

RFP Response Form

U.S. Department of Housing and Urban Development (HUD)
2018 Domestic Violence Bonus Funding for a Rapid Re-Housing Program
or a Joint Transitional Housing/Rapid Re-Housing Program

PROPOSER INFORMATION

Proposer Name: Alle-Kiski Area HOPE Center, Inc. [Click here to enter text.](#)

Authorized Representative Name & Title: Michelle L. Gibb, Executive Director/CEO [here to enter text.](#)

Address: PO Box 67, 500 E. 8th Avenue, Tarentum, PA 15084

Telephone: 724-224-1100

Email: mbond@akhopecenter.org

Website: <http://akhopecenter.org>

Legal Status: For-Profit Corp. Nonprofit Corp. Sole Proprietor Partnership

Date Incorporated: August 1979

Partners and/or Subcontractors included in this Proposal: Center for Victims, Crisis Center North, Women's Center & Shelter of Pittsburgh

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Michelle L. Gibb	724-224-1100	mbond@akhopecenter.org
Contract Processing Contact	Patricia McKenna	724-224-1100	pmckenna@akhopecenter.org
Chief Information Officer	Michelle L. Gibb	724-224-1100	mbond@akhopecenter.org
Chief Financial Officer	Patricia McKenna	724-224-1100	pmckenna@akhopecenter.org
MPER Contact*	Shelley Radebach	724-224-1100	sradebach@akhopecenter.org

* [MPER](#) is DHS's provider and contract management system. Please list an administrative contract to update and manage this system for your agency.

BOARD INFORMATION

Provide a list of your board members as an attachment or in the space below.

(Board List Attached)

Board Chairperson Name & Title: Ms. Susan Blaha, President

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email: [REDACTED]

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REFERENCES

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

Please do not use employees of the Allegheny County Department of Human Services as references.

Mr. David Gusmar, President
Altany, Loynd, & Lindquist

[REDACTED]

Ms. Brandy Fabry, Broker
RE/MAX Select

[REDACTED]

Ms. Chris Martin, Manager
West Interior Services

[REDACTED]

PROPOSAL INFORMATION

Date Submitted 7/23/2018

Amount Requested: Total Assistance: \$753,625 Total Match: \$188407 **Total Budget: \$942,032**

Proposal Abstract:

Please limit your response to 750 characters

The Domestic Violence Unified Proposal (UP) is a collaborative Rapid Re-Housing project that focuses on supporting survivors of domestic violence and assisting their move into safe and stable housing as quickly as possible rental subsidies based on economic need. UP also provides intensive case management and advocacy for on-going support. The UP RRH project relies safety as its core value and offers services that are survivor-directed, trauma-informed, accessible, and community focused. The service model includes a team leader and four case managers (one from each participating agency). The project proposes 50 RRH units, specifically designed to support survivors and their families.

CERTIFICATION

Please check the following before submitting your Proposal, as applicable:

I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination and HIPAA.

By submitting this proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

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ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at <http://www.alleghenycounty.us/dhs/solicitations>.

- MWDBE documents
- Allegheny County Vendor Creation Form
- 3 years of audited financial reports
- W-9
- Board List

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The maximum score a Proposal can receive is 100 points. Please respond to the questions in the following sections:

All Proposers must complete this section:

A. Organizational Experience (40 points)

Proposers may complete one of the following sections:

B. Rapid Re-Housing Program (60 points)

C. Joint Transitional Housing/Rapid Re-Housing Program (60 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 in providing housing and supportive services to Domestic Violence clients, number of years providing these services and whether the organization receives Domestic Violence Funds from any state and/or federal sources. If this is a collaborative application please provide an overview of all the organizations and identify the lead agency.

This application, in response to the HUD solicitation for "2018 Domestic Violence Bonus Funding for a Rapid Re-Housing Program," represents submission for a collaborative project. Alle-Kiski Area HOPE Center, Inc. (HOPE) will act as the lead agency for this project. HOPE is joined in this submission by Center for Victims (CV), Crisis Center North (CCN), and Women's Center and Shelter of Pittsburgh (WC&S). These four organizations represent the full array of domestic violence services delivered to victims in Allegheny County. Together, the agencies touch the lives of nearly 20,000 victims each year.

This housing project is not the first collaboration for Allegheny County's domestic violence services organizations. They have successfully participated as members of the Allegheny County Victim Services Policy Board, STOP-VAWA Coordinating Team, DV Taskforces, and other joint initiatives. HOPE, CV, CCN, and WC&S receive funding from Pennsylvania Coalition Against Domestic Violence (PCADV) and Pennsylvania Commission on Crime and Delinquency (PCCD) for the provision of domestic violence and victims services and have worked collaboratively to serve victims for more than 40 years.

