

## RFP Response Form

*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.**

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

**Sisters Place has been providing a home and supportive services to homeless families for 20 years. We incorporated in 1993 and acquired property through HUD and PHFA grants and loans. Property was acquired in the Century Townhomes complex in Clairton PA operated by Action Housing. Renovations were completed to 16 units and the first family moving into one of the homes in 1997. Currently we own 16 units and rent another 16 from private landlords to house the 32 families we support in our programs. There is also a Program Center (built in 2004) and a Learning Center that offer residents an opportunity for online access, programming, food support and more! We also operate a six week Summer Camp and after school program for resident children. Weekly educational programming is offered to resident adults including GED classes, recovery groups, emotional support groups, parenting classes, life skills and more. Each family has a Case Manager and Child Development and Education Specialist (CDES) supporting the setting and attaining of goals with the principle goal being housing permanency. The CMs meet once a week with the head of household and the CDES meets once every two weeks. In addition to educational supports, Sisters Place helps with transportation, has a food bank distribution on site monthly, provides referrals for needed services including developmental assessments of children, employment, child care, and more.**

| Current Housing Programs  |   |                   |               |                         |
|---------------------------|---|-------------------|---------------|-------------------------|
| Program                   | Population Served   | Number Units/Beds | Annual Budget | Annual Utilization Rate |
| Permanent Housing Program | Homeless families-Parent with documented disability and children in their custody | 15/35             | \$277,771.00  | 88%                     |

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|                              |   |       |              |     |
|------------------------------|---|-------|--------------|-----|
| Day Light PH Program         | Homeless families-Parent with documented disability and children in their custody | 5/13  | \$65,812.00  | 95% |
| Transitional Housing Program | Homeless families including at least one child under 18 years                     | 10/25 | \$136,544.00 | 98% |

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.

**Sisters Place is a 501 (c) 3 organization which is under the umbrella of the Catholic Diocese of Pittsburgh. Founded by 14 congregations of Catholic sisters in 1993, we are a faith-based entity with a mission to provide housing and supportive services to homeless single parent families in southwestern Pennsylvania. The sisters instituted By Laws which require two boards – a Member Board which has representation from 12 congregations of sisters and a 20 person Board of Directors which has the day to day fiduciary responsibility for operating the non-profit. There is excellent communications between these governing boards and the staff charged with operating the non-profit. Regular board meetings are held and reporting occurs on a regular basis. Sisters Place has a professional staff of 13 including Sr. Mary Parks, Executive Director, and Mary Dieter, Fiscal Analyst.**

3. Describe any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by your organization (if any).

**We have none.**

4. Describe your organization’s proposed staffing plan.

a. Staff experience working with the homeless population and in the housing community  
**Sr. Mary Parks has been Executive Director of Sisters Place since 2007 and had two years of experience prior to that in HUD housing working at Bethlehem Haven from 1996-1998. As Development Director there, she worked with Marilyn Sullivan in preparing that agency’s first successful HUD grant proposal. She has more than 10 years in the field. Mary Dieter worked as Comptroller of Community Human Services prior to coming to Sisters Place in 2002 and has more than 15 years of experience working with HUD grants in Allegheny County and another 30 years working in various roles of fiscal management. Patricia Wood has been Program Director for more than 2 years and saw us through the changes in HMIS and Co-ordinated Intake. We have three Case Managers who have been with us 20 years, 10 years and three years respectively. All are proficient at HMIS data entry.**

b. Your organization’s strategy for recruiting and retaining quality staff  
**We provide excellent benefits and salaries the stand up well to current local scales. We also offer opportunities for further education and keep the lines of communication open. We work with local universities and provide opportunities for interns which has given us a number of opportunities to hire people we know! We give raises based on performance and have a consistent evaluation process. Good work results in improved pay and benefits.**

c. Your organization’s professional development and staff training program  
**Monthly staff meetings and case management meetings allow staff to remain current and provide opportunities for team building and support. We write for and receive grant support**

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**for staff workshops and opportunities for refreshment including an annual staff retreat. We celebrate birthdays and other life events such as graduations. We provide a space for staff to eat lunch together if they have the time or inclination. Open door policy with all administrators.**

- d. Your organization’s plan for staff performance management  
**We document performance and have procedures in place with regard to HMIS so that important deadlines are not missed. All three case managers do data entry for their resident families and Program Director Patricia Wood reviews all cases to ensure accurate reporting.**
- 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  
**We’ve been using HMIS for years and have kept up with the changes and trainings as needed. We work well with the Help Desk and have a great working relationship with those who are trying to help us keep our data excellent.**
  - 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  
**Patricia Wood manages referrals for us and reviews and oversees data entry into HMIS which will be done for Sunrise by that Program’s Case Manager.**
  - c. Your organization’s quality assurance procedures for entering data into HMIS and correcting data when necessary  
**Again initial entry is done by 3 case managers and Program Director Patricia Wood reviews all data in the system and reminds CMs when necessary about annual assessments and other necessary data entry.**
- 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.

| <b>Does the Program(s) ensure that Participants are not screened out based on the following items?<br/>Select all that apply</b> |                                     |
|--|-------------------------------------|
| Having too little or no income   | <input type="checkbox"/>            |
| Active history of substance use  | <input type="checkbox"/>            |
| Having a criminal record with exceptions for state-mandated restrictions   | <input type="checkbox"/>            |
| History of domestic violence   | <input type="checkbox"/>            |
| None of the above  | <input checked="" type="checkbox"/> |

| <b>Does the Program(s) ensure that Participants are not terminated from the program for the following reasons?<br/>Select all that apply</b> |                          |
|--|--------------------------|
| Failure to participate in supportive services  | <input type="checkbox"/> |
| Failure to make progress on a service plan   | <input type="checkbox"/> |
| Loss of income or failure to improve income  | <input type="checkbox"/> |

