Office of Homeless Youth HOPE/CRC/SCRC Funding Application

##### COVER SHEETS

Indicate the programs being applied for, the requested funding amount and the number of beds you expect to have in the facility.

|  |  |  |
| --- | --- | --- |
| Applicant Summary Information | Application for:  *(check all that apply and fill in requested funding amount)* | |
| Name of Agency/Department: | CRC |  |
|  | Funding amount requested |  |
| Number of beds |  |
| Mailing Address: | SCRC |  |
|  | Funding amount requested |  |
| Number of beds |  |
| Physical Address (if different than mailing address): | HOPE |  |
|  | Funding amount requested |  |
| Number of beds |  |
| City: |  | |
|  |
| Zip Code: |
|  |
| Statewide Vendor Number (SWV): |
|  |
| County(ies) Served by Program: |
|  |

|  |
| --- |
| Contact Information |
|  | Contact person for application: |
| Name/Title: |  |
| Phone: |  |
| Email: |  |
|  | Contact person for contract: |
| Name/Title: |  |
| Phone: |  |
| Email: |  |
|  | Executive *(person who will sign the grant agreement with Commerce)*: |
| Name/Title: |  |
| Phone: |  |
| Email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Type *(Check one)* | |  | |  |
|  | Local Government | |  | Regional or statewide nonprofit housing assistance organization | |
|  | Housing Authority | |  | Private for-profit entities | |
|  | Community Action Council | |  | Federally recognized Indian tribe in the state of WA | |
|  | Nonprofit organization | |  |  | |

|  |  |  |
| --- | --- | --- |
| Program Contact Information | | |
| Program – SCRC, CRC, HOPE *(submit a separate form for each program)* | | |
|  | | |
| Contact Information | |  |
| Program Manager (person who is the primary grant contact with Commerce) | | |
| Name/title: |  | |
| Title |  | |
| Phone: |  | |
| Email: |  | |
| Address:  if different from agency address on RFP |  | |
| Other Program Manager/Coordinator | | |
| Name/title: |  | |
| Title |  | |
| Phone: |  | |
| Email: |  | |
| Address:  if different from agency address on RFP |  | |
| Finance/Bookkeeper (person to contact with questions about invoices) | | |
| Name/title: |  | |
| Title |  | |
| Phone: |  | |
| Email: |  | |
| Address:  if different from agency address on RFP |  | |
| HMIS Data Manager (person to contact with questions about HMIS data) | | |
| Name/title: |  | |
| Title |  | |
| Phone: |  | |
| Email: |  | |
| Address:  if different from agency address on RFP |  | |

|  |
| --- |
| Subgrantee Summary Information  *(copy and complete this form for each subgrantee)* |
| Name of Agency/Department: |
|  |
| Mailing Address: |
|  |
| Physical Address (if different than mailing address): |
|  |
| City: |
|  |
| Zip Code: |
|  |
| County (ies) Served by Program: |
|  |

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| --- |
| Contact Information |
|  | Executive: |
| Name/Title: |  |
| Phone: |  |
| Email: |  |

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| --- | --- | --- | --- | --- | --- |
| Applicant Type *(Check one)* | |  | |  | |
|  | Local Government | |  | | Federally recognized Indian tribe in the state of WA | |
|  | Housing Authority | |  | | Regional or statewide nonprofit housing assistance organization | |
|  | Community Action Council | |  | | Private for-profit entities | |
|  | Nonprofit community/neighborhood based organization | |  | |  | |

|  |  |  |
| --- | --- | --- |
| Subgrantee Selection | |  |
| Answer the following questions about the proposed subgrantee: | | |
|  | | |
| Were there Audit Findings or a Management Letter (within the last 3 years) that indicate a high risk for successful contractual performance? | | |
|  | Yes | |
|  | No | |
| Have staff been trained in entering client data in HMIS? | | |
|  | Yes | |
|  | No | |

|  |  |
| --- | --- |
| Subgrantee Responsibilities |  |
| Provide a summary of the subgrantee’s primary responsibilities. (50 words maximum) | |
|  | |

##### CERTIFICATIONS AND ASSURANCES

CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of 60 days following receipt, and it may be accepted by COMMERCE without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 60-day period.
4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity.
5. I/we understand that COMMERCE will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of COMMERCE, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by him/her prior to opening, directly or indirectly, to any other Proposer or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions.
8. No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant COMMERCE the right to contact references and other, who may have pertinent information regarding the ability of the Applicant and the lead staff person to perform the services contemplated by this RFP.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.