Since its beginning in 1979, HOPE's mission included assisting individuals in securing safe housing. When HOPE's shelter opened in 1990, it refined its skills and focus to move participants quickly from shelter to safe, permanent housing. HOPE opened its transitional housing program in 2002, in order to meet complex needs of some victims. This program allowed participant to benefit from intensive support of a site-based option. The following year, HOPE began its SSO program (which was always described as transitional housing without the house). These services specifically focused on permanency and self-sufficiency. However, it represents HOPE's first opportunity to engage in activities akin to "housing-first". Under HOPE's SSO model, advocates worked intensively with participants to secure permanent housing. Once achieved, advocates provided case management and service coordination to assist participants in achieving self-sufficiency and stability. For more than a quarter of a century, HOPE has engaged in continuous revision and change to provide services that are relevant and revolutionary for the individuals

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it commits to serve. The success of HOPE's mission and vision is reflected in the successes of the individuals who have participated in programs and services

With the understanding that safety and stability are the cornerstones to building self-sufficiency, HOPE directs advocacy efforts that connect participants with safe and affordable housing options. To this end, HOPE participates with housing alliances and taskforces to cultivate relationships with housing authorities to establish and deliver domestic violence preferences for public housing and Section 8 vouchers for those who can benefit. These efforts have translated into the outcome of 85% of survivors - achieve permanent housing prior to their exit from HOPE's shelter program. To influence permanency, HOPE cultivates and maintains relationships with other community human/social service providers to support participant need for other interventions (e.g. behavioral health services, substance abuse services, health services, and related supports).

***Center for Victims (CV)** is a community based nonprofit organization and the largest, most comprehensive, inclusive provider of services, advocacy, and education for victims of all crime in the Commonwealth of Pennsylvania. Serving Allegheny County and the Greater Pittsburgh region, CV's mission is "Healing Trauma, supporting victims, and creating social change for a more peaceful community." Our goal is to break the cycle of violence in our communities.*

Center for Victims provides critical programs and services to the Allegheny County, Greater Pittsburgh Community as a:

- Domestic Violence Emergency Shelter, Housing & Counseling Center*
- Rape Crisis/Sexual Assault Center*
- Comprehensive Crime Victim & Witness Assistance Center*
- Community Crisis Response Team*
- Professional Development, Training, Education, Mediation & Advocacy Center*

For more than 40 years, CV has provided effective and quality services to hundreds of thousands of victims of all crimes including: domestic violence, rape and sexual assault, child sexual assault and physical abuse, elder abuse, homicide, burglary and incidents of mass violence. In fiscal year 2015-2016, CV provided direct services to 16,000 clients and prevention education and training programs to over 35,000 individuals. In addition, each year, CV reaches 100,000 individuals through outreach and awareness activities across Allegheny County. CV's staff provides critical crime victim support and training and education that meet the diverse needs of people of all ages, races, religions, ethnicities, sexual orientation, gender identities, physical disabilities and socio-economic status.

CV is a one-stop-shop with one message, one number to call, and one door for people to walk through to get the best combination of services to meet their needs. CV's trauma informed care is evident in all aspects of service delivery, incorporating an understanding of the prevalence and impacts of trauma and the multifaceted and individualized paths to healing. CV ensures that any and all victims in need of services can easily and readily access quality, seamless, and comprehensive services that allows for reduced confusion for victims in their time of trauma; increases CV's effectiveness, influence, and presence; avoids duplication of services; ensures sustainability for the organization; and creates a consistent and improved quality of service for clients. Services are delivered in courthouses, hospitals, homes, schools, residential programs, businesses, community centers, senior centers and many other locations in the Allegheny County community.

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CV provides immediate access to its experienced and trained professionals through its 24-Hour Hotline, (412) 392-8582 or 1-866-644-2882 (toll-free). Caring, professional staff is available to respond to emergency needs of crime victims and witnesses, answer questions, and provide crisis counseling and support. The hotline, which serves as a gateway to all services, can be utilized by anyone, including victims, witnesses, and their families or friends, law enforcement, hospitals, social workers, or mental health professionals. Staff helps callers to identify their needs and connects them to resources. In addition, professional staff provides in-person crisis response to hospitals, police departments, and communities in all of Allegheny County.

As leaders in the human services sector, CV's professional, highly trained staff includes more than 75 advocates, counselors, therapists, mediators and trainers. CV staff implements innovative practices and methodologies to ensure that the needs of individuals and families, who, through no fault of their own, have found themselves victims of crime, are met. These practices offer individuals the opportunity to garner the strength and tools they need to be safe, feel empowered, and recover from the trauma they've experienced.

Crisis Center North

Crisis Center North (CCN) is a domestic violence counseling and educational resource center serving the northern and western regions of Allegheny County. Serving the community for 40 years, the agency focuses on intimate partner and family violence and provides services to an average of 1,800 unduplicated victims and significant others each year, free of charge. The mission of CCN is to empower victims of domestic violence and cultivate community attitudes and behaviors that break the cycle of violence. Key activities include: (1) Providing trauma informed services to victims and their families; (2) Increasing community awareness of the social costs of violent behavior by teaching strategies to avoid or address violence in homes, schools, and neighborhoods; and (3) Networking with other organizations to support the broader needs of victims to create access to service and to address the intersectionality of trauma in peoples' lives.

