U.S. Department of Housing and Urban Development (HUD) 2016 Reallocation Funding for Permanent Supportive Housing and Rapid Re-Housing Programs

REQUIREMENTS

The maximum score a Proposal can receive is 105 points for a Permanent Supportive Housing (PSH) Program and 105 points for a Rapid Re-Housing (RRH) Program. Please respond to the questions in the following sections:

All Proposers must complete this section once:

A. Organizational Experience (40 points)

Proposers may complete one or both of the following sections; each proposed Program must be unique:

- B. Permanent Supportive Housing Program (65 points)
- C. Rapid Re-Housing Program (65 points)

A. Organizational Experience (40 points). Complete this section only once, even if you are proposing multiple programs. Your response to this section should not exceed 10 pages.

1. Describe your organization's experience providing housing and supportive services. If you currently run any housing programs, please complete the chart below.

CHS has been providing housing services to complex individuals and families for over thirty five years. Over that time, the agency has built extensive networks of landlords, purchased and developed its own housing stock and tested dozens of supported housing strategies targeted at individuals and families that have not been successful in traditional housing and service models. Over the years, CHS has served thousands of individuals and managed an incredibly diverse array of housing programs including administering emergency shelters, project based section 8, transitional, permanent supportive housing, shelter plus care, homeless prevention, and rapid re-housing programs. The agency has never lost a HUD contract and has taken over HUD contracts in the past for other agencies who could no longer administer their HUD programs. CHS also owns, maintains, and manages a state licensed housing program, three community based supported housing facilitates, two private transitional housing units, and four community based A-typical shelter homes.

Current Housing Programs					
Program	Population Served	Number Units/Beds	Annual Budget	Annual Utilization Rate	
Emergency Solutions Grant – HP/RRH	Homeless individuals and families and those facing eviction	205 beds	\$452,716	100%	
Families United (PSH)	Chronic Homeless Families with disability	77 beds	\$339,020	100%	

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Rapid Re-Housing for	Homeless Families from	68 beds	\$275,835	100%
Homeless Families Demo	street or shelter			
Cultivating Health for	Chronic Homeless Singles	47 beds	\$361,781	100%
Success (PSH)	with health disabilities			
Working Towards	Chronically homeless	20 beds	\$130,047	100%
Sustainability from Crisis	Singles with disabilities			

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

The organization is led by a team of leadership team including the Chief Executive Officer, Chief Operating Officer, Chief Residential Officer, Chief Housing Officer, Chief Technology Officer, Controller, Director of Human Resources and a governing Board of Directors. The agency has 110 employees, 20 of which are housed under Housing Assistance Programs department. The CEO is a licensed therapist with 15 years of experience working in homeless programming and 19 years of experience creating and managing supportive housing programs.

All upper management have an open door policy, circulate a weekly update email between the officers, and have an officers monthly meeting. All internal communication and technology is managed in-house with our IT department, including our database which was built by our Chief Technology Officer and has been presented at national conferences.

CHS work with many external partners including Squirrel Hill Health Center, Carnegie Library of Pittsburgh, University of Pittsburgh, Justice Related Services, several local foundations, and many more agencies that we communicate with on a daily basis.

CHS has a three person fiscal team which allows a wide array of internal controls over fiscal information and accountability. The fiscal staff includes a Controller, Finance Administrator, and Finance Clerk. An electronic accounting system called Black Baud is used. The fiscal team is segregated from other staff in one office area that has a closed door policy and the offices and fiscal files are locked from the rest of the staff in the building. All finance records are kept electronically in Black Baud, on the CHS protected server and in hard copy format within the finance office. Hard copies are kept in the office for the current and previous fiscal years. Once beyond those dates, hard copy finance files are stored at CHS's warehouse. In addition to having annual audits, the finance team also has great experience in accounting with 50 years of finance experience.

CHS was recognized by Forbes Funds as a finalist for the Wishart Award for non profit management and also was part of a organizational capacity assessment cohort. CHS was awarded above industry standard scores for management, financial capacity, innovation and staff satisfaction.

- 3. Describe any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by your organization (if any).
 - There are currently no unresolved monitoring or audit findings for any HUD grants operated by CHS.
- 4. Describe your organization's proposed staffing plan.
 - a. Staff experience working with the homeless population and in the housing community
 The Housing Assistance Programs department is comprised of a diverse and talented team of
 front-line staff and supervisors to manage and administer the several housing programs at the
 agency. With a team of 20 employees, the team has several MSW and LCSW level staff. All
 employees have a history and experience in working with homelessness programs. The Chief
 Housing Officer has seven years of experience starting and managing social service programs

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and a history of appropriate contract spend-downs, high-performing APR reports, and excellent audit and monitoring visits.

- b. Your organization's strategy for recruiting and retaining quality staff CHS has a low level of turnover for a social service organization. The agency is mission-driven which is key to hiring and keeping quality staff. Flex scheduling and relaxed work structure attracts and keep staff engaged, while supervisors are highly competent in managing successful programs to deliver great outcomes and productive staff. The agency stresses celebration of staff and participants. Staff are recognized regularly for a job well done and given opportunities to impact the organization's operations and growth. Staff are encouraged to participate in one of five CHS committees (Quality, Relevance, Safety, Advocacy, and Family Violence). CHS also continuously seeks input from staff, such as holding Innovation contests to award staff for innovative ideas to help improve and grow the CHS programs and holding annual town hall meetings to engage staff in the strategic planning for the agency. The agency also offers generous time off policies, excellent health benefits, and several opportunities for staff development. CHS supports staff self-care and offer two relaxation rooms in the main office building, yoga, a "Crafting for Stress Relief" class, and has a masseur come to the office three times a month to provide pro bono massages and reiki for staff. The agency has been awarded Best Places to Work from the Business Times and Post Gazettes consistently since 2009. When the agency does have employment opportunities, they are first posted internally. CHS uses recruiting websites such as Craigslist, Indeed and NonprofitTalent to post open positions, along with the CHS Website. In addition, CHS consistently has at least six interns learning our programming and working with clients at any point in time from the Masters in Social Work program at the University of Pittsburgh. Annually, the agency hires at least two of these interns as full time staff. Historically, CHS has also recruited for staff from the homeless programs through the Allegheny County Homeless Providers network. CHS holds a 4-step hiring policy in an effort to recruit the highest quality staff. The hiring manager will perform a phone interview with the candidates to conduct the first stage of screening for eligibility and as an introduction. Secondly, the candidate will come into the office for an in person interview with the hiring manager. The third stage is a working interview where the candidate will come back to the office for usually 2 hours and conduct program-related tasks which can include, but not limited to, writing case notes, reviewing lease and program files, mock situations, and interaction with clients. The final and last stage of the hiring process is an in-person interview with the Director of Human Resources or another officer from the CHS Executive Administration team. Typically, from post of position to hiring, takes four weeks. This allows for candidates to give notice at current positions.
- c. Your organization's professional development and staff training program
 With the size and capacity of CHS, we are able to constantly offer professional development and training to our staff throughout the whole year with both internal and external opportunities.
 Internal committees at CHS evaluate agency programs and identify training needs and opportunities. Our Director of Therapeutic Services offers a staff training every month of the year including CPR/First Aid/AED certification, Bed Bug training, Mental Health First Aid certification, Psychiatric Medication training, Psychiatric diagnosis, Universal Precautions, Suicide Prevention training, and Certified Crisis Management certification. Staff are encouraged, and in some trainings mandated, to attend these sessions. Staff are also required to complete

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annual mandated reporting training course. Additionally, staff are able to conduct trainings for peers and other teams within the agency based on their expertise. Historically, staff have presented trainings on Veteran Services and Benefits, Children Youth and Families services, LGBT cultural competence and Mental Health.

CHS offers training every month on a fixed schedule that all new hires attend and are available for current staff as refreshers as well as external providers and community members to learn and hone skills. All new hires attend trainings such as Housing First and Harm Reduction, Cultural Sensitivity, Family Violence, Motivational Interviewing, Trauma Informed Care, and Mission Vision and Values.

All staff at CHS have a Professional Development Plan they work on with their supervisor. This two-part strength based plan includes an in depth self-assessment and goal plan to identify personal and professional strengths, achievements, goals and areas to improve. This is reviewed minimally of every 6 months.