On behalf of the Applicant submitting this proposal, my name below attests to the accuracy of the above statement. We are submitting a scanned signature of this form with our proposal.

|  |  |
| --- | --- |
|  | |
| Signature of Proposer | |
|  | |
| Title | Date |

##### ORGANIZATIONAL OVERVIEW

*Unless otherwise stated, answers to these questions should be based on the overall work of the organization. Program-specific questions will be covered in section1.4.*

EXECUTIVE SUMMARY (500 words max) 10 points

1. What is your organization’s mission?
2. Briefly explain how the funding you are applying for aligns with the organization’s mission, vision, values, and plans for the future.

EXPERIENCE AND PHILOSOPHY (750 words max total, ques. 1- 6) 10 points

1. Describe your organization’s experience serving runaway, homeless, at-risk, and street youth.
2. How does the proposed work align with your county’s plan to end homelessness?
3. Do you have local, state and/or federal government program delivery experience?

|  |  |  |
| --- | --- | --- |
| Experience | Y/N | Number of Years |
| Local |  |  |
| State |  |  |
| Federal |  |  |

1. What percentage of your organization’s total funding is from Commerce (include funds requested in this RFP)?
2. Do you have experience using the Homeless Management Information System (HMIS)?

Yes

No

1. What sort of general outreach and engagement efforts does your organization participate in to attract youth to agency services? (Non-program specific, i.e. website, newsletter, etc.)

STAFFING 10 points

1. What support does staff receive that promotes their physical and mental well-being, addresses burnout and vicarious trauma, and contributes to their educational and career advancement? (250 words max) Make distinction in scoring between trauma informed care and services vs organization
2. What strategies do you employ to promote job satisfaction and increase staff retention? (250 words max)

3. In the past two years what has been your case manager turnover rate?

YOUTH ENGAGEMENT 10 points

1. How do you support the individual interests and goals of youth? How do you communicate to youth how their input and feedback is used? Describe the opportunities for youth engaged with your programs to be involved in program planning, service delivery, or be involved in other decision-making at the organization. (250 words max)
2. Does your organization have a system in place for youth to file grievances? If yes, please describe. (100 words max)

SERVICE MODELS 10 points

1. Describe how you identify youth who have experienced trauma and how you provide trauma informed care? (250 words max)
2. Provide an overview of other critical service models you utilize and how you apply them to support stability and self-sufficiency for youth. (250 words max)
3. How does your organization identify and provide interventions for commercially sexually exploited youth and human trafficking survivors? Please describe any interagency collaboration that exists to meet the needs of sexually exploited and trafficked youth. (250 words max)
4. What is your organization’s policy with regards to identifying and serving sex offenders (specify where it differs by program)? (250 words max)

COMPREHENSIVE SERVICES (500 words max for entire section) 10 points

Provide a summary of services that are provided coordinated, or referrals made to support youth and young adults in the following areas (See Section 1.3. for a description of the areas)? For each area, provide a brief summary and indicate which services are provided onsite, through partnership with other agencies, or by referral.