Current direct service provision includes: (1) empowerment counseling, therapy, group counseling and case management for adults and youth (at CCN, schools, and at partnering area nonprofit organizations for mobile services); (2) legal advocacy and accompaniment in family and magisterial courts, providing information regarding victims rights, custody, restitution, and jail release notification; (3) medical advocacy in area hospitals, clinics, and physicians' offices; (4) economic empowerment services including support with victim's compensation, employment, education, budgeting, financial planning, and a tangible assistance and a microlending program; (5) 24-hour hotline and in-person advocacy that includes accompaniment for emergency PFAs, emergency shelter provision, and response to a positive lethality assessment screen, and; (6) the Paws for Empowerment Program, which provides canine court and counseling accompanied services. CCN also provides a variety of awareness and prevention education programs and promotes systems advocacy and community partnerships.

Women's Center and Shelter of Greater Pittsburgh

Women's Center & Shelter of Greater Pittsburgh (WC&S) is a comprehensive domestic violence program serving over 6,000 women and children annually who primarily live within the City of Pittsburgh. Founded in 1974 as one of the first six domestic violence shelters in the nation, WC&S has been a leader in advocacy for victims of domestic violence. WC&S has received national excellence

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awards for its Children’s Program by the National Council of Juvenile and Family Court Judges, for its partnership with Pittsburgh Police by Mutual of America, and for its Medical Advocacy by the Robert Wood Johnson Foundation.

The high quality programs and services that WC&S currently offers to adult and child victims of domestic violence in Allegheny County include 24-Hour Hotline (including a Lethality Assessment Program working with over 1,200 callers per year), Emergency Shelter (including a pet shelter), Legal Advocacy, Civil Law Project (providing pro-bono representation in complex cases involving domestic or sexual violence), an Empowerment Center (including support groups, therapy, immediate needs coordination, and outreach), a Children’s Program (including structured activities and counseling-related activities), medical advocacy, a batterer’s intervention program (MEN’S - Men Embracing Non-Violence and Safety), outreach and on-site service to individuals who are immigrants, refugees, and limited English speakers, and community education.

HOPE, CV, CCN, and WC&S offer demonstrated histories of successful housing services and strategies for victims of domestic violence for well over three decades. All work to promote options for victims for housing, stability, and permanency. The service model proposed here offers a unified and uniform approach to safety and self-sufficiency. In July of 2017, HOPE implemented its first Rapid-Re-housing project (RRH). CV’s project followed in August. These projects have finished their pilot first year with stellar outcomes for victims of domestic violence. The RRH model presents survivor-driven options to support safety, restoration, and self-sufficiency.

Please state if your housing was under-utilized during the four quarters required by HUD. State whether you returned funding and, if so, why. State whether you are serving under or over capacity on your beds and units. If you currently run any housing programs, please complete the chart below. If you run multiple programs or if this is a collaborative application, please duplicate the chart for each program and specify the name of the organization.

HOPE’s emergency shelter operated at capacity. HOPE’s and CV’s RRH projects began in July and August of 2017 – respectively, and did not reach capacity until April of 2018. So, for the period of time during initial implementation, the new RRH projects ran below capacity. Both RRH projects are currently running above capacity.

Current Housing Programs	
Agency	Alle-Kiski Area HOPE Center, Inc.
Program	HOPE DV Shelter
Population Served	Individuals & Families – preference victims of DV
Number Units/Beds	23
Annual Budget	\$200000
January Utilization Rate	95
April Utilization Rate	102
July Utilization Rate	95
October Utilization Rate	95

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Current Housing Programs	
Agency	Alle-Kiski Area HOPE Center, Inc.
Program	SAFE at Home - RRH
Population Served	Individuals & Families – preference victims of DV
Number Units/Beds	16 units /
Annual Budget	\$256,103
Jan 2018 Utilization Rate	81%
April 2018 Utilization Rate	100%
July 2017 Utilization Rate	20% –Start-Up
Oct 2017 Utilization Rate	65%

Current Housing Programs	
Agency	Women’s Center & Shelter
Program	Emergency Shelter
Population Served	Adult and Child Victims of Domestic Violence
Number Units/Beds	47
Annual Budget	\$1,477,366
January Utilization Rate	104
April Utilization Rate	108
July Utilization Rate	105
October Utilization Rate	106

Current Housing Programs	
Agency	Center for Victims
Program	CV Housing Plus Program
Population Served	Victims of DV
Number Units/Beds	16/38
Annual Budget	\$256,322
January Utilization Rate	94
April Utilization Rate	100
July Utilization Rate	100
October Utilization Rate	56

2. Does the organization receive Domestic Violence Funding from the state or federal level? Yes X
No ____ If yes, what specific services are provided with these funds (i.e. Emergency Shelter, Counseling, Case Management, etc.)

All member of this collaborative (HOPE, CV, CCN & WC&S) receive funding through Pennsylvania Coalition Against Domestic Violence (PCADV) to provide core domestic violence services. Each is recognized in good standing with PCADV and is also a sub-contractors in full compliance with monitoring standards. HOPE, CV, CCN, and WC&S’s contracts with PCADV requires the provision of all of the following services: 24-hour crisis line, emergency shelter/access to safety, on-call advocacy, safety planning, information and referral, access to transportation, emergency assistance,

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empowerment/supportive counseling (individual and group), individual advocacy, systems advocacy, community education, and awareness events. These services are free and confidential for survivors of domestic violence and their significant others.