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|  |                                     |
|--|-------------------------------------|
| Being a victim of domestic violence  | <input type="checkbox"/>            |
| Any other activity not covered in a lease agreement typically found in the project's geographic area | <input type="checkbox"/>            |
| None of the above  | <input checked="" type="checkbox"/> |

**Our Program guidelines have changed significantly in the past five years. Sisters Place traditionally required six months documented clean time for residents with drug and alcohol addiction issues. We changed that to 3 months two years ago and now take any homeless applicant without testing them prior to entrance as required by Housing First guidelines. Our Program Agreement required attendance at educational programs and recovery group as applicable. Now we urge attendance but no longer require it as a condition to stay in the program. We once interviewed all potential program participants prior to entrance and did drug tests at the interview. Now that interview takes place the day they move into their new home. Currently our program guidelines continue to support residents in making choices that will help them achieve and maintain permanent housing. Since residents all have children in their care in this program, we do support those in recovery to maintain their sobriety. While we still have a Program Agreement and program guidelines that we share with participants, Sisters Place has rewritten its lease agreements in order to clarify the responsibilities of our residents. Other program offerings are voluntary, including on site programming, children's programming, monthly food distribution, twice a week educational programs, recovery group, and GED. These we offer to residents as support, but their participation is not mandated in order for them to maintain housing services at Sisters Place.**

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

**We have been doing events for more than 20 years and have solicited additional grants to provide support for our programs and clients. We over match by a huge amount and provide more than the mandated leverage as well. Our events produce more than \$200,000 alone. In addition we receive another \$150,000 in private foundation grants and around \$100,000 in donations through our Annual Appeal and other individual and group donations. Currently our only government funding comes through HUD.**

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).

**We have had clean audit opinions each and every year. Our Fiscal Analyst tracks expenses by grant on a daily basis making reporting much easier. We are on graduated billing with the county because of our past good performance. For the past ten years we have maintained a balanced budget.**

**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."  
**Sunrise Permanent Housing Program.**
2. Provide a summary description of the entire scope of your organization's proposed PSH Program.

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We are proposing to operate the Sunrise Permanent Housing Program which will provide a home and case management services to 10 families at a time – 10 single parents (or more adults if they define themselves as family) and 15 children – for a total of 25 beds. Heads of household are disabled and homeless with their dependent children. We intend to continue our excellent working relationships with the landlords we have used for our current Transitional Housing Program and Day Light Permanent Housing Program in the Century Townhomes complex in Clairton PA. In addition to housing we operate a Learning Center and Program Center to meet some of their needs for online access-- job search, a quiet place to study and/or take online tests. We also provide additional support for school-aged children and their parents with a five day a week after school program, a six week all day summer camp and the support of a Child Development and Education Specialist (CDES) for each family. The Case Manager meets with the parent a minimum of once a week. The CDES meets with the parent a minimum of once every two weeks. One CDES serves as liaison with the schools and the other supports our parents who are trying to attain their GEDs. If parents are not working and/or going to school, we offer them the opportunity to attend programming at our Program Center which is focused on parenting, life skills, emotional support and recovery. In addition to housing support (rent and utilities), Sisters Place offers a fully furnished home with all necessary household goods for each entering family, a once a month food bank distribution, and support with transportation and clothing. Clairton is a food desert and many of our families do not own a vehicle. We do regular shopping trips for groceries and other needs using agency vans. Since Clairton schools do not provide transportation for the children, we pick the 6-10 year olds up after school and bring them to our afterschool programming. With the support of the Homeless Children's Education Fund we provide back packs with necessary school supplies, computers in our Learning and Program Centers, the support of the Reading Specialist and field trip opportunities. Private donors help us to provide \$250 per child for school uniforms, shoes and other clothing needs before school starts each year. Other private donors mostly churches provide grocery store gift cards for Christmas, Easter, and Thanksgiving. Our families all receive many gifts at Christmas through area churches.

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.  
**We are ready right now as we have the staffing, facilities and fundraising infrastructure to easily provide match and leverage already in place for our TH ten family program. Our hope is to move rather seamlessly from providing transitional housing to helping families in need of PSH which we believe can be accomplished by working closely with Co-Ordinated Intake. In other words we have qualified, trained staff in place and the capacity right now to handle the program we propose here.**
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.

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| PSH Program  |                                     |                   |                          |
|--|-------------------------------------|-------------------|--------------------------|
| Population Focus   |                                     |                   |                          |
| Chronically Homeless                                       | <input type="checkbox"/>            | Domestic Violence | <input type="checkbox"/> |
| Veterans   | <input type="checkbox"/>            | Substance Abuse   | <input type="checkbox"/> |
| Youth under 25   | <input type="checkbox"/>            | Mental Illness    | <input type="checkbox"/> |
| Families with children                                     | <input checked="" type="checkbox"/> | HIV/AIDS          | <input type="checkbox"/> |
| Other: Specify - <a href="#">Click here to enter text.</a> |                                     |                   |                          |

**Our staffing and model is best suited to support families with children experiencing homelessness. Since we have a program center, after school program, teen group and six week all day summer camp that has worked well for the families we served over the past 20 years, we think we should continue to serve these families for whom we designed our current infrastructure.**

- 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.