If services are provided through partnership, include a partnership letter that details the roles and responsibilities of each agency/organization.

|  |  |  |  |
| --- | --- | --- | --- |
| Area | Onsite | Agency Partnership | Referral |
| Stable Housing |  |  |  |
|  | | | |
| Permanent Connections |  |  |  |
|  | | | |
| Family Reconciliation |  |  |  |
|  | | | |
| Education & Employment |  |  |  |
|  | | | |
| Social & Emotional Well-being |  |  |  |
|  | | | |
| Other |  |  |  |
|  | | | |

CULTURAL COMPETENCE (500 words max for entire section) 10 points

1. Describe your experience engaging and serving diverse communities.

1. Describe the demographics in your service area. Use data to substantiate your description.
2. Does your organization collaborate with community-based organizations to address the housing and service needs of culturally and linguistically diverse groups in your service area?

|  |  |  |  |
| --- | --- | --- | --- |
| Not at all | Sometimes | Fairly often | Very often |
|  |  |  |  |

Briefly describe the ways in which you collaborate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Does your organization have culturally and linguistically diverse individuals that represent the groups you serve: | | | | |
|  | none | some | quite a few | many |
| Volunteers |  |  |  |  |
| Support staff |  |  |  |  |
| Administrative staff |  |  |  |  |
| Senior management |  |  |  |  |
| Program directors |  |  |  |  |
| Directors |  |  |  |  |
| Board members |  |  |  |  |

TRAINING 10 points

1. Which of the following trainings does your organization provide or plan to provide or make available to its board members, leadership, management, case managers and/or direct service staff to inform and prepare them for working with homeless youth?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training | Frequency of Training | Attendees *(board members, leadership, management, program manager, case manager, direct service, etc.)* | Required (R) or Voluntary (V) | Trainer(s) – Internal (I) or External (E) |
| Crisis Intervention |  |  |  |  |
| Case Management/Planning |  |  |  |  |
| Outreach Safety Protocols |  |  |  |  |
| Aftercare |  |  |  |  |
| Homelessness and Poverty |  |  |  |  |
| Ethics and Boundaries |  |  |  |  |
| Harm Reduction |  |  |  |  |
| Trauma Informed Care |  |  |  |  |
| Positive Youth Development |  |  |  |  |
| Basic Counseling Skills |  |  |  |  |
| Healthy Sexual Behavior |  |  |  |  |
| LGBTQ issues |  |  |  |  |
| Cultural Awareness and Sensitivity |  |  |  |  |
| Mental Health Awareness |  |  |  |  |
| Alcohol, Drug, and Chemical Dependency |  |  |  |  |
| Bullying and Harassment |  |  |  |  |
| Sexual Exploitation and Prostitution |  |  |  |  |
| Risk Reduction |  |  |  |  |
| Effectively Approaching and Engaging Youth |  |  |  |  |
| Domestic Trafficking |  |  |  |  |
| Organizational philosophy, mission, demographics |  |  |  |  |
| Licensing related training |  |  |  |  |
| Other, please specify: |  |  |  |  |
|  |  |  |  |  |
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##### PROGRAM-SPECIFIC APPLICATION

|  |  |
| --- | --- |
| Secure/ Crisis Residential Centers | |
| Category | Question & Answer |
| OVERVIEW  700 word max for entire section | Provide a general description of your (S)CRC program including services provided, program models used, and geographical service area. |
| Describe how you will receive referrals and from what sources? How do you collaborate with referral sources? How do you engage and accept referrals from system-involved youth (JRA, CA, schools, behavioral health system)? How do you collaborate with public systems to help youth transitioning from systems? |
| Describe the numbers and demographics of the homeless youth population in your service area. Specifically reference OSPI data and any other pertinent data. How will proposed services meet the needs of or address gaps in your service area? |
| SERVICES  700 word max for entire section | Explain how intakes or assessments will be conducted with youth (i.e. processes, procedures, etc.) including at a minimum assessment tools, how you protect confidentiality, who conducts assessment, how you complete the assessment with the youth, how you orient youth to your program. |
| What steps will be taken or efforts made towards family reconciliation? |
| How will exit or transition plans be conducted with youth (i.e. processes, procedures, etc.)? |
| FACILITY  500 words max for entire section | How is your program structured (physically and staffing-wise) to reasonably ensure youth will not run away from the center? |
| How is the space shared among participants (general layout, number of youth to a bedroom, privacy issues, special needs, etc.)? |
| ACCESSIBILITY/ EXPECTATIONS  100 words max | How will you accommodate transgender and gender non-conforming youth and youth with mental and physical health issues, disabilities, and other special needs? |
| READINESS  200 words max | Will you be ready for implementation by May 1, 2017? If not, what would you need to be ready? (must be able to begin services no later than July 1, 2017) |
| |  |  | | --- | --- | | Describe your work plan for implementation by completing the following table. Include each step of implementation. A minimum number of activities are already entered, however please revise, and add/delete rows as necessary. If you project is still in development, please provide letters of commitment for funding, site acquisition, etc. | | | Activity/Task | Timeline | | Execute contract with State |  | | Execute agreements with partner agencies |  | | Hire necessary staff |  | | Develop local program policies |  | | Secure facilities |  | | Apply for licensing |  | | Complete licensing process |  | | Admit first participant |  | |  |  | |  |  | |  |  | |  |  | |