- d. Your organization's plan for staff performance management Each new hire employee at CHS will have an introductory monthly evaluation conducted by their supervisor for the first three months of employment. It is also the standard in the Housing Assistance Programs to have weekly or bi-weekly supervision, and in some cases clinical supervision with another supervisor or officer. Monthly supervision is the agency minimum. Program Directors also conduct random file reviews, case note reports from the CHS database to ensure program compliance, and rotate joining staff on home visits. Additionally, supervisors and staff routinely re-visit the Professional Development Plans during supervision.
- 5. Describe your organization's use of HMIS. Indicate if you are a victim service provider not required to participate in HMIS.
 - a. Your organization's previous experience inputting data into HMIS CHS has a long history of using HMIS since its inception in Allegheny County. CHS currently uses the HMIS system for 20 different homeless assistance programs. Our Data Administrators and the Program Directors are trained to use and enter data into HMIS.
 - b. Your organization's plan for managing referrals through HMIS, strategy for entering the required data into HMIS in a timely manner and who on your staff is responsible for this CHS has sophisticated intake procedures to identify client needs and program appropriateness, triage clients and coordinate resources for incoming clients, create organized and detailed client files with all necessary and current client information, complete timely HMIS profiles, all necessary assessments, and ensure rental, utility and arrearages payments are recorded in a timely manner. Service Coordinators are mandated to turn in reassessment/recertification forms to the Data Administrator within three days of conducting the assessment. Every HUD housing program at CHS must complete a reassessment for every client a minimum of every 3 months and submit to the Data Administrator to input in HMIS. Additionally, if a change occurs before a 3 month reassessment, there is a Client Change Form the staff will fill out and submit to Data Administrator so the agency is constantly capturing updated information such as income, non-cash benefits, healthcare, household composition, etc.
 - c. Your organization's quality assurance procedures for entering data into HMIS and correcting data when necessary
 CHS is confident in its ability to record high quality data with our Data Administrator having 12 years of experience working with HMIS. Additional Program Directors and staff are able to assist

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in data entry and corrections when needed as six staff are trained in HMIS on the Housing Assistance Programs team.

6. Please fill out the following charts to indicate if you will follow a Housing First model for the proposed PSH and/or RRH Program(s). (Note: a project is considered Housing First only if "none of the above" is the only selection chosen). Provide a brief narrative on your organization's use of the Housing First model in the narrative box below.

Does the Program(s) ensure that Participants are not screened out based on the following items? Select all that apply			
Having too little or no income			
Active history of substance use			
Having a criminal record with exceptions for state- mandated restrictions			
History of domestic violence			
None of the above	\boxtimes		

Does the Program(s) ensure that Participants are not terminated from the program for the following reasons? Select all that apply				
Failure to participate in supportive services				
Failure to make progress on a service plan				
Loss of income or failure to improve income				
Being a victim of domestic violence				
Any other activity not covered in a lease agreement typically found in the project's geographic area				
None of the above	\boxtimes			

CHS embraces and practices the Housing First and Harm Reduction models of case management, and was the first local provider to establish Housing First programs 30 years ago. We believe that housing is the bedrock to success in other types of services and strive to ensure housing and basic need stability before participants enroll in other treatment services. This model reduces the amount of time an individual and/or family remains homeless and allows a stable platform from which to receive treatment. CHS never mandates that a program participant seeks treatment—it is only if the participant chooses to. The program utilizes harm reduction approaches as well. This approach does not demand abstinence from problematic behaviors, but uses engagement and motivational strategies to help the participant identify the "harm" related to their behaviors and incremental change strategies to minimize that "harm". CHS trains every new staff member on harm reduction and housing first regardless of what position they hold at the agency. CHS has also been training other providers on both topics for over a year and is expanding those offerings to the full homeless continuum being in July 2016.

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7. Describe your organization's experience in leveraging other federal, state, local and private sector funds.

With over 35 years of experience working with people in a housing crisis, CHS has a strong background in administering HUD funded housing programs. CHS was the first local provider to be recognized nationally for our outreach efforts, one of the first tax credit programs awarded for the for-profit/non-profit partnerships to create and run Wood Street Commons.

CHS is able to effectively leverage an incredible amount of funds by utilizing internal programs to help support clients with ancillary services such as financial literacy, tax preparation, food services, low and no-cost medical services, emergency utility assistance, early childhood development, and opportunities for social and recreational rehabilitation.

The budget of CHS has more than doubled in the last ten years. The organization has planned this growth and attracted at least one new funder each year. Over the last three years, the agency has expanded its individual and corporate supporters as well. CHS has been able to leverage funds from federal state, local, and private sector funding sources including but not limited to:

United Way, Community Development Block Grant, Allegheny County Economic Development, City of Pittsburgh, Urban Redevelopment Authority, Centers for Disease Control, Bank of New York Mellon, UPMC, Hillman Foundation, McCune Foundation, Staunton Farm Foundation, Direct Energy, Emergency Food and Shelter Program, Emergency Solutions Grant, the Pennsylvania State Department of Public Welfare, Pennsylvania Department of Health, the US Department of Housing and Urban Development, and Allegheny County Department of Human Services. In addition, CHS is able to leverage support from In-Kind administrative and supervisory services, In-Kind food support through our own food pantry, and In-Kind volunteer services. Each year over 500 volunteers support the work of CHS.

- 8. Attach an audited financial report for your organization and describe how it reflects your financial policies and organizational stability (does not count towards page limit). CHS has a long history of financial stability. The organization has seen funding growth and been engaged as the fiduciary for new organizations. The organization has been able to assemble over 1.5M in investable assets. The CHS board has, in many lean budget years, allowed the agency to tap those resources to keep levels of service consistent. The agency was able to raise funds for 3.4M in capital asset acquisition while cash flowing 2.1M in expenses during the budget impasse. In addition, the complexity of CHS's funding is unique in the non-profit arena. During many years, the agency ends the year at a deficit but receives additional funds from satisfied funders to later eliminate those deficits. Finally, the agency has multiple budget years which are reflected in the audit but unfortunately create deficit years on paper when in reality no such deficits existed. For more information on audit material, please contact Adrienne Walnoha at 412.519.7540.
- B. Permanent Supportive Housing (PSH) Program (65 points). If you are proposing a PSH Program, fill out the questions below. If you are not proposing a PSH Program, leave this section blank and move to the section for the RRH Program. Note that each program will be scored separately. Your response to this section should not exceed 15 pages.
- 1. Provide a unique Program name. Note that it cannot be called "[Your organization's name] PSH." Home At Last

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2. Provide a summary description of the entire scope of your organization's proposed PSH Program. Community Human Services is proposing to provide a scattered site Permanent Supportive Housing program to serve families (as families define themselves which may include adult households with no minor children) in Allegheny County who meet the HUD definition of chronically homelessness. We understand that families come in all sizes and compositions, so we will not turn away any household based on how they identify themselves as a family, as long as an adult meets Chronically Homeless criteria.

To stay true to the Housing First model, participants will not be required to fit a specific subpopulation other than being Chronically Homeless. CHS intends to serve homeless households who are prioritized by Coordinated Intake. If an adult in the household meets the HUD definition of chronically homelessness, CHS will serve them in the program. The agency is very accustomed to working with complex individuals and families who have experienced cycles of housing instability and service disconnection. CHS will provide the following services recognizing that each household will need an individualized service plan: Comprehensive strength-based assessment and intake; Individualized service plan driven by program participants; Service coordination and Linkage to care including benefits and other permanent subsidized housing options; Comprehensive housing preferences and barriers assessment; Housing search and placement assistance; Rent subsidies; Landlord recruitment and mediation; Skills development; Tangible assistance (food, transportation); Employment counseling and employment linkages; Supportive counseling; Direct access to primary and psychiatric care if needed; assistance applying for subsidized housing; Chronic disease management and health education.

On a typical day, a Family Support Specialist might visit a participant in their home, conduct a home inspection while engaging the participant in conversation and looking for any safety/maintenance deficiencies. The participant may need assistance with getting to a Department of Welfare appointment the next day. The Family Support Specialist can provide bus tickets for transportation and engage in goal planning around income and employment. If the household has young children, the staff could talk to them about perhaps being linked with Family Foundations to obtain a child development assessment. Later, the Family Support Specialist could work with the CHS Rental Advocate on locating housing for a new participant and provide transportation for the participant to the apartment. The participant may need photo ID for the apartment application, and the Family Support Specialist would assist in identifying ways to obtain the photo ID, faxing or emailing paperwork for the participant and perhaps working with utility companies to identify what is required for the participant to establish utilities.

3. Describe the estimated schedule for the proposed activities, the management plan and the method for assuring effective and timely completion of all work for the PSH Program.

CHS would be able to start the PSH program on time with short notice, as we are experienced in launching new programs and can start a program with a six week notice to prepare for staffing. The program will be part of the Housing Assistance Programs department, under the direct supervision of the Director of Housing Assistance Programs and the general leadership of the Chief Housing Officer. The agency currently operates two other PSH programs and is very familiar with PSH best practices and quickly re-housing participants into permanent supportive housing, on average between 20 and 30 days from program enrollment to lease signing.

The agency also has a new Chief Housing Officer position, that not only provides on the ground support with programs, but is also heavily engaged in assessing programs, researching and

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implementing best practices and trends, and fundraising. Additionally, the fiscal department, human resources, the CEO, IT department, and COO are part of the planning team for the project and each are ready to support the program through the various roles.