**NOTE: Given the current system, we assume that ALL coming to us through the LINK will be chronically homeless until that population has been served! The breakdown beyond total chronic population is as outlined below!**

| PSH 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                           | Enter #            | Enter #           | Enter #               | Enter #       |
| Chronically Homeless Veterans                               | Enter #            | Enter #           | Enter #               | Enter #       |
| Non-Chronically Homeless Veterans                           | Enter #            | Enter #           | Enter #               | Enter #       |
| Chronic Substance Abuse                                     | 2                  | 2                 | 6                     | 8             |
| People with HIV/AIDS  | Enter #            | Enter #           | Enter #               | Enter #       |
| People with Severe Mentally Illness                         | 2                  | 2                 | 6                     | 10            |
| Victims of Domestic Violence                                | 1                  | 1                 | 3                     | 5             |
| People with a Physical Disability                           | Enter #            | Enter #           | Enter #               | Enter #       |
| People with a Developmental Disability                      | Enter #            | 1                 | 1                     | 2             |
| People not represented by listed subpopulations             | Enter #            | Enter #           | Enter #               | Enter #       |

| PSH Program for Reallocation Funds     |                    |                   |               |
|--|--------------------|-------------------|---------------|
| Persons in Households without Children |                    |                   |               |
|  | Adults over age 24 | Adults ages 18-24 | Total Persons |
| 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 subpopulations | Enter # | Enter # | Enter # |

| <b>PSH Program</b>                              |  |  |                          |
|---|--|--|--------------------------|
| <b>Persons in Households with Only Children</b> |  |  |                          |
|   | <b>Accompanied<br/>Children<br/>under age 18</b> | <b>Unaccompanied<br/>Children under<br/>age 18</b> | <b>Total<br/>Persons</b> |
| 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 subpopulations | Enter #  | Enter #  | Enter #                  |

| <b>Housing Type</b>          | <b>Units</b> | <b>Beds</b> | <b>Dedicated<br/>Chronically<br/>Homeless<br/>Beds</b> | <b>Non-<br/>Chronically<br/>Homeless<br/>Beds</b> |
|------------------------------|--------------|-------------|--|---|
| Permanent Supportive Housing | 10           | 25          | Enter #  | 25  |

| <b>Households</b>          | <b>Households<br/>with at<br/>least one<br/>adult and<br/>one child</b> | <b>Adult<br/>households<br/>without<br/>children</b> | <b>Households<br/>with Only<br/>Children</b> | <b>Total</b> |
|----------------------------|---|--|--|--------------|
| Total number of households | 10  | 0  | 0  | 10           |

| <b>Characteristics</b> | <b>Persons in<br/>households<br/>with at<br/>least one</b> | <b>Adult<br/>persons in<br/>households<br/>without<br/>children</b> | <b>Persons in<br/>households<br/>with Only<br/>Children</b> | <b>Total</b> |
|------------------------|--|---|---|--------------|
|                        |  |   |   |              |

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|                                     | adult and one child |   |   |    |
|-------------------------------------|---------------------|---|---|----|
| Adults over age 24                  | 4                   | 0 | 0 | 4  |
| Adults over age 18-24               | 6                   | 0 | 0 | 6  |
| Accompanied children under age 18   | 15                  | 0 | 0 | 15 |
| Unaccompanied children under age 18 | 0                   | 0 | 0 | 0  |
| Total Persons                       | 25                  | 0 | 0 | 25 |

5. Describe your organization’s experience with the PSH Program target population and your chosen subpopulation.  
**We have been serving families needing PSH for 20 years. Our Transitional Housing Program started 16 years ago. We have helped people with serious mental health issues, domestic violence, drug and alcohol addictions, developmental disabilities such a Fetal Alcohol Syndrome, HIV-AIDS, and those with dual diagnoses. We provide an enormous amount of support for our families, including programs for adults offered free at our Program Center, programs for children such as the After School Program, the Clairton School Partnership, our six week summer camp, Mommy and Me for preschool children and parents, assessments via the Alliance for Infants and Toddlers, Teen Group for the older children, monthly food distribution through our in-house food bank, community garden, GED classes, and transportation support for shopping and appointments. Each family has the direct support of both a Case Manager and a Child Development and Education Specialist. One works directly with each adult on their goals and the other supports the needs and goal setting on behalf of the children. We have our own facilities and maintenance staff and see to repairs and replacements immediately. We have Angel Tree Christmas giving for each person at Sisters Place, a Family Holiday Party in December, and a Family Cookout each summer. We try to help build a sense of community and support for every resident.**
6. Describe your organization’s housing facility, facilities or sites for the PSH Program, including physical description, number of beds and geographic location.  
**Our housing is located in the Century Townhomes Complex in Clairton PA. We have 16 residential townhomes that we own and we rent another 16 from a variety of landlords. This is an older housing complex with some private ownership, some landlords and one major owner who has about 170 units. There are about 265 units in the complex that are inhabited. Our families are scattered and somewhat anonymous. We have a Program Center and Learning Center in easy walking distance for all our participants. The complex also has bus service and a nice playground, including some basketball courts. When we located here the major owner was Action Housing and the organization helped us to buy and renovate units for our program. Families have appreciated the proximity of programming for their children and for themselves. The closeness of the bus service and the ability to manage life without a personal vehicle is important, although many adults do obtain a driver’s license and vehicle while in our program.**
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.  
**Because of our years providing housing, we have numerous partners and that number grows annually. We work with Allegheny County Children and Youth, Drug and Alcohol and Mental Health, Family Links, Family Resources, Family Foundations, Magee Women’s Hospital, Children’s Hospital, Jefferson Hospital, UPMC and Allegheny Health Network, Highmark, Greater Pittsburgh**