In addition, all members of this collaborative application also receive funding from Pennsylvania Commission on Crime and Delinquency to serve victims of domestic violence in various capacities within the framework of victims' services. All applicants are also recognized as organizations in full congruence with the standards that guide the work of all victims' services in Pennsylvania.

HOPE, CV, CCN, & WC&S also provide case management to assist individuals who are victims of domestic violence in their pursuit of self-sufficiency and stability. In addition to our individual organizational missions, we collectively work to provide domestic violence services, safety, and supports for survivors throughout Allegheny County.

3. Describe the agency/collaboration need for DV individuals and families fleeing DV.

HOPE, CV, CCN, and WC&S represent domestic violence services in Allegheny County. Among the collaborators of this project, we serve more than 20,000 direct victims of violence each year. From that number, more than half report some period of homelessness due to domestic violence. Survivors also report staying in abusive and potentially lethal settings in order to avoid homelessness and/or due to a lack of safe and affordable housing options. RRH provides a survivor-centered and cost-effective means to provide safe, affordable, and sustainable housing options to victims of domestic violence and their families. While other RRH programs may be able to provide a means to housing for victims of domestic violence, this collaborative project meets the specialized needs of survivors and offers the confidential and informed supports necessary to rebuild. The four centers have a long, collaborative history of providing a safety net of services to victims across Allegheny County. The "team" is experienced in sharing resources and building programming that complements one another rather than duplicates. Through this safety net of services, victims are served across the County. This type of response encourages survivors to lead the process, choose their own goals, and define their safest options. Case managers in this model: respect survivors' decisions, offer options, and build off the strengths of each survivor; are mobile to meet in homes, coffee shops, etc, and will have the necessary skills and training to safely work in the community; and understand the impacts of trauma, are aware of potential triggers, and engage in trauma informed practices.

4. 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.

Alle-Kiski Area HOPE Center, Inc. is a private, not-for-profit corporation, recognized by the IRS as a 501(c)(3) organization. As such, HOPE is governed by a volunteer board of directors who is responsible for the supervision of its executive director and due diligence of governance for all fiscal and programmatic facets of the organization. . The executive director is tasked with the effective, efficient, and sound operations – both programmatic and fiscal. The executive director provides direct support and supervision to the director of fiscal operations and the program leadership team (supervisors of residential services, community services, prevention services, and outreach services). Supervisors are responsible for the operation and supervision of the service-delivery system within their departments and provide supervision to direct-service staff and volunteers. The supervisors have each been affiliated with HOPE for more than 14 years.

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The fiscal director demonstrates a successful 16-year history of exemplary fiscal operation in compliance with HOPE's Fiscal Manual (designed to support segregation of duties and internal controls) and all applicable laws, rules, regulations, and standards. HOPE uses Blackbaud's Financial Edge accounting system. It provides accounting programs that are adequate to accurately track multiple programs and funding streams.

HOPE's direct service-delivery relies on effective internal communications among the administration, supervision, and advocacy staff. To this end, supervisors have daily communication with advocates and schedule weekly case advocacy meetings. The leadership team meets every two weeks and as-needed to continue to provide meaningful services that meet the participants' needs. HOPE also values effective communication with collaborators and stakeholders. HOPE's supervisors and administration attend and actively participate in county-wide housing meetings, victims' services meetings, educational collaboratives, and other task groups and work groups.

In addition to permanency and self-sufficiency services provided in this project, RRH participants will have free and confidential access to the full array of domestic and victim services available from each agency.

5. If this is a collaborate application, describe the organizational and management structure to be utilized to manage the grant with other organizations.

As this is a collaborative application, project partners have discussed communication and infrastructure to facilitate to smooth operation and service-delivery associated with this county-wide RRH project. It is anticipated that the case management team leader will initiate weekly contact with each case manager associated with the project. The case management Team will hold monthly meetings that will include agency executives once each quarter. It is anticipated that the case management team will communicate with each other, as needed to provide back-up coverage and support to the project.

The Case Management Team Leader will also act as the liaison among fiscal offices. The project will include training for making, recording, documenting, and billing for reimbursement for the project expenses.

6. Describe any unresolved monitoring or audit findings for any HUD grants (including Emergency Solutions Grants [ESG]) operated by your organization (if any).

HOPE does not have any monitoring findings or audit findings. None of the collaborative partners to this proposal has audit or monitoring issues. All programs and services are in full compliance with standards, rules, regulations, and laws that govern the operation of the corporations, their programs, and their services.

7. Describe your organization's proposed staffing plan.

a. Staff experience working with the homeless population and in the housing community
The staffing plan proposes a case management team to deliver rapid re-housing services. The team will include a team leader, Ms. Erin Gillette. Ms. Gillette is a master's level social worker who has 16 years of successful experience working with victims of domestic violence who are homeless and with people from the general population who are experiencing homelessness. She

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will be responsible for some direct services, coordination of four case managers (one allocated to each participating agency), recruitment and retention of landlords, and interactions with the county, the Link, and HMIS. Ms. Gillette demonstrates consistent success working with the target population and assisting them in quickly moving from homeless to permanently housed. She brings with her a long history of supervision of advocacy and case management in emergency shelter, transitional housing, and formerly the SSO program. Project collaborators advocate a “whatever it takes” philosophy to service-delivery.