- 4. Describe your organization's strategy to serve PSH Program Participants
 - a. The Target Population for the PSH Program is adults with a documented disability. Beyond that, the PSH Program does not identified a specific subpopulation focus. If your organization will propose serving a specific subpopulation, 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.

PSH Program						
Popula	ation	Focus				
Chronically Homeless	\boxtimes	Domestic Violence				
Veterans		Substance Abuse				
Youth under 25		Mental Illness				
Families with children	\boxtimes	HIV/AIDS				
Other: Specify – Families with	Other: Specify – Families without children					

We intend to serve households with at least one adult meeting Chronically Homeless status. The families will be based on how they identify themselves as a family, which may include minor children, and may include two adults, or any other coupling recognized by the family as the family. CHS does not intend to tell households provide flexibility to serve and support atypical family groupings.

b. In the charts below, summarize your organization's proposed PSH Program. The numbers are intended to reflect your organization's plan for the PSH 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.

PSH Program					
Persons in Households wi	th at Least One	Adult and On	e Child		
	Adults over	Adults	Children	Total	
	age 24	ages 18-24	under	Persons	
			age 18		
Chronically Homeless Non-Veterans	20	5	45	70	
Chronically Homeless Veterans	4	1	Enter#	5	
Non-Chronically Homeless Veterans	Enter#	Enter#	Enter#	Enter#	
Chronic Substance Abuse	10	5	Enter#	15	
People with HIV/AIDS	2	Enter#	Enter#	2	
People with Severe Mentally Illness	7	Enter#	Enter#	7	

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Victims of Domestic Violence	10	5	Enter#	15
People with a Physical Disability	20	15	15	50
People with a Developmental Disability	3	1	3	7
People not represented by listed	Enter#	Enter#	Enter#	Enter#
subpopulations				

PSH Program for Reallocation Funds							
Persons in Households	Persons in Households without Children						
Adults over Adults ages Total							
	age 24	18-24	Persons				
Chronically Homeless Non-Veterans	15	3	18				
Chronically Homeless Veterans	2	Enter#	2				
Non-Chronically Homeless Veterans	Enter#	Enter#	Enter#				
Chronic Substance Abuse	5	1	6				
People with HIV/AIDS	2	Enter#	2				
People with Severe Mentally Illness	2	Enter#	2				
Victims of Domestic Violence	2	1	3				
People with a Physical Disability	8	3	11				
People with a Developmental Disability	2	Enter#	2				
People not represented by listed subpopulations	Enter#	Enter#	Enter#				

PSH Program						
Persons in Households with Only Children						
	Accompanied Unaccompanied Total					
	Children	Children under	Persons			
	under age 18	age 18				
Chronically Homeless Non-Veterans	Enter#	Enter#	Enter#			
Chronically Homeless Veterans	Enter#	Enter #	Enter#			
Non-Chronically Homeless Veterans	Enter#	Enter #	Enter#			
Chronic Substance Abuse	Enter#	Enter#	Enter#			
People with HIV/AIDS	Enter#	Enter #	Enter#			
People with Severe Mentally Illness	Enter#	Enter #	Enter#			
Victims of Domestic Violence	Enter#	Enter #	Enter#			
People with a Physical Disability	Enter#	Enter #	Enter#			
People with a Developmental Disability	Enter#	Enter#	Enter#			
People not represented by listed	Enter#	Enter #	Enter#			
subpopulations						

Housing Type	Units	Beds	Dedicated Chronically Homeless Beds	Non- Chronically Homeless Beds
Scattered Site	30	95	95	Enter#

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Households	Households with at least one adult and one child	Adult households without children	Households with Only Children	Total
Total number of households	19	11	Enter#	30

Characteristics	Persons in households with at least one adult and one child	Adult persons in households without children	Persons in households with Only Children	Total
Adults over age 24	24	17	Enter#	41
Adults over age 18-24	6	3	Enter#	9
Accompanied children under age 18	45	Enter#	Enter#	45
Unaccompanied children under age 18	Enter#	Enter#	Enter#	Enter#
Total Persons	75	20	Enter#	95

5. Describe your organization's experience with the PSH Program target population and your chosen subpopulation.

CHS has over 30 years working with HUD funding. The agency has administered the Cultivating Health for Success Program and Families United PSH programs for six years. The Cultivating Health for Success Program was the only Shelter Plus Care program six years ago that focused on individuals with a physical disability, rather than just a mental health disability. The innovative program partners with UPMC HealthPlan and works closely one-on-one with a UPMC nurse to stabilize housing and decrease unplanned care costs (emergency room, inpatient care, etc). The Program success has been published in several national articles and continues to assist the highest utilizers of UPMC unplanned care who are also chronically homeless. The Families United program serves chronically homeless families with children, with one household member having a disability. Due to our experience over the past six years serving complex individuals who are seriously medically compromised and families who have a disability, CHS has the experience, knowledge and history using best practices for PSH Programs to effectively continue assisting this population. Since the 1980s, CHS has operated supported housing for people in the behavioral health spectrum. Not only have we run them but expanded them and have been chosen to expand to justice, dual diagnosed, intellectual disability and multi-system involved individuals and families. We brought on 73 new units this year alone.

6. Describe your organization's housing facility, facilities or sites for the PSH Program, including physical description, number of beds and geographic location.

CHS focuses on helping people live in the communities they desire to live in. We work with every household to live where their natural supports are including family, spiritual, employment, and other supports they depend on. We currently have 74 units of PSH all across Allegheny County. We work with hundreds of landlords who can provide quality and affordable units all across the County. In addition to the units in the community, we operate a community-based housing facility in the

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Oakland community. This building has 32 SRO-type rooms which have blended uses for crisis, bridge, and permanent housing. The rooms have their own bathroom and have between one and four beds. They also have a mini fridge and microwave, in addition to a large commercial-grade shared kitchen and plenty of common spaces. We also mange units at Wood Street Commons, buildings in Monroeville, two residential facilities, an active landlord list of over 200 and a full time Rental Advocate with dozens of units waiting for tenants.

- 7. Describe your organization's plan for coordinating with outside partners to ensure that the PSH Program is successful, including your plan for leveraging funds and support.

 The agency currently partners with dozens of external service providers to accompany the many ancillary services already offered in-house. Some partners include: Carnegie Library of Pittsburgh(outreach and community services), Squirrel Hill Health Center(mobile health services), JobLinks (job readiness assistance), UPMC Workforce Development (job placement), Blessing Board (furniture assistance), and Dollar Bank (financial literacy education). CHS is able to provide an array of services that provide support to participants as well as leverage funds and support including: Financial Literacy Class; Free brand new beds from national retailers Casper and Yogabed; Food Assistance through our Oakland Food Pantry (largest fresh produce food pantry in Allegheny County); Supportive Services from Office of Child, Youth and Families; University of Pittsburgh (Early Childhood Intervention, Social Work Interns, School of Pharmacy Interns); and United Way. For families with children ages 5 and under, we can collaborate with our Family Foundations programs who can provide in-home child development assessments and work with families on innovative ways to engage and interact with their children.
 - CHS has strong and long-time partnerships with UPMC and University of Pittsburgh. The agency receives volunteers, goods and services, and financial sponsorship from both. They also act as stewards to other donors. For example, UPMC staff have been raising funds for our food pantry for three years. The average gift annually is \$20,000. From that, UPMC has engaged volunteers at the food pantry in Oakland. Those volunteers have brought other volunteers and donors back to CHS.
- 8. In the following Supportive Services chart indicate who will provide the Supportive Services and how often PSH Program Participants will receive the Supportive Services. 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.

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

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Outpatient Health Services	A partner agency	As needed
Outreach Services	Your organization	Weekly
Substance Abuse Treatment	A non-partner agency	As needed
Transportation	Your organization	Monthly
Utility Deposits	Your organization	As needed

CHS has the ability to offer a wide range of ancillary services in-house such as mental health services, food assistance, transportation assistance, life skills and education, counseling.

Additionally, we can offer outreach services with our Operation Save A Life street outreach program, in collaboration with the local Homeless Outreach Coordinating Committee to reach chronically homeless individuals in need of housing assistance in a Housing First/Harm Reduction atmosphere. We also partner with Oakland Planning and Development and UPMC Workforce Development on employment assistance. Health services are available on-site for nursing and podiatry. In addition, the Squirrel Hill Health Center is at the CHS service site twice monthly for full medical services.