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**Community Foodbank, the Mon Valley Chamber of Commerce, Good Will, Allegheny County Community College, and more... our leveraging list is exceptional.**

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    | Weekly    |
| Assistance with Moving Costs         | Your organization    | As needed |
| Case Management                      | Your organization    | Weekly    |
| Child Care                           | Your organization    | Daily     |
| Education Services                   | Your organization    | Daily     |
| Employment Assistance & Job Training | A non-partner agency | As needed |
| Food                                 | Your organization    | Monthly   |
| Housing Search & Counseling Services | Your organization    | Weekly    |
| Legal Services                       | A non-partner agency | As needed |
| Life Skills Training                 | Your organization    | Weekly    |
| Mental Health                        | A non-partner agency | As needed |
| Outpatient Health Services           | A non-partner agency | As needed |
| Outreach Services                    | A partner agency     | Bi-weekly |
| Substance Abuse Treatment            | A non-partner agency | As needed |
| Transportation                       | Your organization    | As needed |
| Utility Deposits                     | Your organization    | As needed |

**We provide a lot of support because Clairton is somewhat isolated and a food desert. We have PAT bus service, but not as much as we used to have. We help with bus tickets and van transportation for some shopping and appointments because of the distance some residents have to go for their mental health and other appointments. We have many good partners and non-partners who work with us. Many of the answers above could have been answered “both partners and non-partners”**

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  
**Case Managers supported by Program Director**
  - b. Maintaining or increasing income  
**Case Managers supported by Program Director**
  - c. Maintaining or increasing non-cash benefits (e.g., Food Stamps, Medicaid or Private Health Insurance)  
**Case Managers supported by Program Director**

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| <b>PSH Program</b>  |                   |                     |                   |
|---|-------------------|---------------------|-------------------|
| <b>Housing Measures</b>   |                   |                     |                   |
| <b>Proposed Measure</b>   | <b>Target (#)</b> | <b>Universe (#)</b> | <b>Target (%)</b> |
| Participants remaining in permanent housing or exiting to permanent housing destinations at the end of the operating year | 9                 | 10                  | 90%               |
| Participants maintaining or increasing their total income (from all sources) at the end of the operating year             | 9                 | 10                  | 90%               |
| Participants maintaining or increasing their non-cash benefits at the end of the operating year                           | 9                 | 10                  | 90%               |

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.

| <b>PSH Program</b>                     |
|--|
| <b>Additional Performance Measures</b> |
| NONE                                   |
| Click here to enter text.              |
| Click here to enter text.              |

| <b>Additional Performance Measures Detail</b>   |                   |                     |                   |
|---|-------------------|---------------------|-------------------|
| <b>Proposed Measure</b>   | <b>Target (#)</b> | <b>Universe (#)</b> | <b>Target (%)</b> |
| Click here to enter text.   | Enter #           | Enter #             | Enter %           |
| Data source and data collection method:<br>Click here to enter text.  |                   |                     |                   |
| Specific data elements and formula proposed for calculating results:<br>Click here to enter text.               |                   |                     |                   |
| Rationale for why the proposed measure is an appropriate indicator of performance:<br>Click here to enter text. |                   |                     |                   |

| <b>Additional Performance Measures Detail</b>   |                   |                     |                   |
|---|-------------------|---------------------|-------------------|
| <b>Proposed Measure</b>   | <b>Target (#)</b> | <b>Universe (#)</b> | <b>Target (%)</b> |
| Click here to enter text.   | Enter #           | Enter #             | Enter %           |
| Data source and data collection method:<br>Click here to enter text.  |                   |                     |                   |
| Specific data elements and formula proposed for calculating results:<br>Click here to enter text.               |                   |                     |                   |
| Rationale for why the proposed measure is an appropriate indicator of performance:<br>Click here to enter text. |                   |                     |                   |

| <b>Additional Performance Measures Detail</b> |
|---|
|---|

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| Proposed Measure  | Target (#) | Universe (#) | Target (%) |
|---|------------|--------------|------------|
| Click here to enter text.   | Enter #    | Enter #      | Enter %    |
| Data source and data collection method:<br>Click here to enter text.  |            |              |            |
| Specific data elements and formula proposed for calculating results:<br>Click here to enter text.               |            |              |            |
| Rationale for why the proposed measure is an appropriate indicator of performance:<br>Click here to enter text. |            |              |            |

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

**We are in Co-ordinated Intake and expect to be able to continue entering people into our programs easily and efficiently. We have excellent relationships with local landlords and foresee no issue with obtaining the housing we need for families. Our relationship with landlords now allows us to use units again unless a Sisters Place family receiving Section 8 wishes to remain in their home. If the landlord relationship with the tenant is good, then families do not need to uproot and we simply secure another unit from that landlord or another. To date we have had no problem in finding units close to our Program Center and Learning Center so families have easy access to the supports there.**

| PSH Program   |  |
|---|--|
| Enter the percentage of Participants that will be coming from each of the following locations |  |
| 10  | Directly from the street or other locations not meant for human habitation   |
| 60  | Directly from emergency shelters   |
| 10  | Directly from safe havens  |
| 10  | From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens |
| 10  | Persons fleeing domestic violence  |
| <b>100</b>  | <b>Total of above percentages</b>  |

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.  
**We have PROVEN ability to manage these programs as can be evidenced by our performance over the past 20 years.**
13. Provide a detailed budget narrative that clearly supports the PSH Program.  
**We have used the experience gained through administering our Transitional Supportive Housing Program for the past 16 years to prepare the budget for the Sunrise Permanent Supportive Housing Program with the same number of families and leased units. The additional resources needed to run the program effectively will come from our fund raising events, individual donors, and from corporate and foundation grants. The individual account details are listed on the budget forms below.**
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.

