSN also is strongly represented on the Stand Down planning group, Veterans Boot Camp push to end Veterans Homelessness and is a key player in the county's effort to end chronic homelessness by 2017.

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We have many partnerships with local providers to provide housing, resources and services to our program participants. We also maintain partnerships with local churches and community organizations for assistance with household set up, clothing, food, hygiene items, and furniture.

Operation Safety Net has established and maintained relationships with volunteers, local foundations, and donors needed to support the mission of the organization.

6. Describe when your organization can assume the Program and how this will be achieved. Describe briefly how this Program will be assimilated into your service network.

As soon as a contract is awarded, OSN is immediately prepared to begin providing services to the individuals served in this existing program. We have extensive and highly skilled outreach and case management staff. Currently, we are providing similar services to comparable populations. Supervisory and management staff will be able to redirect staff to begin providing services immediately to this new entity. This program would have a dedicated case manager with additional skills and knowledge regarding substance use disorders.

7. Describe how your organization will work with the current provider to ensure a smooth transition for the existing Participants.

OSN and Pittsburgh Mercy have an excellent reputation for collaboration with other providers. If awarded, OSN will immediately contact the current provider and collaboratively document and implement an operations/transition plan for the smooth transition of services. The operations plan will detail action steps, target and completion dates, and persons responsible.

C. Housing Services (10 points)

1. Describe your organization's scattered site units and how you will assist Participants in securing and maintaining permanent housing in them.
 - a. Describe where your organization plans to locate the scattered site units in the County
Operation Safety Net assists participants in the housing search but individuals guide the experience by identifying the area that they would like to live. Consideration is given to accessibility and proximity of public transportation and public services.
 - b. Describe your organization's plan for assessing the suitability of scattered site units for habitation by participants (e.g., safety, location)
All scattered site units will be subjected to and pass a housing quality inspection based on HUD regulations, meet all of the requirements identified in the HEARTH Act, CoC regulations and the Fair Housing Act, and meet reasonable rent standards. OSN will respect and adhere to the established regulations of this program.
 - c. If Participants will be housed in units not owned by your organization, describe how you will identify appropriate units. Include how your organization will ensure that rents are reasonable and how your organization determines what is reasonable rent
We utilize the HUD mandated process for rent reasonableness to ensure that program unit rents are comparable to the area rental market. We have developed an approved format to document rent reasonableness for each unit rented.

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- d. Describe how your organization will consider the needs of participants and the barriers that are currently preventing them from securing and maintaining permanent housing
 Operation Safety Net takes pride in assertively engaging and building trusting relationships with those who have been excluded from all other opportunities for housing. Each person is treated as an individual and directs the pace of their progress in accepting housing and services. Our staff works with each person at their own pace and works diligently to connect them to all available community services and treatment to address whatever their needs may be.
- e. Describe how those needs and barriers will be addressed through the case management and/or other supportive services that your organization will offer
 Operation Safety Net has practiced Housing First since receiving our first HUD housing grant. We believe that housing is a human right and that everyone is "ready" for housing. Our housing is low- demand and provides housing and supportive services to the most service-resistant unsheltered homeless individuals in Allegheny County. It is our experience that various housing programs, while targeted to serve the homeless, do not necessarily have the resources to provide comprehensive services. Operation Safety Net is willing and able to continue to provide needed wide-ranging services to those who do not fit anywhere else. Our existing housing projects are now serving individuals who have been sleeping outside for multiple years, have active addictions and untreated mental illness, and who have been banned or terminated from other programs in the county. We consider our housing programs to be a prospect for all individuals, no matter what stage of recovery they are in. Our staff are highly skilled in current best practices (Motivational Interviewing, Integrated Dual Disorders Treatment, Housing First etc. and generally in dealing with these populations.)
- f. Describe your organization's plan for working with landlords and other homeless services providers
 We utilize existing landlord partnerships, cold calls to independent landlords and management companies, print ads and also participate in area landlord engagement groups. We work collaboratively with other homeless providers on a regular basis and cultivate housing resources and development.
2. Please fill out the following charts to indicate if you will follow a Housing First model. (Note: if a project does not choose all of the selections in the following charts, except none of the above, then the project is not considered Housing First.)

Does the project ensure that participants are not screened out based on the following items? Select all that apply	
Having too little or no income	<input checked="" type="checkbox"/>
Active history of substance abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>

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History of domestic violence (e.g. lack of a protective order, period of separation from abuser or law enforcement involvement)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply	
Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Being a victim of domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

D. Supportive Services (10 points)

In the following Supportive Services chart indicate who will provide the Supportive Services and how often Participants will receive the Supportive Services that your organization plans to offer. The chart has drop-down lists that provide specific answers for you to use. If your organization will not be providing or subcontracting the listed service in the chart, then do not complete that particular service. Provide a brief narrative on your organization's plan for Supportive Services in the narrative box below.