- 9. Describe your organization's plan to track and achieve the HUD performance standards for the PSH Program and fill out the chart below:
 - a. Maintaining permanent housing or exiting to permanent housing CHS has historically held a very high housing retention rate of 95-100%. CHS plans and intends to meet and exceed this benchmark for the PSH Program. In the past year, CHS housing stability outcomes for PSH programs was 94% and 99% (benchmark was 85%). The agency places a heavy emphasis on ensuring housing units are realistic for each participant once the program assistance ends and helping to coordinate supports and resources needed to be self-sufficient for the participants. We use HMIS and the CHS database to track these outcomes. Our custom database, developed in-house by our Chief Technology Officer, operates on a brand new platform and has received international attention.
 - b. Maintaining or increasing income In corporation with intensive case management and service coordination, an intensive budget worksheet is completed minimally of every month with each client. CHS has created a unique budget form that incorporates formal and informal expenses and incomes like debt to friends and family, sex work, under-the-table income, jitneys and other third-party transportation. Additionally, every new participant goes through a 1.5 hour Financial Literacy Class, conducted by Dollar Bank. CHS also has several staff who are SOAR certified and can assist with SSI/SSDI application and appeals process for those dependent on this source of income. We also partner with JobLinks and UPMC Workforce Development to assist households who have employment goals.
 - c. Maintaining or increasing non-cash benefits (e.g., Food Stamps, Medicaid or Private Health Insurance)
 - CHS has monthly trainings for all Housing Assistance Programs staff where we bring in a different service provider who may provide supportive services or non-cash benefits. This allows our team to be knowledgeable on a wide array of services available and how to access them. Non-cash benefits are part of the monthly budget worksheet and a more in-depth review is completed when every participant completes a reassessment for services every three months. Our Family Support Specialist can provide bus tickets to get to welfare appointments or even accompany them to non-cash benefit appointments, as we understand this can be a daunting

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task for some families and individuals, especially if they have not accessed these benefits before. In the past year, the agency's PSH programs exceeded non-cash benefits benchmarks by assisting 94% and 98% of participants in both PSH programs obtaining non-cash benefits.

PSH Program							
Housing Measu	Housing Measures						
Proposed Measure	Target (#)	Universe (#)	Target (%)				
Participants remaining in permanent housing or exiting	85	95	90%				
to permanent housing destinations at the end of the							
operating year							
Participants maintaining or increasing their total	71	95	75%				
income (from all sources) at the end of the operating							
year							
Participants maintaining or increasing their non-cash	80	95	85%				
benefits at the end of the operating year							

10. Describe other outcomes that your organization plans to achieve in the PSH Program and your organization's plan for tracking and achieving those outcomes. Use the chart below to summarize those outcomes. Insert or delete lines/charts as necessary.

	PSH Program		
Additional Performance Measures			
Increased Skills			
Greater Self-Determination			
Housing Search Time			

Additional Performance Measures Detail							
Proposed Measure Target (#) Universe (#) Target (%)							
Increased Skills 38 95 40%							

Data source and data collection method:

This will be part of an ongoing evaluation of goals set with the consumer and will be reflected in monthly goal plans which will be entered into HMIS. Progress will be measured by comparing intake assessment with exit assessment as well as post-exit surveys.

Specific data elements and formula proposed for calculating results:

Increase employment and/or related life skills and either maintain or increase monthly income. CHS will work with clients to identify an income source such as the SSA, disability related work programs and volunteer opportunities. Any engagement and linkage to these goals will be counted as a success.

Rationale for why the proposed measure is an appropriate indicator of performance: CHS realizes that clients entering this program may have higher barriers and that employment may not be a goal for the consumer as it may very well preclude them from attaining employment.

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Additional Performance Measures Detail						
Proposed Measure Target (#) Universe (#) Target (%)						
Greater Self-Determination	57	95	60%			

Data source and data collection method:

The Family Support Specialist will conduct a minimum of monthly in-home visits and contacts with the program participants and document notes on self-determination by the participant. A psychosocial evaluation will be completed at entry and exit to measure the effectiveness and progress.

Specific data elements and formula proposed for calculating results:

Looking at the pre and post program intake forms and psycho-social evaluations, we will be able to gather data on their perspective on self-determination, goals, and self-identified strengths. There will be "yes" and "no" questions relating to their perspectives and any positive answers will be considered as a success.

Rationale for why the proposed measure is an appropriate indicator of performance: Families and individuals experiencing homelessness often experience trauma and lower self-esteem, as well as depression. Using Housing First as a model and catalyst in their lives, we can measure how housing stability increases their overall self-determination, which is important to consider holistically.

Additional Performance Measures Detail						
Proposed Measure Target (#) Universe (#) Target (%)						
Housing Search Time	85	95	90%			

Data source and data collection method:

Internally, CHS has a database that can report this data. Through HMIS, we can count the days between program start date and the "move in" date that is provided on an update assessment. This data is reported to the Data Administrator through a Client Change Form or three month reassessment.

Specific data elements and formula proposed for calculating results:

Take the number of days between program start date and the "move in" date provided in HMIS and take the average days between all participants served through the operating year. Housing search time under 30 days will be considered a success.

Rationale for why the proposed measure is an appropriate indicator of performance:

We believe in making Rapid Re-Housing truly a "rapid" and quick process to shorten the time a family or individual experiences homelessness so that they may begin to work on their goals with stable housing.

11. Describe your organization's plan for managing referrals and securing beds for PSH Program Participants. Fill out the chart below.

The first step in managing the referrals is to work with the Allegheny Link coordinated assessment system. We work closely with the Allegheny Link to obtain referrals for our programs and to pull referrals when we have availability. Once we can take referrals for the program, the Intake department calls clients on the board to verify if they are still currently homeless and forwards the information to the Intake staff at CHS. At that time, an Intake staff will call the client and schedule a time to come in the office for a comprehensive intake for the housing program.

CHS also has a full time Data Administrator with 12 years of experience working with HMIS who manages data input for HMIS for all reassessments, open cases, closing cases, overrides, and

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statistical reports. Also on the Intake team are two full time Intake Coordinators who are able efficiently conduct Intake assessments for the housing programs, obtain needed documentation and present a complete intake file by the time it reaches a Family Support Specialist in the program. The Housing Assistance Programs department is ready, able and experienced in serving those who are exclusively homeless. The internationally-known database we use will also be able to coordinate all referral appointments, status updates, and electronic documentation between the Intake and Housing Assistance department. The Director of Housing Assistance or Chief Housing Officer will be able to track every step of the progress for a new referral from the CHS database. CHS is experienced in providing secure quality and affordable housing for participants in housing programs, and we are able to do it quickly and effectively as a team. We work with hundreds of landlords and can find a unit for anyone in the programs. We have never had a household we could not find housing for.

PSH Program					
Enter the	percentage of Participants that will be coming from each of the following locations				
15%	Directly from the street or other locations not meant for human habitation				
65%	Directly from emergency shelters				
10%	Directly from safe havens				
5%	From transitional housing and previously resided in a place not meant for human				
	habitation or emergency shelters, or safe havens				
5%	Persons fleeing domestic violence				
100%	Total of above percentages				

- 12. Describe your organization's ability to effectively utilize federal funds and performing the scope of services described in the RFP for the PSH Program within funding and time limitations. CHS administers over \$2,000,000 in federal HUD funding annually for several housing programs and continues to increase federal funds every year. The agency has a record of consistent and timely spend-downs on contracts and has administered federally funded programs for decades. The scope of services are similar to other Rapid Re-Housing programs that the agency has operated for six years. CHS consistently meets program outcome benchmarks and has a solid record of program and participant success within the given funding and time parameters. The agency has a full fiscal team with segregation of duties to ensure that the fiscal work is not only done but can also flow through a system of checks and balances to ensure accuracy. The organization can process payments immediately and the organizational standard is all fiscal requests are processed in 5 days. The organization is also able to cash flow programming due to delayed payments. During the state budget impasse, CHS absorbed 2.1M dollars in cash flow need.
- 13. Provide a detailed budget narrative that clearly supports the PSH Program.

 CHS proposes to provide Permanent Supportive Housing to at least 30 households of varying sizes, with the number of bedrooms ranging primarily from 0-4. We allow families to define themselves, and based on historical data for programs where we allow families to define themselves, we expect to see 11 households with no children and 19 households with at least one adult and one child.

The number of months of assistance will vary based on the resources and needs of the household. This rental assistance is anticipated to total \$ 300,096 in the first year. In addition to providing the

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housing itself, CHS will assist with moving costs and utility deposits as needed. CHS anticipates 15 families will need moving assistance at an average of \$600 each and 20 households to need utility deposits at an average of \$200 each, based on past experience providing similar services. To support families and connect them to the other supportive services, CHS will hire 1.5 Family Support Specialists. These staff members will provide case management and resource coordination to connect families to other resources, including those detailed below under leverage sources. These positions will work under the supervision of the Director of Housing Assistance Programs, who also will coordinate resources and housing search as needed for participants. To ensure families are able to connect to the resources they need, CHS will provide a mix of weekly and one-time bus passes to approximately 15 households with limited access to public transportation, enabling them to build the connections necessary to be sustainable at program graduation.

14. The charts below are HUD's specific budget format. Use the charts to provide details on your organization's budget for the proposed PSH Program.