|  |  |
| --- | --- |
| HOPE Centers | |
| Category | Question & Answer |
| OVERVIEW  700 word max for entire section | Provide a general description of your HOPE program including services provided, service models used, and geographical service area. |
| Describe how you will receive referrals and from what sources? How do you collaborate with referral sources? How do you engage and accept referrals from system-involved youth (JRA, CA, schools, behavioral health system)? How do you collaborate with public systems to help youth transitioning from systems? |
| Describe the numbers and demographics of the homeless youth population in your service area. Specifically reference OSPI data and any other pertinent data. How will proposed services meet the needs of or address gaps in your service area? |
| SERVICES  700 word max for entire section | What outreach efforts are used to attract self-refer youth to services? |
| Explain how intakes or assessments will be conducted with youth (i.e. processes, procedures, etc.) including at a minimum; assessment tools, how you protect confidentiality, who conducts assessment, how you complete the assessment with the youth, how you orient youth to your program. |
| What steps will be taken or efforts made towards family reconciliation? |
| How will exit or transition plans be conducted with youth (i.e. processes, procedures, etc.)? |
| FACILITY  500 words max for entire section | How is your program structured (physically and staffing-wise) to reasonably ensure youth will not run away from the center? |
| How is the space shared among participants (general layout, number of youth to a bedroom, privacy issues, etc.)? |
| ACCESSIBILITY/ EXPECTATIONS  100 words max for entire section | How will you accommodate transgender and gender non-conforming youth and youth with mental and physical health issues, disabilities, and other special needs? |
| READINESS  200 words max | Would you be ready for implementation by May 1, 2017? If not, what would you need to be ready? (must be able to begin services no later than July 1, 2017) |
| |  |  | | --- | --- | | Describe your work plan for implementation by completing the following table. Include each step of implementation. A minimum number of activities are already entered, however please revise, and add/delete rows as necessary. If you project is still in development, please provide letters of commitment for funding, site acquisition, etc. | | | Activity/Task | Timeline | | Execute contract with State |  | | Execute agreements with partner agencies |  | | Hire necessary staff |  | | Develop local program policies |  | | Secure facilities |  | | Apply for licensing |  | | Complete licensing process |  | | Admit first participant |  | |  |  | |  |  | |  |  | |

##### COMMERCE APPLICATION SURVEY

The following questions are intended to help us improve our application process. Please indicate your agreement/disagreement with the following statements. Your responses will not impact the evaluation of your application in any way.

|  |  |
| --- | --- |
| 1. The application instructions were clear.   Strongly Disagree  Disagree  Neither Agree nor Disagree  Agree  Strongly Agree |  |
|  |  |
| 1. The application questions were easily understood   Strongly Disagree  Disagree  Neither Agree nor Disagree  Agree  Strongly Agree |  |
|  |  |
| 1. I was able to receive the assistance I needed from Commerce to complete the application. |  |
| Strongly Disagree  Disagree  Neither Agree nor Disagree  Agree  Strongly Agree |  |
| 1. I had adequate time to prepare the application prior to the deadline.   Strongly Disagree  Disagree  Neither Agree nor Disagree  Agree  Strongly Agree |  |
|  |  |
| 1. Given program requirements, the application process was reasonable. |  |

Strongly Disagree

Disagree

Neither Agree nor Disagree

Agree

Strongly Agree