Supportive Service	Provider	Frequency
Assessment of Service Needs	Your organization	As needed
Assistance with Moving Costs	Your organization	As needed
Case Management	Your organization	As needed
Child Care	A partner agency	As needed
Education Services	A partner agency	As needed
Employment Assistance & Job Training	Your organization	As needed
Food	A partner agency	As needed
Housing Search & Counseling Services	Your organization	As needed
Legal Services	A partner agency	As needed
Life Skills Training	Your organization	As needed
Mental Health	Your organization	As needed
Outpatient Health Services	Your organization	As needed

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Outreach Services	Your organization	As needed
Substance Abuse Treatment	Your organization	As needed
Transportation	Your organization	As needed
Utility Deposits	Your organization	As needed

Note: OSN is highly experienced in providing and accessing all of these supportive services. Each identified individual will be regularly assessed and reviewed to ensure that ongoing needs are consistently met. We will meet as often as daily to a minimum of once a month based on individual need.

E. Performance Outcomes (10 points)

1. Describe your organization’s plan to track and achieve the HUD performance standards for:
 - a. Maintaining permanent housing or exiting to permanent housing
Linkage to needed supported services and resources to promote successful independent living. Consistent monitoring for appropriate service delivery and flexibility with anticipating individual needs. Ensuring that all basic needs are addressed. Regular review of each individual’s performance in accordance with the HUD standards and implementation of continuous quality improvement activities as needed.
 - b. Maintaining or increasing income
Linkage to SOAR and benefits coordination. Regular review of individual’s financial situation to best prevent any lapse in or decrease of benefits. Effective linkage to vocational resources as determined by the individual and their care team.
 - c. Maintaining or increasing non-cash benefits (e.g., Food Stamps)
Regular review of individual’s financial situation to best prevent any lapse in or decrease of benefits. Mitigating barriers to regular successful renewal of benefits (i.e. obtaining and timely completion of required renewal paperwork, telephone interviews, etc.)
Utilize SOAR and benefits coordination staff for consult, as needed.
2. Describe other outcomes that your organization plans to achieve and your organization’s plan for tracking and achieving those outcomes. Use the chart below to summarize those outcomes. OSN is confident in its ability to achieve the mandated outcomes as listed below. OSN additionally will establish other outcomes regarding employment and other purposeful activities that will move individuals towards greater levels of independence and quality of life.

Additional Performance Measures			
Proposed Measure	Target (#)	Universe (#)	Target (%)
Participants will maintain permanent housing or	8	9	85%

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exit to other permanent housing			
Participants will maintain or increase their income.	7	9	78%
Participants will maintain or increase non-cash benefits (e.g., Food Stamps)	7	9	75%

F. Referral and Outreach (5 points)

1. Describe your organization's plan for managing referrals through HMIS (e.g., bulletin board, updating assessments, etc.).
Our plan for managing referral through HMIS is to follow the current HMIS protocol in place through the county. Once a client is successfully exited from the program another referral will be requested. Currently, with the HMIS bulletin board being down, we have implemented internal processes to monitor assessment due dates and follow through. The entry, updated, annual, and exit assessment will be completed in the time frame allotted for this to happen.
2. Describe your organization's plan for securing scattered site units for participants within the 45 day requirement (from time of referral).
It is anticipated that there will be little need to locate new housing for the majority of participants, as we are taking over an existing housing program. However, for those who do need assistance we will work with our existing landlord network as described in previous areas of this proposal. OSN is confident that we can meet this target.

G. HMIS (5 points)

1. Describe your organization's previous experience inputting data into HMIS.
Operation Safety Net is working to become fully compliant with HMIS since its inception and is working to ensure that all staff are trained on the system. Our current PSH staff enter updated assessments quarterly to show outcomes and to ensure accurate annual reports.
2. Describe your organization's strategy for inputting the required data into HMIS in a timely manner.
The case manager hired will provide support to the program participants and will be tasked with performing all required HMIS tasks in adherence to the required timelines. The supervisor will regularly monitor data input.
3. Describe your organization's quality assurance procedures for inputting data in HMIS and correcting data when necessary.
Supervisor is responsible for ensuring that HMIS is being entered as required and holding assigned case manager responsible for ensuring the accurateness of information. If information needs corrected assistance can be requested from HMIS Help desk for the removal, and accurate information will be re-entered. If assigned case manager does not adhere to HMIS

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requirements, progressive discipline will be implemented. In addition, spot audits, extensive supervisory audits, and quality, risk, and compliance department involvement for successful attainment of outcomes and meeting of HMIS documentation requirements.