PSH Program					
Select the costs for which funding is being req	uested				
Acquisition/Rehabilitation/New Construction					
Leased Units					
Leased Structures					
Rental Assistance	\boxtimes				
Supportive Services	\boxtimes				
Operations	\boxtimes				
HMIS	\boxtimes				

PSH Program						
Rental Assistance Budget						
	Total request for grant term 300,096					
	Total units 30					
Type of rental assistance FMR Area Total Units Requested Total Request						
TRA	Pittsburgh, PA Metro	30	300,096			

Type of Rental Assistance: TRA

Options include tenant-based (TRA), sponsor-based (SRA) and project-based assistance (PRA). Each type has unique requirements and Proposers should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: Pittsburgh, PA Metro

Select the FY 2016 FMR area in which the project is located. The selected FMR area will be used to populate the rents in the chart below. See https://www.huduser.gov/portal/datasets/fmr.html for more information and how to determine your organization's FMR area.

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PSH Program Persons							
		Rent	al Assistance Budge	t Det	ail		
Size of Units	Number of Units		Fair Market Rent		Number of Months		Total
SRO	3	Х	417	Х	12	=	15,012
0 bedroom	2	Χ	556	Χ	12	=	13,344
1 bedroom	6	Χ	657	Х	12	=	47,304
2 bedroom	7	Х	827	Х	12	=	69,468
3 bedroom	8	Х	1026	Х	12	=	98,496
4 bedroom	3	Х	1134	Х	12	=	40,824
5 bedroom	1	Х	1304	Х	12	=	15,648
6 bedroom	Enter #	Χ	Enter \$	Х	Enter#	=	Enter\$
7 bedroom	Enter #	Χ	Enter \$	Х	Enter#	=	Enter\$
Total	30	Х	Enter \$	X	Enter#	=	300,096

PSH Program					
Supportive Services Budget					
Category	Category Quantity and Description				
		Requested			
Assessment of Service Needs	Click here to enter text.	Enter \$			
Assistance with Moving Costs	15 households, average of \$600	9,000			
Case Management	1.5 Family Support Specialists + .15 Director	90,500			
Child Care	Click here to enter text.	Enter \$			
Educational Services	Click here to enter text.	Enter \$			
Employment Assistance	Click here to enter text.	Enter \$			
Food	Click here to enter text.	Enter \$			
Housing/Counseling Services	Click here to enter text.	Enter \$			
Legal Services	Click here to enter text.	Enter \$			
Life Skills	Click here to enter text.	Enter \$			
Mental Health Services	Click here to enter text.	Enter \$			
Outpatient Health Services	Click here to enter text.	Enter \$			
Outreach Services	Click here to enter text.	Enter \$			
Substance Abuse Treatment	Click here to enter text.	Enter \$			
Services					
Transportation	Monthly bus pass for 15 households	10,800			
Utility Deposits	20 utility deposits, average of \$200	4,000			
Operating Costs	Insurance, Audit, Space, Equipment,	7,365			
	Communications				
	Total Services Requested 121,665				

PSH Program			
Summary for Match			
Total Value of Cash Commitments	125,000		
Total Value of In-Kind Commitments	Enter\$		

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Total Value of All Commitments	125,000
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	PSH Program						
	Summary for Leverage						
Total Value of Ca	sh Commitments		Enter\$				
Total Value of In-	-Kind Commitmen	its	926,800				
Total Value of Al	Commitments		926,800				
Match or	Туре	Source	Contributor	Date of	Value of		
Leverage				Commitment	Commitments		
Leverage	In-Kind	Private	CHS	6/26/16	663,500		
Leverage	In-Kind	Private	Anon Donors	Active and	7,300		
			renews				
				1/2017			
Leverage	In-Kind	Government	ACDHS	10/2015 and	224,000		
				renews			
Leverage	In-Kind	Private	AHN	Active and	32,000		
				renews 10/16			

	PSH Program					
Summary Budget						
Eligible Costs	Annual Assistance Requested	Grant Term	Total Assistance Requested for Grant Term			
1a. Acquisition			Enter\$			
1b. Rehabilitation			Enter\$			
1c. New Construction			Enter\$			
2a. Leased Units	Enter\$	Enter Time	Enter\$			
2b. Leased Structures	Enter\$	Enter Time	Enter\$			
3. Rental Assistance	300,096	1 year	300,096			
4. Supportive Services	114,300	1 year	114,300			
5. Operating	7,365	1 year	7,365			
6. HMIS	10,629	1 year	10,629			
7. Sub-total Costs Requested			432,390			
8. Admin (up to 7%)			30,267			
9. Total Assistance Plus Admin			462,657			
Requested						
10. Cash Match			125,000			
11. In-Kind Match			Enter\$			
12. Total Match			125,000			
13. Total Budget			587,657			

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C. Rapid Re-Housing (RRH) Program (65 points). If you are proposing an RRH Program, fill out the questions below. If you are not proposing a RRH Program, leave this section blank. Note that each program will be scored separately. Your response to this section should not exceed 15 pages.

- 1. Provide a unique Program name. Note that it cannot be called "[Your organization's name] RRH." Housing First: "Keys" to Success
- 2. Provide a summary description of the entire scope of your organization's proposed RRH Program. Community Human Services is proposing to provide a scattered site Rapid Re-Housing program to serve individuals and families (as households define themselves) in Allegheny County who meet the HUD definition of homelessness.
 - To stay true to the Housing First model, participants will not be required to fit a specific subpopulation or have a disability. CHS intends to serve homeless individuals and families who are prioritized by Coordinated Intake. If a household meets the HUD definition of homelessness, CHS will serve them in the program. The agency is very accustomed to working with complex individuals and families who have experienced cycles of housing instability and service disconnection. CHS will provide the following services recognizing that each household will need an individualized service plan: Comprehensive strength-based assessment and intake; Individualized service plan driven by program participants; Service coordination and Linkage to care including benefits and other permanent subsidized housing options; Comprehensive housing preferences and barriers assessment; Housing search and placement assistance; Rent subsidies; Landlord recruitment and mediation; Skills development; Tangible assistance (food, transportation); Employment counseling and employment linkages; Supportive counseling; Direct access to primary and psychiatric care if needed; Chronic disease management and health education. On a typical day, a Family Support

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Specialist might visit a participant in their home, conduct a home inspection while engaging the participant in conversation and looking for any safety/maintenance deficiencies. The participant may need assistance with getting to a Department of Welfare appointment the next day. The Family Support Specialist can provide bus tickets for transportation and engage in goal planning around income and employment. If the household has young children, the staff could talk to them about perhaps being linked with Family Foundations to obtain a child development assessment. Later, the Family Support Specialist could work with the CHS Rental Advocate on locating housing for a new participant and provide transportation for the participant to the apartment. The participant may need photo ID for the apartment application, and the Family Support Specialist would assist in identifying ways to obtain the photo ID, faxing or emailing paperwork for the participant and perhaps working with utility companies to identify what is required for the participant to establish utilities.

- 3. Describe the estimated schedule for the proposed activities, the management plan and the method for assuring effective and timely completion of all work for the RRH Program.
 CHS would be able to start the RRH program on time with short notice, as we are experienced in launching new programs and can start a program with a six week notice to prepare for staffing. The program will be part of the Housing Assistance Programs department, under the direct supervision of the Director of Housing Assistance Programs and the general leadership of the Chief Housing Officer. The agency currently operates several other RRH programs and is very familiar with RRH best practices and quickly re-housing participants into permanent housing, on average between 20 and 30 days from program enrollment to lease signing. The agency also has a new Chief Housing Officer position, that not only provides on the ground support with programs, but is also heavily engaged in assessing programs, researching and implementing best practices and trends, and fundraising. Additionally, the fiscal department, human resources, the CEO, IT department, and COO are part of
- 4. Describe your organization's strategy to serve RRH Program Participants
 - a. The Target Population for the RRH Program is adults or families experiencing homelessness. Beyond that, the RRH Program does not identified a specific subpopulation focus. If your organization will propose serving a specific subpopulation, 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.

RRH Program						
Population Focus						
Chronically Homeless		Domestic Violence				
Veterans		Substance Abuse				
Youth under 25		Mental Illness				
Families with children HIV/AIDS						
Other: Specify - Click here to enter text.						

CHS plans to serve individuals, families with children and families without children.

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- b. In the charts below, summarize your organization's proposed RRH Program. The numbers are intended to reflect your organization's plan for the RRH 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.