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| <b>PSH Program</b>   |                                     |
|--|-------------------------------------|
| <b>Select the costs for which funding is being requested</b> |                                     |
| Acquisition/Rehabilitation/New Construction                  | <input type="checkbox"/>            |
| Leased Units   | <input checked="" type="checkbox"/> |
| Leased Structures  | <input checked="" type="checkbox"/> |
| Rental Assistance  | <input type="checkbox"/>            |
| Supportive Services  | <input checked="" type="checkbox"/> |
| Operations   | <input checked="" type="checkbox"/> |
| HMIS   | <input type="checkbox"/>            |

| <b>PSH Program</b>           |                                |                       |               |
|------------------------------|--------------------------------|-----------------------|---------------|
| <b>Leasing Budget</b>        |                                |                       |               |
| Total request for grant term |                                |                       | 80880         |
| Total units                  |                                |                       | 10 + Office   |
| Type of rental assistance    | FMR Area                       | Total Units Requested | Total Request |
| Choose an item.              | <b>Greater Pittsburgh Area</b> | 10 Apt, 1 Office      | 83040         |

**Type of Rental Assistance:** Choose an item.

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: Greater Pittsburgh Area**

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.

| <b>PSH Program</b>           |                 |          |                  |          |                  |          |             |
|------------------------------|-----------------|----------|------------------|----------|------------------|----------|-------------|
| <b>Leasing Budget Detail</b> |                 |          |                  |          |                  |          |             |
| Size of Units                | Number of Units |          | Fair Market Rent |          | Number of Months |          | Total       |
| SRO                          | Enter #         | X        | Enter \$         | X        | Enter #          | =        | Enter \$    |
| 0 bedroom                    | Enter #         | X        | Enter \$         | X        | Enter #          | =        | Enter \$    |
| 1 bedroom                    | Enter #         | X        | Enter \$         | X        | Enter #          | =        | Enter \$    |
| 2 bedroom                    | 8               | X        | 630              | X        | 12               | =        | 60480       |
| 3 bedroom                    | 2               | X        | 740              | X        | 12               | =        | 17760       |
| Total Units                  | 10              | X        | Enter \$         | X        | Enter #          | =        | 78240       |
| Leased Structures            | Enter #         | X        | Enter \$         | X        | Enter #          | =        | Enter \$    |
| Office                       | 1               | X        | 400              | X        | 12               | =        | 4800        |
|                              |                 | X        |                  | X        |                  | =        |             |
| <b>Total Struct</b>          | <b>1</b>        | <b>X</b> | Enter \$         | <b>X</b> | Enter #          | <b>=</b> | <b>4800</b> |

| <b>PSH Program</b>                |  |
|-----------------------------------|--|
| <b>Supportive Services Budget</b> |  |

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| Category                           | Quantity and Description  | Annual Assistance Requested |
|------------------------------------|---|-----------------------------|
| Assessment of Service Needs        | Click here to enter text.   | Enter \$                    |
| Assistance with Moving Costs       | 4 @ \$250   | 1000                        |
| Case Management                    | .4 FTE Case Mgr, .05 FTE Resident Liaison, .1 FTE Case Aide, .05 FTE Prgm Dir, .02 FTE Exec Dir | 31980                       |
| Child Care                         | Occasional Day Care @ \$50/mo   | 600                         |
| Educational Services               | Activities, Supplies, Books @ \$237/mo  | 2840                        |
| Employment Assistance              | Click here to enter text.   | Enter \$                    |
| Food                               | 12 mo @ \$400   | 4800                        |
| 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 Services | Click here to enter text.   | Enter \$                    |
| Transportation                     | Van Exp @ \$125/mo, Bus Passes @ \$300/mo, Staff Travel @ \$40/mo                               | 7980                        |
| Utility Deposits                   | 4 @ \$100   | 400                         |
|                                    | <b>Total Supportive Services Requested</b>  | 49600                       |
| <b>Operating Costs</b>             |   |                             |
| Maintenance & Repairs              | Supplies, Purchased Services & .02 FTE Mtn Assoc  | 1600                        |
| Utilities                          | Natural Gas & Electric-12 months @ \$1600   | 19200                       |
| Furnishings                        | 10 Mattresses & Boxes @ \$300 each set  | 3000                        |
| Equipment                          | 2 Washers @ \$450 & 2 Dryers @ \$450  | 1800                        |
|                                    | <b>Total Operations Requested</b>   | 25600                       |

| <b>PSH Program</b>                 |       |
|------------------------------------|-------|
| <b>Summary for Match</b>           |       |
| Total Value of Cash Commitments    | 21570 |
| Total Value of In-Kind Commitments | 0     |
| Total Value of All Commitments     | 21570 |

| <b>PSH Program</b>                 |      |        |             |                    |                      |
|------------------------------------|------|--------|-------------|--------------------|----------------------|
| <b>Summary for Leverage</b>        |      |        |             |                    |                      |
| Total Value of Cash Commitments    |      |        | Enter \$    |                    |                      |
| Total Value of In-Kind Commitments |      |        | Enter \$    |                    |                      |
| Total Value of All Commitments     |      |        | Enter \$    |                    |                      |
| Match or Leverage                  | Type | Source | Contributor | Date of Commitment | Value of Commitments |