One case manager will be identified by each agency and training will be provided in collaborative efforts among the DV agencies. Training will include the required DV Training, housing first models and philosophies, trauma-informed care and service-delivery, harm reduction, and motivational interviewing. Case Managers will be trained and become responsible for initial assessment of needs, options counseling, housing search and assistance, coordination of other identified services, self-sufficiency counseling, regular monitoring, inspection, supportive services, and other direct-service delivery. In addition, case managers will be trained and supported by each organization to facilitate the billing and reimbursement process.

- b. *Your organization’s strategy for recruiting and retaining quality staff*
The organizations that are participating in the project are trauma-informed organizations and offer employees supported and empowered work environments. In addition, wage and benefits budgeted for case managers are competitive. This allows the case managers to focus on RRH rather than their continued job search.
- c. *Your organization’s professional development and staff training program*
HOPE’s service philosophy relies on intelligent, prepared, passionate, and satisfied staff members. To support professional development, HOPE internally posts all position vacancies prior to advertisement. Supervisors participate in monthly mentoring meetings with their team members. In addition, part of the annual performance evaluations includes professional development of mutually agreed upon goals. Supervisors work with their direct-reports to provide opportunities for them to gain additional skills and have opportunities for career development in meaningful ways.

All staff members are responsible for completing 24 annual training hours. Some of the hours are provided or coordinated by HOPE and others are attendance at public presentations and are approved by the supervisor.

- d. *Your organization’s plan for staff performance management.*
All employees complete annual evaluations with their supervisors. During the process, they agree on improvement and development goals. These are reviewed throughout the year. HOPE uses a positive performance improvement system to address both positive and negative needs.
- e. *If this is a collaborative application, please describe the staffing plan for the collaboration.*
The staffing plan for this project consists of one team leader and four case managers. Each participating organization will hire and retain a case manager. HOPE will hire the team leader.

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While each case manager will be employed and supervised by separate organizations. The team leader will support and coordinate the case management efforts, provide resources, training, and technical assistance. This model allows for regionalization that offers a cost effective model for intensive case management.

8. Describe your organization’s use of the data management system for reporting.
- a. Describe the Data Management System that will be utilized to complete reports per HUD Data Standards and how data will be managed if a collaborative application is funded.
HOPE uses ETO as its data management system. It has been accepted as a comparable database and reporting has recently been completed that allows for completion of all required documents. For this collaborative project, Case Managers will provide all required statistical information to the team leader. The team leader will assure for the accurate and thorough entry into ETO and will generate all required reports in a timely manner.
- b. Your organization’s plan for managing DV referrals through Allegheny Link .
It is anticipated that the Link will provide referrals of all individuals who have screened as victims of domestic violence. In addition, participating organizations will also receive and manage direct referrals from within their organizations and will use the existing eligibility process within the Link system.
9. Please provide a brief narrative on your organization’s use of the Housing First model in the narrative box below and fill out the following charts to indicate if you will follow a Housing First model for the proposed TH/RRH or RRH Program. (Note: a project is considered Housing First only if “all of the above” is the only selection chosen).

Does the Program(s) ensure that Participants are considered regardless of: Select all that apply	
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"/>
All of the above	<input checked="" type="checkbox"/>

Does the Program(s) ensure that Participants remain eligible for services (or continue to be served) regardless of: Select all that apply	
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"/>
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"/>
All of the above	<input checked="" type="checkbox"/>

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This application proposes a housing first model. It focuses on assessing needs and getting survivors into safe and stable housing as quickly as possible. Once housed, case managers offer survivor-directed and trauma-informed advocacy to promote long-term stability and increased quality of life.

***This application** proposes the use of a “Housing-First” model for its Rapid Re-Housing project. The model focuses on engaging participants, evaluating housing needs, aggressively working together to secure permanent housing, and then addressing barriers to stability and self-sufficiency through supportive services that enhance individual and family well-being. HOPE’s model includes, but is not limited to, the following components:*

- *Initial assessment targeting housing and support needs,*
- *Case management assistance locating rental housing, development of relationships with private-sector landlords, and negotiation of leases,*
- *Financial assistance; ranging from security deposits, first month’s rent payments, to longer-term housing subsidy,*
- *Follow-along case-management support to coordinate services (short or long term) to meet the needs of the participant,*
- *The provision of supportive services, and*

Safety planning and other domestic violence services specific to RRH participants who are fleeing domestic violence

10. 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).