RRH Program						
Persons in Households with at Least One Adult and One Child						
	Adults over age 24	Adults ages 18-24	Children under age 18	Total Persons		
Chronically Homeless Non-Veterans	10	10	35	55		
Chronically Homeless Veterans	3	Enter#	Enter#	3		
Non-Chronically Homeless Veterans	2	Enter#	Enter#	2		
Chronic Substance Abuse	4	2	Enter#	6		
People with HIV/AIDS	1	Enter#	Enter#	1		
People with Severe Mentally Illness	2	1	Enter#	3		
Victims of Domestic Violence	5	3	Enter#	8		
People with a Physical Disability	5	5	1	11		
People with a Developmental Disability	2	Enter#	2	4		
People not represented by listed subpopulations	Enter#	Enter#	Enter#	Enter#		

RRH Program					
Persons in Households without Children					
Adults over Adults ages Total					
	age 24	18-24	Persons		
Chronically Homeless Non-Veterans	15	10	25		
Chronically Homeless Veterans	3	Enter#	3		
Non-Chronically Homeless Veterans	2	Enter#	2		
Chronic Substance Abuse	5	2	6		
People with HIV/AIDS	2	Enter#	2		
People with Severe Mentally Illness	3	1	4		
Victims of Domestic Violence	5	5	10		
People with a Physical Disability	10	2	12		
People with a Developmental Disability	2	1	3		
People not represented by listed subpopulations	Enter#	Enter#	Enter#		

RRH Program					
Persons in Househ	olds with Only Ch	nildren			
Accompanied Unaccompanied Children Unaccompanied Children under Persons under age 18					
Chronically Homeless Non-Veterans	Enter#	Enter#	Enter#		
Chronically Homeless Veterans	Enter #	Enter#	Enter#		

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Non-Chronically Homeless Veterans	Enter#	Enter#	Enter#
Chronic Substance Abuse	Enter #	Enter#	Enter#
People with HIV/AIDS	Enter #	Enter#	Enter#
People with Severe Mentally Illness	Enter#	Enter#	Enter#
Victims of Domestic Violence	Enter#	Enter#	Enter#
People with a Physical Disability	Enter#	Enter#	Enter#
People with a Developmental Disability	Enter#	Enter#	Enter#
People not represented by listed	Enter#	Enter#	Enter#
subpopulations			

Housing Type	Units	Beds	Dedicated Chronically Homeless Beds	Non- Chronically Homeless Beds
Scattered Site	35	90	70	20

Households	Households with at least one adult and one child	Adult households without children	Households with only children	Total
Total number of households	15	20	Enter#	35

Characteristics	Persons in households with at least one adult and one child	Adult persons in households without children	Persons in households with only children	Total
Adults over age 24	15	20	Enter#	35
Adults over age 18-24	10	10	Enter#	20
Accompanied children under age 18	35	Enter#	Enter#	35
Unaccompanied children under age 18	Enter#	Enter#	Enter#	Enter#
Total Persons	60	30	Enter#	90

5. Describe your organization's experience with the RRH Program target population and your chosen subpopulation.

CHS has over 30 years working with HUD funding. The agency has administered the Emergency Solutions Grant Rapid Re-Housing program for six years. Additionally, the agency has experience administering the Rapid Re-Housing for Homeless Families Demonstration Program for five years and historically operated the HPRP program for 2.5 years. In the past year, CHS has also launched two new Rapid Re-Housing programs with Office of Behavioral Health and one with Justice Related Services. The CEO also has experience in administering HOPWA Tenant Based and Short Term Rental

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Assistance for 15 years. The Chief Housing Officer has experience operating Rapid Re-Housing programming for four years.

- 6. Describe your organization's housing sites for the RRH Program.
 - a. How your organization will consider the needs of RRH Clients and the barriers that are currently preventing them from obtaining and maintaining housing and those needs and barriers will be addressed through case management CHS embraces and practices the Housing First and Harm Reduction models of case management. All Housing Assistance Programs at CHS utilize harm reduction approaches as well. This approach does not demand abstinence from problematic behaviors, but uses engagement and motivational strategies to help the participant identify the "harm" related to their behaviors and incremental change strategies to minimize that "harm". CHS will also use intensive case management, in home assessments, psycho-educational programming, money management training, and referrals to vast array of tangible supports including: food, clothing, furniture, transportation, funds for continuing education, prescriptions, entitlement and benefits, and child care. The Family Support Specialist/Service Coordinator focuses on the development of life skills as well as the participant's ability to access mainstream services. All services are provided with "consult to the client" approach, which simply means that the participant is active in goals and planning of care. The program does not make these choices for the participant. Additionally, CHS integrates Motivational Interviewing into the foundation of case management, allowing clients to really have a choice in their services in the program. Motivational Interviewing changes the style of traditional case management to a type of relationship with the client, having them decide what goals should be part of their individualized service plan. The service coordinators ask strength-based questions to assist the client in identifying what goals would be necessary to obtain and sustain successful permanent housing solutions. Additionally, many participants, due to chronic health issues, are anticipated to either receive disability income or be in the process of application through the Social Security Administration. Participants will be referred to appropriate agencies for employment goals, such as Career Link, Office of Vocational Rehabilitation, JobLinks, UPMC, etc. if their self-identified goal is employment.
 - b. How your organization will identify appropriate scattered site units and ensure that rents are reasonable (include your organization's definition of reasonableness)
 CHS has a long history and wide network of landlords who work with housing assistance programs. We also have a database of landlords willing to work with our programs. CHS is also a member of the Rental Work Group of the Housing Alliance of Pennsylvania and two of the largest landlord networking groups in the region. Additionally, CHS employs a full time Rental Advocate position. The Rental Advocate networks with landlords and developers, performs inspections ahead of time, researches/approves/negotiates rent to meet FMR standards and works with staff to quickly and effectively disseminate housing leads and connects participants looking for housing to available leads.

To ensure reasonable rents, CHS has existing polices and procedures to calculate rents to ensure they are under Fair Market Rent and/or meet Rent Reasonableness requirements. The agency has sophisticated Excel documents that auto-calculate Fair Market Rent based on the type of unit structure, type of heat, bedrooms, proposed rent and utilities the tenant must pay. This document will display the FMR, utility allowance, and the difference. Additionally, CHS has an internal electronic database of over 300 rent comparable units to use for Rent Reasonableness

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assessments. The Rental Advocate or Family Support Specialist will input information and find out if the specified unit meets current FMR standards. Staff will also complete a Rent Reasonableness Checklist, comparing the specified unit to three comparable units. We take the average gross rent for the comparable units and compare it to the specified unit. If the specified unit is at or under the average, it is considered reasonable rent. If the unit is over FMR but at or under Rent Reasonableness average, the agency considers it reasonable. If the specified unit is over FMR and over Rent Reasonable, the agency will attempt to negotiate rental amount, and usually is successful in doing this.

- c. Your organization's plan for recruiting and working with landlords and other homeless services providers
 - CHS has existing partnerships and collaborations with landlord networking groups, long-standing landlord partnerships and other homeless service providers. Often, landlords who are working with our Housing Assistance Programs will contact CHS as their first line of contact when an available apartment is going to be available. CHS participates in a Rental Housing Work Group with the Housing Alliance of PA to help recruit new landlords and educate the private rental market about the benefits of working with housing assistance programs. The Rental Advocate on staff is a tremendous resource and has been able to reach an average housing search time of 20 to 30 days from program entry to lease signing. We currently work with over 200 landlords. CHS has a long history working with homeless service providers to better serve those experiencing homelessness. Past and current partnerships include providers such as Women Center & Shelter, North Hills Community Outreach, Veterans Leadership Program, and Operation Safety Net.
- d. Your organization's plan for assessing the suitability of scattered site units for habitation by RRH Participants
 - Housing units are identified in Allegheny County neighborhoods, where participants have chosen to live. The program encourages participants to choose neighborhoods where they have existing, natural support(s) and will have new opportunities to create them. Housing is secured in areas that have access to transportation, shopping, spiritual programming, social services, and recreational opportunities. Staff helps participants to create formal service linkages as well as establishing social networks in their communities. For example, individuals and families are introduced to the local community centers, food pantries, etc, where they can meet neighbors, socialize and take advantage of neighborhood programming and resources.
 - CHS will utilize an agency tool called the Housing Preferences and Barriers Assessment. This document encourages a consumer-driven way for the client to decide where they would like to move to. The assessment includes preferences such as location, school district, floor level, and bedroom size. It also takes into consideration any housing barriers such as delinquent utility arrears, criminal background and lack of landlord references. This form is given to the Rental Advocate, who is then able to very quickly match the participant with an available unit she has already inspected and approved for FMR, and sometimes able to immediately match them with a unit that meets their needs and can arrange a unit viewing as soon as the day they fill out the form. CHS will also complete the HUD habitability standards inspection on each unit to ensure that every unit is in compliance with safety standards. This inspection will be completed every single month to ensure that units are staying in compliance and needed maintenance and repairs are addressed in a timely manner by the landlord.
- e. Where your organization's plan on locating the scattered site units in the County

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Our Family Support Specialists and Rental Advocate will work with our internal landlord database to identify suitable units within Allegheny County. CHS will not limit the exact locations/neighborhood of these units, other than being in Allegheny County. This is due to the model of having the client engaged in the housing location process and meeting the needs of supports they need in order to successfully live in their unit. We work with 200-300 landlords, all of who have property inside Allegheny County.