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|                 |                 |                 |                           |            |          |
|-----------------|-----------------|-----------------|---------------------------|------------|----------|
| Choose an item. | Choose an item. | Choose an item. | Click here to enter text. | Enter Date | Enter \$ |
| Choose an item. | Choose an item. | Choose an item. | Click here to enter text. | Enter Date | Enter \$ |
| Choose an item. | Choose an item. | Choose an item. | Click here to enter text. | Enter Date | Enter \$ |

| <b>PSH Program</b>                       |                                    |                   |  |
|--|------------------------------------|-------------------|--|
| <b>Summary Budget</b>                    |                                    |                   |  |
| <b>Eligible Costs</b>                    | <b>Annual Assistance Requested</b> | <b>Grant Term</b> | <b>Total Assistance Requested for Grant Term</b> |
| 1a. Acquisition                          |                                    |                   | Enter \$   |
| 1b. Rehabilitation                       |                                    |                   | Enter \$   |
| 1c. New Construction                     |                                    |                   | Enter \$   |
| 2a. Leased Units                         | 78240                              | 1 Yr.             | 78240  |
| 2b. Leased Structures                    | 4800                               | 1 Yr.             | 4800   |
| 3. Rental Assistance                     | Enter \$                           | Enter Time        | Enter \$   |
| 4. Supportive Services                   | 45800                              | 1 Yr.             | 49600  |
| 5. Operating                             | 25600                              | 1 Yr.             | 25600  |
| 6. HMIS                                  | Enter \$                           | Enter Time        | Enter \$   |
| 7. Sub-total Costs Requested             |                                    |                   | 158240   |
| 8. Admin (up to 7%)                      |                                    |                   | 11076  |
| 9. Total Assistance Plus Admin Requested |                                    |                   | 177040   |
| 10. Cash Match                           |                                    |                   | 21570  |
| 11. In-Kind Match                        |                                    |                   | 0  |
| 12. Total Match                          |                                    |                   | 21570  |
| 13. Total Budget                         |                                    |                   | 190886   |
|  |                                    |                   |  |

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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.”  
Click here to enter text.
2. Provide a summary description of the entire scope of your organization’s proposed RRH Program.  
Click here to enter text.
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.  
Click here to enter text.
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.

| <b>RRH Program</b>                         |                          |                   |                          |
|--|--------------------------|-------------------|--------------------------|
| <b>Population Focus</b>                    |                          |                   |                          |
| Chronically Homeless                       | <input type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| Veterans                                   | <input type="checkbox"/> | Substance Abuse   | <input type="checkbox"/> |
| Youth under 25                             | <input type="checkbox"/> | Mental Illness    | <input type="checkbox"/> |
| Families with children                     | <input type="checkbox"/> | HIV/AIDS          | <input type="checkbox"/> |
| Other: Specify - Click here to enter text. |                          |                   |                          |

Click here to enter text.

- 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.

| <b>RRH Program</b>   |                           |                          |                              |                      |
|--|---------------------------|--------------------------|------------------------------|----------------------|
| <b>Persons in Households with at Least One Adult and One Child</b> |                           |                          |                              |                      |
|  | <b>Adults over age 24</b> | <b>Adults ages 18-24</b> | <b>Children under age 18</b> | <b>Total Persons</b> |
| Chronically Homeless Non-Veterans                                  | Enter #                   | Enter #                  | Enter #                      | Enter #              |
| Chronically Homeless Veterans                                      | Enter #                   | Enter #                  | Enter #                      | Enter #              |
| Non-Chronically Homeless Veterans                                  | Enter #                   | Enter #                  | Enter #                      | Enter #              |
| Chronic Substance Abuse  | Enter #                   | Enter #                  | Enter #                      | Enter #              |
| People with HIV/AIDS   | Enter #                   | Enter #                  | Enter #                      | Enter #              |
| People with Severe Mentally Illness                                | Enter #                   | Enter #                  | Enter #                      | Enter #              |

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|   |         |         |         |         |
|---|---------|---------|---------|---------|
| Victims of Domestic Violence                    | Enter # | Enter # | Enter # | Enter # |
| People with a Physical Disability               | Enter # | Enter # | Enter # | Enter # |
| People with a Developmental Disability          | Enter # | Enter # | Enter # | Enter # |
| People not represented by listed subpopulations | Enter # | Enter # | Enter # | Enter # |

| <b>RRH Program</b>                              |                               |                              |                          |
|---|-------------------------------|------------------------------|--------------------------|
| <b>Persons in Households without Children</b>   |                               |                              |                          |
|   | <b>Adults over<br/>age 24</b> | <b>Adults ages<br/>18-24</b> | <b>Total<br/>Persons</b> |
| 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 subpopulations | Enter #                       | Enter #                      | Enter #                  |

| <b>RRH Program</b>                              |  |  |                          |
|---|--|--|--------------------------|
| <b>Persons in Households with Only Children</b> |  |  |                          |
|   | <b>Accompanied<br/>Children<br/>under age 18</b> | <b>Unaccompanied<br/>Children under<br/>age 18</b> | <b>Total<br/>Persons</b> |
| 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 subpopulations | Enter #  | Enter #  | Enter #                  |

| <b>Housing Type</b>       | <b>Units</b> | <b>Beds</b> | <b>Dedicated<br/>Chronically<br/>Homeless<br/>Beds</b> | <b>Non-<br/>Chronically<br/>Homeless<br/>Beds</b> |
|---------------------------|--------------|-------------|--|---|
| Click here to enter text. | Enter #      | Enter #     | Enter #  | Enter #   |