H. Budget and Budget Narrative (20 points)

Attach an audited financial report for your organization and describe how it reflects your financial policies and organizational stability. Also, please indicate if there are any unresolved monitoring or audit findings for any HUD grants operated by your organization (including Emergency Solutions Grant [ESG]). If so, explain.

Please provide a detailed budget and narrative that clearly supports the Program. The charts below are HUD's specific budget format. Use the charts to divide your organization's proposed budget to match the \$84,887 program budget to fund program-leased units and supportive services. Proposers should take into account when they can assume program responsibilities and develop a budget to fund the Program through November 2016.

We are budgeting for rent for 9 single bedroom apartments as well as .30 of an FTE of a case manager, annually. The budget presented is for one year. We are aware that the budget will be prorated for year one, based on the actual start date on the contract in spring 2016.

Select the costs for which funding is being requested	
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Long Term Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operations	<input type="checkbox"/>

Leased Unit Budget			
Size of Units	Number of Units	Fair Market Rent	Number of Months
SRO	Click here to enter text.	Click here to enter text.	Click here to enter text.
0 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
1 bedroom			
2 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
3 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
4 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
5 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
6 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.

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7 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
Total			

Long Term Rental Assistance			
Size of Units	Number of Units	Fair Market Rent	Number of Months
SRO	Click here to enter text.	Click here to enter text.	Click here to enter text.
0 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
1 bedroom	9	657	12
2 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
3 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
4 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
5 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
6 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
7 bedroom	Click here to enter text.	Click here to enter text.	Click here to enter text.
Total	9	657	12

Operations		
Eligible Cost	Quantity and Description	Annual Assistance Requested
Maintenance/Repair	Click here to enter text.	\$Click here to enter text.
Property Taxes & Insurance	Click here to enter text.	\$Click here to enter text.
Replacement Reserve	Click here to enter text.	\$Click here to enter text.
Building Security	Click here to enter text.	\$Click here to enter text.
Electricity, Gas & Water	Click here to enter text.	\$Click here to enter text.
Furniture	Click here to enter text.	\$Click here to enter text.
Equipment (lease/buy)	Click here to enter text.	\$Click here to enter text.
Total Operations Requested		\$Click here to enter text.

Supportive Services Budget		
Category	Quantity and Description	Annual Assistance Requested
Assessment of Service Needs	Click here to enter text.	\$Click here to enter text.
Assistance with Moving Costs	Click here to enter text.	\$Click here to enter text.
Case Management	.3 FTE	15,672
Child Care	Click here to enter text.	\$Click here to enter text.
Educational Services	Click here to enter text.	\$Click here to enter text.
Employment Assistance	Click here to enter text.	\$Click here to enter text.
Food	Click here to enter text.	\$Click here to enter text.
Housing/Counseling Services	Click here to enter text.	\$Click here to enter text.
Legal Services	Click here to enter text.	\$Click here to enter text.

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Life Skills	Click here to enter text.	\$Click here to enter text.
Mental Health Services	Click here to enter text.	\$Click here to enter text.
Outpatient Health Services	Click here to enter text.	\$Click here to enter text.
Outreach Services	Click here to enter text.	\$Click here to enter text.
Substance Abuse Treatment Services	Click here to enter text.	\$Click here to enter text.
Transportation	Click here to enter text.	\$Click here to enter text.
Utility Deposits	Click here to enter text.	\$Click here to enter text.
Total Services Requested		\$Click here to enter text.

Budget Summary	
Supportive Services	\$15,672
Real Property Leasing	\$Click here to enter text.
Short/Medium Term Rental Assistance	\$Click here to enter text.
Long Term Rental Assistance	\$66,244
Operating Costs	\$Click here to enter text.
Subtotal	\$81,916
Administration	\$2,971
Total Expenses Plus Administration	\$84,887

Match & In-Kind	
Cash Match	\$21,221
In-Kind Match	\$Click here to enter text.
Total Match	\$Click here to enter text.
% Match	\$Click here to enter text.

Sources of Match Budget					
Type	Source	Contributor	Date of Commitment	Purpose/service	Amount (\$)
Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Choose an item.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Choose	Choose an	Click here to	Click here to	Click here to enter text.	Click here to

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an item.	item.	enter text.	enter text.		enter text.
Total					Click here to enter text.

ATTACHMENTS

Please submit the following attachments with your Proposal. These can be found at:

[http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-\(RFP/RFQ/RFI\).aspx](http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx)

- Allegheny County Vendor Creation Form
- Cover Page
- W9 Form
- MWDBE Participation Statement Form
- MWDBE Waiver Request Form

CERTIFICATION

Please read the below statement and check the box to indicate agreement with its content.

By submitting this Proposal, I certify and represent to the County that all submitted materials are my work and that all responses are true and accurate.