Program is successful, including your plan for leveraging funds and support.

The agency currently partners with dozens of external service providers to accompany the many ancillary services already offered in-house. Some partners include: Carnegie Library of Pittsburgh(outreach and community services), Squirrel Hill Health Center(mobile health services), JobLinks (job readiness assistance), UPMC Workforce Development (job placement), Blessing Board (furniture assistance), and Dollar Bank (financial literacy education). CHS is able to provide an array of services that provide support to participants as well as leverage funds and support including: Financial Literacy Class; Free brand new beds from national retailers Casper and Yogabed; Food Assistance through our Oakland Food Pantry (largest fresh produce food pantry in Allegheny County); Supportive Services from Office of Child, Youth and Families; University of Pittsburgh (Early Childhood Intervention, Social Work Interns, School of Pharmacy Interns); and United Way. For

7. Describe your organization's plan for coordinating with outside partners to ensure that the RRH

CHS has strong and long-time partnerships with UPMC and University of Pittsburgh. The agency receives volunteers, goods and services, and financial sponsorship from both. They also act as stewards to other donors. For example, UPMC staff have been raising funds for our food pantry for three years. The average gift annually is \$20,000. From that, UPMC has engaged volunteers at

families with children ages 5 and under, we can collaborate with our Family Foundations programs who can provide in-home child development assessments and work with families on innovative

ways to engage and interact with their children.

8. In the following Supportive Services chart indicate who will provide the Supportive Services and how often RRH Program Participants will receive the Supportive Services. 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.

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

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Outpatient Health Services	A partner agency	As needed
Outreach Services	Your organization	Weekly
Substance Abuse Treatment	A non-partner agency	As needed
Transportation	Your organization	Monthly
Utility Deposits	Your organization	As needed

CHS has the ability to offer a wide range of ancillary services in-house such as mental health services, food assistance, transportation assistance, life skills and education, counseling.

Additionally, we can offer outreach services with our Operation Save A Life street outreach program, in collaboration with the local Homeless Outreach Coordinating Committee to reach chronically homeless individuals in need of housing assistance in a Housing First/Harm Reduction atmosphere.

We also partner with Oakland Planning and Development and UPMC Workforce Development on employment assistance. Health services are available on-site for nursing and podiatry. In addition, the Squirrel Hill Health Center is at the CHS service site twice monthly for full medical services.

- 9. Describe your organization's plan to track and achieve the HUD performance standards for the RRH Program and fill out the chart below:
 - a. Maintaining permanent housing CHS has historically held a housing retention rate of 85-90%. CHS plans and intends to meet and exceed this benchmark for the RRH Program. In the past year, CHS housing stability benchmarks for Rapid Re-Housing programs was 87%. The agency places a heavy emphasis on ensuring housing units are realistic for each participant once the program assistance ends and helping to coordinate supports and resources needed to be self-sufficient for the participants. We use HMIS and the CHS database to track these outcomes. Our custom database, developed in-house by our Chief Technology Officer, operates on a brand new platform and has received international attention.
 - b. Maintaining or increasing income In corporation with intensive case management and service coordination, an intensive budget worksheet is completed minimally of every month with each client. CHS has created a unique budget form that incorporates formal and informal expenses and incomes like debt to friends and family, sex work, under-the-table income, jitneys and other third-party transportation. Additionally, every new participant goes through a 1.5 hour Financial Literacy Class, conducted by Dollar Bank. CHS also has several staff who are SOAR certified and can assist with SSI/SSDI application and appeals process for those dependent on this source of income.
 - c. Maintaining or increasing non-cash benefits
 CHS has monthly trainings for all Housing Assistance Programs staff where we bring in a different service provider who may provide supportive services or non-cash benefits. This allows our team to be knowledgeable on a wide array of services available and how to access them. Non-cash benefits are part of the monthly budget worksheet and a more in-depth review is completed when every participant completes a reassessment for services every three months. Our Family Support Specialist can provide bus tickets to get to welfare appointments or even accompany them to non-cash benefit appointments, as we understand this can be a daunting task for some families and individuals, especially if they have not accessed these benefits before.
 - d. Obtaining employment

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We understand that employment is not everyone's goal or ability. If a participant self-identifies employment as a goal, the Family Support Specialist will link them to community and partner agencies to assist in employment search. We also work with Oakland Planning and Development JobLinks program and UPMC Workforce Development initiatives. Both of these agencies have partnered with CHS to help build resumes with our participants, perform mock interviews, and connect them to temporary and permanent job placements.

- e. Returning to homelessness in six and 12 months
 CHS tracks this information by utilizing University of Pittsburgh School of Social Work interns to
 follow up with clients after they have been exited, using an established exit survey and script
 asking clients about their housing and income status at 3,6,9 and 12 month periods after exiting
 the program. This can also be tracked by pulling reports in HMIS system. We also have the
 ability to track this information if they return to CHS housing programs, crisis services or shelter.
 We also make sure that no participant is exited from the program unsuccessfully. When a
 participant is being exited, either voluntary or non-voluntary, the case will be reviewed with our
 Intake department to determine if the exit is successful. If it is not determined to be successful,
 Intake will work with Housing Assistance to see if another program can assist or other external
 providers may assist.
- f. Utilizing supportive services
 The agency will emphasize maximizing the use of services that already exist in the community, such as income support programs, education and work training, early childhood education,

such as income support programs, education and work training, early childhood education, mental health, access to health care, and domestic violence counseling. The use of these services allow formerly homeless families to access specialized and skilled practitioners and allows CHS to focus on helping the client become housing stable by making a smooth transition into the community they now live in. We also partner with the Carnegie Library of Pittsburgh system to assist our participants to access supportive services through the libraries (using the internet/computers, asking library staff for resources and phone numbers, and general assistance looking for service information). This is a formal partnership and the library staff have attended CHS trainings around Harm Reduction and Housing First to understand how to help our participants who may very well use the libraries in their community.

RRH Program			
Housing Measures			
Proposed Measure	Target (#)	Universe (#)	Target (%)
Participants remaining in permanent housing	76	90	85%
Participants maintaining or increasing their total income (from all sources) at the end of the operating year	67	90	75%
Participants maintaining or increasing their non-cash benefits at the end of the operating year	67	90	75%
Participants obtaining employment	36	90	40%
Participants returning to homelessness in six and 12 months	9	90	10%
Participants utilizing supportive services	81	90	90%

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- 10. Describe other outcomes that your organization plans to achieve in the RRH Program and your organization's plan for tracking and achieving those outcomes. Use the chart below to summarize those outcomes. Insert or delete lines/charts as necessary.

	RRH Program	
Additional Performance Measures		
Increased Skills		
Greater Self-Determination		
Housing Search Time		

Additional Performance Measures Detail				
Proposed Measure Target (#) Universe (#) Target (%)				
Increased Skills	27	90	30%	

Data source and data collection method:

This will be part of an ongoing evaluation of goals set with the consumer and will be reflected in monthly goal plans which will be entered into HMIS. Progress will be measured by comparing intake assessment with exit assessment as well as post-exit surveys.

Specific data elements and formula proposed for calculating results:

Increase employment and/or related life skills and either maintain or increase monthly income. CHS will work with clients to identify an income source such as the SSA, disability related work programs and volunteer opportunities. Any engagement and linkage to these goals will be counted as a success.

Rationale for why the proposed measure is an appropriate indicator of performance: CHS realizes that clients entering this program may have higher barriers and that employment may not be a goal for the consumer as it may very well preclude them from attaining employment.

Additional Performance Measures Detail				
Proposed Measure Target (#) Universe (#) Target (%)				
Greater Self-Determination	45	90	50%	

Data source and data collection method:

The Family Support Specialist will conduct a minimum of monthly in-home visits and contacts with the program participants and document notes on self-determination by the participant. A psychosocial evaluation will be completed at entry and exit to measure the effectiveness and progress.

Specific data elements and formula proposed for calculating results:

Looking at the pre and post program intake forms and psycho-social evaluations, we will be able to gather data on their perspective on self-determination, goals, and self-identified strengths. There will be "yes" and "no" questions relating to their perspectives and any positive answers will be considered as a success.

Rationale for why the proposed measure is an appropriate indicator of performance: Families and individuals experiencing homelessness often experience trauma and lower self-esteem, as well as depression. Using Housing First as a model and catalyst in their lives, we can measure how housing stability increases their overall self-determination, which is important to consider holistically.

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Additional Performance Measures Detail				
Proposed Measure Target (#) Universe (#) Target (%)				
Housing Search Time	81	90	90%	

Data source and data collection method:

Internally, CHS has a database that can report this data. Through HMIS, we can count the days between program start date and the "move in" date that is provided on an update assessment. This data is reported to the Data Administrator through a Client Change Form or three month reassessment.

Specific data elements and formula proposed for calculating results:

Take the number of days between program start date and the "move in" date provided in HMIS and take the average days between all participants served through the operating year.