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| <b>Households</b>          | <b>Households with at least one adult and one child</b> | <b>Adult households without children</b> | <b>Households with only children</b> | <b>Total</b> |
|----------------------------|---|--|--------------------------------------|--------------|
| Total number of households | Enter #   | Enter #                                  | Enter #                              | Enter #      |

| <b>Characteristics</b>              | <b>Persons in households with at least one adult and one child</b> | <b>Adult persons in households without children</b> | <b>Persons in households with only children</b> | <b>Total</b> |
|-------------------------------------|--|---|---|--------------|
| Adults over age 24                  | Enter #  | Enter #   | Enter #   | Enter #      |
| Adults over age 18-24               | Enter #  | Enter #   | Enter #   | Enter #      |
| Accompanied children under age 18   | Enter #  | Enter #   | Enter #   | Enter #      |
| Unaccompanied children under age 18 | Enter #  | Enter #   | Enter #   | Enter #      |
| Total Persons                       | Enter #  | Enter #   | Enter #   | Enter #      |

5. Describe your organization’s experience with the RRH Program target population and your chosen subpopulation.  
[Click here to enter text.](#)
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  
[Click here to enter text.](#)
  - b. How your organization will identify appropriate scattered site units and ensure that rents are reasonable (include your organization’s definition of reasonableness)  
[Click here to enter text.](#)
  - c. Your organization’s plan for recruiting and working with landlords and other homeless services providers  
[Click here to enter text.](#)
  - d. Your organization’s plan for assessing the suitability of scattered site units for habitation by RRH Participants  
[Click here to enter text.](#)
  - e. Where your organization’s plan on locating the scattered site units in the County  
[Click here to enter text.](#)
7. Describe your organization’s plan for coordinating with outside partners to ensure that the RRH Program is successful, including your plan for leveraging funds and support.  
[Click here to enter text.](#)
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

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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.

| <b>RRH Program</b>                   |                 |                  |
|--------------------------------------|-----------------|------------------|
| <b>Supportive Service</b>            | <b>Provider</b> | <b>Frequency</b> |
| Assessment of Service Needs          | Choose an item. | Choose an item.  |
| Assistance with Moving Costs         | Choose an item. | Choose an item.  |
| Case Management                      | Choose an item. | Choose an item.  |
| Child Care                           | Choose an item. | Choose an item.  |
| Education Services                   | Choose an item. | Choose an item.  |
| Employment Assistance & Job Training | Choose an item. | Choose an item.  |
| Food                                 | Choose an item. | Choose an item.  |
| Housing Search & Counseling Services | Choose an item. | Choose an item.  |
| Legal Services                       | Choose an item. | Choose an item.  |
| Life Skills Training                 | Choose an item. | Choose an item.  |
| Mental Health                        | Choose an item. | Choose an item.  |
| Outpatient Health Services           | Choose an item. | Choose an item.  |
| Outreach Services                    | Choose an item. | Choose an item.  |
| Substance Abuse Treatment            | Choose an item. | Choose an item.  |
| Transportation                       | Choose an item. | Choose an item.  |
| Utility Deposits                     | Choose an item. | Choose an item.  |

[Click here to enter text.](#)

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  
[Click here to enter text.](#)
  - b. Maintaining or increasing income  
[Click here to enter text.](#)
  - c. Maintaining or increasing non-cash benefits  
[Click here to enter text.](#)
  - d. Obtaining employment  
[Click here to enter text.](#)
  - e. Returning to homelessness in six and 12 months  
[Click here to enter text.](#)
  - f. Utilizing supportive services  
[Click here to enter text.](#)

| <b>RRH Program</b>                          |                   |                     |                   |
|---|-------------------|---------------------|-------------------|
| <b>Housing Measures</b>                     |                   |                     |                   |
| <b>Proposed Measure</b>                     | <b>Target (#)</b> | <b>Universe (#)</b> | <b>Target (%)</b> |
| Participants remaining in permanent housing | Enter #           | Enter #             | Enter %           |

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|   |         |         |         |
|---|---------|---------|---------|
| Participants maintaining or increasing their total income (from all sources) at the end of the operating year | Enter # | Enter # | Enter % |
| Participants maintaining or increasing their non-cash benefits at the end of the operating year               | Enter # | Enter # | Enter % |
| Participants obtaining employment   | Enter # | Enter # | Enter % |
| Participants returning to homelessness in six and 12 months   | Enter # | Enter # | Enter % |
| Participants utilizing supportive services  | Enter # | Enter # | Enter % |

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 |  |  |  |
| Click here to enter text.       |  |  |  |
| Click here to enter text.       |  |  |  |
| Click here to enter text.       |  |  |  |

| Additional Performance Measures Detail  |            |              |            |
|---|------------|--------------|------------|
| Proposed Measure  | Target (#) | Universe (#) | Target (%) |
| Click here to enter text.   | Enter #    | Enter #      | Enter %    |
| Data source and data collection method:<br>Click here to enter text.  |            |              |            |
| Specific data elements and formula proposed for calculating results:<br>Click here to enter text.               |            |              |            |
| Rationale for why the proposed measure is an appropriate indicator of performance:<br>Click here to enter text. |            |              |            |

| Additional Performance Measures Detail  |            |              |            |
|---|------------|--------------|------------|
| Proposed Measure  | Target (#) | Universe (#) | Target (%) |
| Click here to enter text.   | Enter #    | Enter #      | Enter %    |
| Data source and data collection method:<br>Click here to enter text.  |            |              |            |
| Specific data elements and formula proposed for calculating results:<br>Click here to enter text.               |            |              |            |
| Rationale for why the proposed measure is an appropriate indicator of performance:<br>Click here to enter text. |            |              |            |

| Additional Performance Measures Detail  |            |              |            |
|---|------------|--------------|------------|
| Proposed Measure                        | Target (#) | Universe (#) | Target (%) |
| Click here to enter text.               | Enter #    | Enter #      | Enter %    |
| Data source and data collection method: |            |              |            |

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|   |
|---|
| Click here to enter text.   |
| Specific data elements and formula proposed for calculating results:<br>Click here to enter text.               |
| Rationale for why the proposed measure is an appropriate indicator of performance:<br>Click here to enter text. |

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

Click here to enter text.

| <b>RRH Program</b>   |  |
|--|--|
| <b>Enter the percentage of Participants that will be coming from each of the following locations</b> |  |
| Enter %  | Directly from the street or other locations not meant for human habitation |
| Enter %  | Directly from emergency shelters   |
| Enter %  | Directly from safe havens  |
| Enter %  | Persons fleeing domestic violence  |
| <b>Enter %</b>   | <b>Total of above percentages</b>  |

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.