See Attached Single Audit Documents

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B. Rapid Re-Housing (RRH) Program (60 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.” If you are proposing an expansion of an existing program, a unique name is not required. Please provide the name of the existing program that you wish to expand. Please include your DUNS number and EIN.
Domestic Violence Unified Project (UP) - DUNS# 020198870 - EIN 25-1365272
2. Provide a summary description of the entire scope of your organization’s proposed RRH Program. *The four Allegheny County DV Programs (HOPE, CV, CCN, WC&S) will provide an array of services to the households in its UP rapid re-housing project including, but not limited to, case management, service coordination, direct services to children, domestic violence and parenting support groups, life skills training, budgeting and financial literacy, and advocacy with landlords and the housing authority. All of the services provided will be “participant-driven.” This service philosophy is driven by the premise that, given choices and opportunities, participants will work to ensure their own safety and success. This collaboration relies on the belief that, if services are meaningful to participants’ goals, they will actively remain engaged in services. Services begin with the first contact in the form of a crisis intervention addressing the immediate pressing needs of the household or by referral through the Link. This may include ensuring household safety and a possible shelter placement until new housing can be found. Housing search begins immediately. Short-term goals are developed, and the project will provide financial assistance and advocacy with landlords to help families/individuals access housing. Financial assistance can range from short-term rental assistance to assistance with accessing permanent housing subsidies. Case managers will build strong relationships with area apartment management companies, real estate agents, and landlords. Because case managers will be there to support its participants, the landlords may be more likely to rent to the participants, even when they have spotty rental histories or yet insecure income. Once housing is obtained, case managers will work with the household on issues that will promote housing retention. Services offered during this phase will include home visits, job search and job training referrals, case coordination with other systems, linkages to legal services, and help with budgeting and goal planning. Eventually, work will begin on long-term goals; including increasing household income and helping participants navigate public and community-based services independently. Case managers will continue to work with mainstream and community-based social service providers to make it easier for its participants to access assistance. The relationship with mainstream providers also helps facilitate referrals of households in crisis to HOPE’s services. Financial subsidy is estimated to be provided for an average of 6 months, but other supportive services offered to families may last up to two years if they are needed and welcomed. Services are offered to prepare households receiving short- or medium-term rental assistance for transitioning off the subsidy.*

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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. Specifically give a timeline of projected start and estimated time frame to fill all proposed units.

Schedule for Proposed Activities

ACTIVITY	Proposed Timeframe
• Initial referral received	Day 1
• Case manager assigned and first contact with participant attempted	Day 2 (within 24 hours)
• Initial assessment scheduled with participant	Day 2-7
• Individual self-sufficiency plan completed including housing options	Day 7-10
• Goals designed and reviewed with participant – documentation designed	Day 7-10
• Contact with associated landlords or recruitment new landlord	Day 10-14
• Housing visits and selection (estimated rental assistance period)	Day 14-28
• Secure and move-in to selected housing	Day 30-60
• Coordination and/or delivery of supportive services	Day 2-365

MANAGEMENT PLAN	Proposed Frequency
• Supervisor of Residential Services and Case Management Communication	Daily
• Supervisor and Case Management Case Advocacy Meetings	Weekly
• Case Management Meetings with Participants (goals and progress)	Weekly (and as needed)
• Supervisor - Landlord Recruitment and Retention	On-going
• Barrier Resolution Meetings with CM and Participant (and landlord, if required)	As Needed

Timeline for Project Implementation

• Case managers identified/hired/trained	Day 0-30
• 1 st Referrals received	Day 15-30
• 2 move – ins	Day 30-60
• Capacity reached	Day 180

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 and are fleeing Domestic Violence. Beyond that, the RRH Program does not identify 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	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Adult 18 to 24	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
Other: Specify - Click here to enter text.			

This RRH project will focus on individuals and families fleeing domestic violence.

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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 served over the course of a year or grant term. If you are proposing an expansion of an existing program, the numbers should only reflect the new, expanded number to be served.

RRH Program			
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 #
Non-Chronically Homeless Veterans	Enter #	Enter #	Enter #
Chronic Substance Abuse	Enter #	Enter #	Enter #
People with HIV/AIDS	Enter #	Enter #	Enter #
People with Severe Mental Illness	Enter #	Enter #	Enter #
Victims of Domestic Violence	30	20	50
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 #

Persons in Households WITH children				
	Adults over age 24	Adults ages 18-24	Children ages 0-17	Total Persons
Chronically Homeless Non-Veterans	Enter #	Enter #	Enter #	Enter #
Chronically Homeless Veterans	Enter #	Enter #	n/a	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 Mental Illness	Enter #	Enter #	Enter #	Enter #
Victims of Domestic Violence	30	20	50	100
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 #

Housing Type	Units	Beds
Households without children	15	15
Households with children	35	85
Total	50	100

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Households	Adult households WITHOUT children	Adult households WITH children	Total
Total number of households	15	35	50

Household Table	Adult persons in households without children	Adult persons in households with children	Total
Adults over age 24	10	25	35
Adult age 18-24	15	10	25
Accompanied children under age 18	N/A	50	50
Total Persons	15	85	100

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

The organizations collaborating on the implementation of this RRH domestic violence project represent all domestic violence services in Allegheny County. Each organization has more than 40 years of experience providing direct services and advocacy for survivors of domestic violence and their minor children. All organizations are trauma-informed and dedicated to improving the lives of victims of domestic violence by improving their options and opportunities.