Rationale for why the proposed measure is an appropriate indicator of performance: We believe in making Rapid Re-Housing truly a "rapid" and quick process to shorten the time a family or individual experiences homelessness so that they may begin to work on their goals with stable housing.

15. Describe your organization's plan for managing referrals and securing housing for RRH Program Participants. Fill out the chart below.

The first step in managing the referrals is to work with the Allegheny Link coordinated assessment system. We work closely with the Allegheny Link to obtain referrals for our programs and to pull referrals when we have availability. Once we can take referrals for the program, the Intake department calls clients on the board to verify if they are still currently homeless and forwards the information to the Intake staff at CHS. At that time, an Intake staff will call the client and schedule a time to come in the office for a comprehensive intake for the housing program.

CHS also has a full time Data Administrator with 12 years of experience working with HMIS who manages data input for HMIS for all reassessments, open cases, closing cases, overrides, and statistical reports. Also on the Intake team are two full time Intake Coordinators who are able efficiently conduct Intake assessments for the housing programs, obtain needed documentation and present a complete intake file by the time it reaches a Family Support Specialist in the program. The Housing Assistance Programs department is ready, able and experienced in serving those who are exclusively homeless. The internationally-known database we use will also be able to coordinate all referral appointments, status updates, and electronic documentation between the Intake and Housing Assistance department. The Director of Housing Assistance or Chief Housing Officer will be able to track every step of the progress for a new referral from the CHS database.

CHS is experienced in providing secure quality and affordable housing for participants in housing programs, and we are able to do it quickly and effectively as a team. We work with hundreds of landlords and can find a unit for anyone in the programs. We have never had a household we could not find housing for.

RRH Program		
Enter the percentage of Participants that will be coming from each of the following locations		
15%	Directly from the street or other locations not meant for human habitation	
70%	Directly from emergency shelters	
5%	Directly from safe havens	

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10%	Persons fleeing domestic violence
100	Total of above percentages

- 11. Describe your organization's ability to effectively utilize federal funds and performing the scope of services described in the RFP for the RRH Program within funding and time limitations. CHS administers over \$2,000,000 in federal HUD funding annually for several housing programs and continues to increase federal funds every year. The agency has a record of consistent and timely spend-downs on contracts and has administered federally funded programs for decades. The scope of services are similar to other Rapid Re-Housing programs that the agency has operated for six years. CHS consistently meets program outcome benchmarks and has a solid record of program and participant success within the given funding and time parameters. The agency has a full fiscal team with segregation of duties to ensure that the fiscal work is not only done but can also flow through a system of checks and balances to ensure accuracy. The organization can process payments immediately and the organizational standard is all fiscal requests are processed in 5 days. The organization is also able to cash flow programming due to delayed payments. During the state budget impasse, CHS absorbed 2.1M dollars in cash flow need.
- 12. Provide a detailed budget narrative that clearly supports the RRH Program. CHS proposes to provide rapid re-housing medium-term rental assistance to at least 35 households (20 households without children and 30 households with children) of varying sizes, with the number of bedrooms ranging primarily from 0-4. The number of months of assistance will vary based on the resources and needs of the household, but CHS anticipates an average of 9 months per household, based on data from CHS other Rapid Re-Housing programs, although we budget for 12 months. This rental assistance is anticipated to total \$ 318,432 in the first year. In addition to providing the housing itself, CHS will assist with moving costs and utility deposits as needed. CHS anticipates 15 families will need moving assistance at an average of \$600 each and 20 households to need utility deposits at an average of \$200 each, based on past experience providing similar services. To support families and connect them to the other supportive services, CHS will hire 1.5 Family Support Specialists. These staff members will provide case management and resource coordination to connect families to other resources, including those detailed below under leverage sources. These positions will work under the supervision of the Director of Housing Assistance Programs, who also will coordinate resources and housing search as needed for participants. To ensure families are able to connect to the resources they need, CHS will provide a mix of monthly and one-time bus passes to approximately 15 households with limited access to public transportation, enabling them to build the connections necessary to be sustainable at program graduation.
- 13. The charts below are HUD's specific budget format. Use the charts to provide details on your organization's budget for the proposed RRH Program.

RRH Program	
Select the costs for which funding is being req	uested
Acquisition/Rehabilitation/New Construction	
Leased Units	

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Leased Structures	
Rental Assistance	\boxtimes
Supportive Services	\boxtimes
Operations	\boxtimes
HMIS	\boxtimes

RRH Program				
Rental Assistance Budget				
Total request for grant term 486,626				
	35			
Type of rental assistance	FMR Area	Total Units Requested	Total Request	
TRA	Pittsburgh, PA Metro	35	486,626	

Type of Rental Assistance: TRA

Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and Proposers should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: Pittsburgh, PA Metro

Select the FY 2016 FMR area in which the project is located. The selected FMR area will be used to populate the rents in the chart below. See https://www.huduser.gov/portal/datasets/fmr.html for more information and how to determine your organization's FMR area.

RRH Program							
	Rental Assistance Budget Detail						
Size of Units	Number of Units		Fair Market Rent		Number of Months		Total
SRO	5	Χ	417	Χ	12	=	25,020
0 bedroom	2	Χ	556	Χ	12	=	13,344
1 bedroom	13	Χ	657	Χ	12	=	102,492
2 bedroom	6	Χ	827	Χ	12	=	59,544
3 bedroom	5	Χ	1026	Χ	12	=	61,560
4 bedroom	3	Χ	1134	Χ	12	=	40,824
5 bedroom	1	Χ	1304	Χ	12	=	15,648
6 bedroom	Enter#	Х	Enter \$	Χ	Enter#	=	Enter \$
7 bedroom	Enter#	Χ	Enter \$	Χ	Enter#	=	Enter\$
Total	35	Х	5921	Х	84	=	318,432

RRH Program				
Supportive Services Budget				
Category Quantity and Description Annual Assista				
		Requested		
Assessment of Service Needs	Click here to enter text.	Enter\$		
Assistance with Moving Costs	15 households, average of \$600	9,000		

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Case Management	1.5 Family Support Specialists + .15 Director	90,500
Child Care	Click here to enter text.	Enter \$
Educational Services	Click here to enter text.	Enter \$
Employment Assistance	Click here to enter text.	Enter \$
Food	Click here to enter text.	Enter \$
Housing/Counseling Services	Click here to enter text.	Enter \$
Legal Services	Click here to enter text.	Enter \$
Life Skills	Click here to enter text.	Enter\$
Mental Health Services	Click here to enter text.	Enter\$
Outpatient Health Services	Click here to enter text.	Enter \$
Outreach Services	Click here to enter text.	Enter \$
Substance Abuse Treatment	Click here to enter text.	Enter \$
Services		
Transportation	Bus – Transportation Tickets for 15 households	7,500
Utility Deposits	20 utility deposits, average of \$200	4,000
Operating Costs	Insurance, Audit, Space, Equipment,	14,730
	Communications	
	125,730	

RRH Program				
Summary for Match				
Total Value of Cash Commitments	Enter\$			
Total Value of In-Kind Commitments	Enter\$			
Total Value of All Commitments	Enter\$			

RRH Program						
Summary for Leverage						
Total Value of Cash Commitments			Enter \$			
Total Value of In-	-Kind Commitmen	its	Enter \$			
Total Value of Al	l Commitments		Enter \$			
Match or	Туре	Source	Contributor	Date of	Value of	
Leverage				Commitment	Commitments	
Choose an	Choose an	Choose an	Click here to	Enter Date	Enter\$	
item.	item.	item.	enter text.			
Choose an	Choose an	Choose an	Click here to	Enter Date	Enter\$	
item.	item.	item.	enter text.			
Choose an	Choose an	Choose an	Click here to	Enter Date	Enter\$	
item.	item.	item.	enter text.			

RRH Program				
Summary Budget				
Eligible Costs	Annual Assistance	Grant Term	Total Assistance	
	Requested		Requested for	
			Grant Term	

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1a. Acquisition			Enter \$
1b. Rehabilitation			Enter\$
1c. New Construction			Enter\$
2a. Leased Units	Enter \$	Enter Time	Enter \$
2b. Leased Structures	Enter \$	Enter Time	Enter\$
3. Rental Assistance	318,432	1 year	318,432
4. Supportive Services	111,000	1 year	111,000
5. Operating	14,730	1 year	14,730
6. HMIS	10,629	1 year	10,629
7. Sub-total Costs Requested			454,791
8. Admin (up to 7%)			31,835
9. Total Assistance Plus Admin			486,626
Requested			
10. Cash Match			Enter\$
11. In-Kind Match			Enter\$
12. Total Match			Enter\$
13. Total Budget			Enter \$

ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at: http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Solicitations-(RFP/RFQ/RFI).aspx

- Cover Page
- Allegheny County Vendor Creation Form
- W-9 Form
- MWDBE Participation Statement or Waiver Statement
- Audited Financial Report

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.