Click here to enter text.

12. Provide a detailed budget narrative that clearly supports the RRH Program.

Click here to enter text.

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.

| <b>RRH Program</b>   |                          |
|--|--------------------------|
| <b>Select the costs for which funding is being requested</b> |                          |
| Acquisition/Rehabilitation/New Construction                  | <input type="checkbox"/> |
| Leased Units   | <input type="checkbox"/> |
| Leased Structures  | <input type="checkbox"/> |
| Rental Assistance  | <input type="checkbox"/> |
| Supportive Services  | <input type="checkbox"/> |
| Operations   | <input type="checkbox"/> |
| HMIS   | <input type="checkbox"/> |

| <b>RRH Program</b>              |                           |                       |               |
|---------------------------------|---------------------------|-----------------------|---------------|
| <b>Rental Assistance Budget</b> |                           |                       |               |
| Total request for grant term    |                           |                       | Enter \$      |
| Total units                     |                           |                       | Enter #       |
| Type of rental assistance       | FMR Area                  | Total Units Requested | Total Request |
| Choose an item.                 | Click here to enter text. | Enter #               | Enter \$      |

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**Type of Rental Assistance:** Choose an item.

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:** [Click here to enter text.](#)

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                             | Enter #         | X        | Enter \$         | X        | Enter #          | = | Enter \$ |
| 0 bedroom                       | Enter #         | X        | Enter \$         | X        | Enter #          | = | Enter \$ |
| 1 bedroom                       | Enter #         | X        | Enter \$         | X        | Enter #          | = | Enter \$ |
| 2 bedroom                       | Enter #         | X        | Enter \$         | X        | Enter #          | = | Enter \$ |
| 3 bedroom                       | Enter #         | X        | Enter \$         | X        | Enter #          | = | Enter \$ |
| 4 bedroom                       | Enter #         | X        | Enter \$         | X        | Enter #          | = | Enter \$ |
| 5 bedroom                       | Enter #         | X        | Enter \$         | X        | Enter #          | = | Enter \$ |
| 6 bedroom                       | Enter #         | X        | Enter \$         | X        | Enter #          | = | Enter \$ |
| 7 bedroom                       | Enter #         | X        | Enter \$         | X        | Enter #          | = | Enter \$ |
| <b>Total</b>                    | Enter #         | <b>X</b> | Enter \$         | <b>X</b> | Enter #          | = | Enter \$ |

| RRH Program                        |   |                             |
|------------------------------------|---|-----------------------------|
| Supportive Services Budget         |   |                             |
| Category                           | Quantity and Description                  | Annual Assistance Requested |
| Assessment of Service Needs        | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Assistance with Moving Costs       | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Case Management                    | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Child Care                         | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Educational Services               | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Employment Assistance              | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Food                               | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Housing/Counseling Services        | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Legal Services                     | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Life Skills                        | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Mental Health Services             | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Outpatient Health Services         | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Outreach Services                  | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Substance Abuse Treatment Services | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Transportation                     | <a href="#">Click here to enter text.</a> | Enter \$                    |
| Utility Deposits                   | <a href="#">Click here to enter text.</a> | Enter \$                    |

## RFP Response Form

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

|                                 |                           |          |
|---------------------------------|---------------------------|----------|
| Operating Costs                 | Click here to enter text. | Enter \$ |
| <b>Total Services Requested</b> |                           | Enter \$ |

| 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 Commitments |                 |                 | Enter \$                  |                    |                      |
| Total Value of All Commitments     |                 |                 | Enter \$                  |                    |                      |
| Match or Leverage                  | Type            | Source          | Contributor               | Date of Commitment | Value of Commitments |
| Choose an item.                    | Choose an item. | Choose an item. | Click here to enter text. | Enter Date         | Enter \$             |
| Choose an item.                    | Choose an item. | Choose an item. | Click here to enter text. | Enter Date         | Enter \$             |
| Choose an item.                    | Choose an item. | Choose an item. | Click here to enter text. | Enter Date         | Enter \$             |

| RRH 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                     | Enter \$                    | Enter Time | Enter \$                                  |
| 4. Supportive Services                   | Enter \$                    | Enter Time | Enter \$                                  |
| 5. Operating                             | Enter \$                    | Enter Time | Enter \$                                  |
| 6. HMIS                                  | Enter \$                    | Enter Time | Enter \$                                  |
| 7. Sub-total Costs Requested             |                             |            | Enter \$                                  |
| 8. Admin (up to 7%)                      |                             |            | Enter \$                                  |
| 9. Total Assistance Plus Admin Requested |                             |            | Enter \$                                  |
| 10. Cash Match                           |                             |            | Enter \$                                  |
| 11. In-Kind Match                        |                             |            | Enter \$                                  |
| 12. Total Match                          |                             |            | Enter \$                                  |

## RFP Response Form

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

|                  |  |          |
|------------------|--|----------|
| 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](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.