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 how those needs and barriers will be addressed through case management

HOPE, CV, CCN and WC&S provide programs and services that are strengths-based and solution-focused. Each participant who enters the RRH service-delivery systems completes a needs assessment with a trained advocate. Based on the results of those assessments, the participant works with the case manager to establish an Individual Self-Sufficiency Plan. The case manager assists the participant in moving through the long and short-term goals and objectives by providing the level of assistance necessary. The assessment identifies barriers and the ISSP establishes options for eliminating them. The intensive case management

- b. How your organization will identify appropriate scattered site units and ensure that rents are reasonable (include your organization’s definition of “reasonable”) and safe for clients fleeing domestic violence.

The collaborative defines reasonable rent by the guidelines established by HUD’s Fair Market Rental for the Pittsburgh Region. In addition, case managers will assess an individual’s ability to maintain the rent after the period of subsidy ends. In this regard, reasonable rent

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includes current income of the participant, options for increased income, and ability to sustain permanency.

- c. Your organization’s plan for recruiting and working with landlords and other homeless services providers

Upon notice of the success of this proposal, case managers will begin individual face-to-face meetings with landlords and will hold several landlord events. HOPE intends to create a system that will offer incentives to landlords and participants for creating successful relationships.

- d. Your organization’s plan for assessing the suitability of scattered site units for habitation by RRH Participants

Most of the municipalities have zoning officers who inspect properties prior to each rental. Case managers will work with RRH participants and landlords to be on-site during the inspection to ascertain that the inspection occurred and that the property is deemed up-to-code, safe, and habitable. If the municipality does not have this requirement, case managers will work with an independent inspectors and/or use PA’s Habitability Guidelines.

- e. Where your organization plans to locate the scattered site units in the County

The project model proposes scattered sites in the communities of Allegheny County and will use a regionalized approach to meet the needs and desires of the RRH participant. Case managers will work within the existing framework of participating landlords and housing resources, but will also look for opportunities to expand and enhance housing options. However, case managers will also prepare to work in other areas to meet the needs of its RRH participants.

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.

HOPE, CV, CCN, and WC&S share long histories of building and maintaining robust partnerships to assure for adequate and seamless service delivery. This project will rely on existing relationships to ensure that the services and supports are available for all RRH participants to achieve success, permanency, and improved quality of life. The project will also seek to increase relationships with community resources.

All of the collaborating organizations have strong successful histories that include building funding strategies to strengthen and support programs and services. Each bring extraordinary leveraged resources to support the project and contribute to the safety net for victims.

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	Weekly
Assistance with Moving Costs	Your organization	As needed

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

The proposed RRH project includes all of the direct services

9. Please identify whether the project will include the following activities:
- a. Transportation assistance to clients to attend mainstream benefit appointments, employment training or jobs? YES NO
 - b. Use of a single application form for four or more mainstream programs? YES NO
 - c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? YES NO
 - d. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient or partner agency? YES NO
 - i. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? YES NO

10. 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
The project case managers will provide services selected by participants that are meaningful and relevant to eliminate barriers to permanency. Performance will be tracked by case management review of goal plans, verify documentation, and provide continued support, as needed.
 - b. Maintaining or increasing income
Project case managers will link participants with CareerLink and will support those efforts using the R.E.S.P.E.C.T. (Reaching Employment-Seeking People through Education, Counseling and Training) project curriculum. Performance will be tracked by case management review of goal plans, verify documentation, and provide continued support, as needed.
 - c. Maintaining or increasing non-cash benefits (e.g. Food Stamps)
Project case managers will complete SOAR training and will provide information advocacy with in the public benefit systems and will actively assist participants in the process. Performance will

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be tracked by case management reviewing goal plans, verifying documentation, and providing continued support and advocacy, as needed.

- d. Maintaining or increasing Medicaid or Private Health Insurance
Project case managers will complete SOAR training and will provide information advocacy with in the public benefit systems and will actively assist participants in the process. Performance will be tracked by case management reviewing goal plans, verifying documentation, and providing continued support and advocacy, as needed.
- e. Securing employment
Project case managers will link participants with CareerLink and will support those efforts using the R.E.S.P.E.C.T. (Reaching Employment-Seeking People through Education, Counseling and Training) project curriculum. Performance will be tracked by case management reviewing goal plans, verifying documentation, and providing continued support and advocacy, as needed.
- f. Not returning to homelessness in six and 12 months
Project case managers will provide services selected by participants that are meaningful and relevant to eliminate barriers to permanency. Performance will be tracked by case management site visits. It will also be supported by an agreement among the participant, HOPE, and the landlord to meet to mitigate problems that could affect permanency
- g. Utilizing supportive services
The project case managers will create and implement an incentive program to meet benchmarks and goals directed at participant permanency and self-sufficiency. Participant selected incentives will be provided during participation in supportive services encounters. Case managers will track attendance and progress in supportive service interactions.

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

It is anticipated that referrals from this project will be internal referrals among programs and external referrals that originate through the Link. Once an individual is identified for referral, agencies will follow existing confidential protocols for assessment and eligibility determination through the Link. Link personnel refer individuals who are fleeing domestic violence to this project.

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

11. Describe your organization’s ability to effectively utilize federal funds and perform the scope of services described in the RFP for the RRH Program within funding and time limitations.
HOPE has a documented history of effectively utilizing federal funds to complete the scope of services in its transitional housing program and its start-up of RRH. It will use the same management oversight and accounting practices to lead this DV RRH project. With lessons learned from their first

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year with RRH, HOPE and CV are able to provide guidance and information to contribute to the increased success of this collaborative model. This project intends to work with the technical assistance available through Allegheny County to assure efficiency and efficacy in the cost-effective design of the project.

The project collaborators anticipate with enthusiasm the ability to increase this service. The current model offers flexibility that will allow case managers to provide necessary levels of support based on individual need. The proposed scope of services represents no deviation from current domestic violence best practices and service-delivery systems, which the organizations have consistently and successfully delivered. The addition of the case management positions for the RRH project will be adequate to effectively serve the increased capacity and provide intensive support to survivors.

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

HOPE proposes a total project budget of \$942,032. This sum includes in-kind match totaling \$188,407 that includes advocacy services to complete eligible supportive services. The rental assistance budget includes 50 units including one and two bedrooms. It is anticipated that the rental assistance will be paid for an average of six month, with some participants requiring less time to become self-sufficient and others who have more barriers will require longer financial support. The rents were calculated using HUD’s Pittsburgh, PA HUD Metro FMR AREA. Based on the capacity at 50 units, the rental assistance budget accounts for \$488,640 of the total grant.

The supportive services budget includes wages and benefits for 4 case managers and 0.5 FTE of the team leader. In addition to supervision of the case managers and program oversight, the team will also share in responsibility for some direct services. Case managers will complete many facets of the supportive services including housing counseling/search, life skills training, outreach and other service coordination. The 4.5 FTE’s budgeted in this grant account for \$180,000 of the total budget. HOPE also includes in supportive services \$12,000 for assistance with moving expenses – this is calculated based on an average of \$500/participant. HOPE also anticipates a cost of approximately \$100/participant for food and supplies to start out the household. Case managers will work to quickly connect participants with food banks and other non-cash assistance. The budget includes \$15,000 for utility deposits (average \$300/participant). Supportive services budget also includes \$10000 for the purchase of laptops for case managers and for other program supplies and printing.

HOPE has included HMIS costs for the executive assistant allocated at 5 hours/week for a total of \$7500. Administrative fees \$25,485 represent 3.5% of the total grant.

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 requested	
Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>

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Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

RRH Program			
Rental Assistance Budget			
Total request for grant term			488640
Total units			50
Type of rental assistance	Fair Market Rent (FMR) Area	Total Units Requested	Total Request
TRA	Pittsburgh	50	488640

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 HUD FMR 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.

RRH Program							
Rental Assistance Budget Detail							
Size of Units	Number of Units		Fair Market Rent		Number of Months		Total
Single Room Occupancy (SRO)	Enter #	X	Enter \$	X	Enter #	=	Enter \$
0 bedroom	Enter #	X	Enter \$	X	Enter #	=	Enter \$
1 bedroom	20	X	710	X	12	=	170400
2 bedroom	30	X	884	X	12	=	318240
Total	Enter #	X	Enter \$	X	Enter #	=	488640

RRH Program		
Supportive Services Budget		
Category	Quantity and Description	Annual Assistance Requested
Assessment of Service Needs	Included in case management	Enter \$
Assistance with Moving Costs	Estimated at \$200 X 50 Participants	10000
Case Management	4 CM's (Salary & Ben.) .5 Team Leader	180000

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Child Care	Click here to enter text.	Enter \$
Educational Services	Click here to enter text.	Enter \$
Employment Assistance	Included in case management	Enter \$
Food	Initial food and supply purchase \$100 X50	5000
Housing/Counseling Services	Included in case management	Enter \$
Legal Services	Click here to enter text.	Enter \$
Life Skills	Included in case management	Enter \$
Mental Health Services	Click here to enter text.	Enter \$
Outpatient Health Services	Click here to enter text.	Enter \$
Outreach Services	Included in case management	Enter \$
Substance Abuse Treatment Services	Click here to enter text.	Enter \$
Transportation	Bus tickets/mileage reimbursment	12000
Utility Deposits	Estimated \$300/50 Participants	15000
Operating Costs	Program Supplies/laptops/printing	10000
Total Services Requested		232000

RRH Program	
Summary for Match	
Total Value of Cash Commitments	Enter \$
Total Value of In-Kind Commitments	188407
Total Value of All Commitments	188407

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	488640	2019/2020	488640
4. Supportive Services	206000	2019/2020	232000
5. Operating	Enter \$	Enter Time	Enter \$
6. HMIS	6500	2019/2020	7500
7. Sub-total Costs Requested			728140
8. Admin (up to 7%)			25485
9. Total Assistance Plus Admin Requested			753625

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10. Cash Match		Enter \$
11. In-Kind Match		188407
12. Total Match		188407
13. Total Budget		942032

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