Office of Homeless Youth Funding Application

##### COVER SHEETS

|  |  |
| --- | --- |
| Applicant Summary Information | |
| Name of Organization/Department: | |
|  | |
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|  | |
| Mailing Address: | |
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|  | |
| Physical Address (if different than mailing address): | |
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|  | |
|  | |
| 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 | |
|  | Non-profit Organization | |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program Application  Enter information for all programs for which you are applying. Indicate proposed number of beds and funding amounts as applicable. If you are applying for an existing program (not necessarily funded by Commerce), enter the code letter and provide comments. | | | | | |
| Program | | Beds | Funding | Existing Program? Enter Code Letter\* | Comments |
| HOPE | |  | |  |  |
| Requested amount | |  |  |  |  |
| Minimum accepted | |  |  |  |  |
|  | | | | | |
| CRC | |  | |  |  |
| Requested amount | |  |  |  |  |
| Minimum accepted | |  |  |  |  |
|  | | | | | |
| Combined HOPE/CRC | |  | |  |  |
| Requested amount | |  |  |  |  |
| Minimum accepted | |  |  |  |  |
|  | | | | | |
| SCRC | |  | |  |  |
| Requested amount | |  |  |  |  |
| Minimum accepted | |  |  |  |  |
|  | | | | | |
| SYS | |  |  |  |  |
| *Check one:* | |  |  |  |  |
|  | Community-based outreach workers |  |  |  |  |
|  | Drop-in center |  |  |  |  |
|  | Both |  |  |  |  |
| Requested $ amount | |  |  |  |  |
| Minimum $ accepted | |  |  |  |  |

\*Code Letter

A. Replace lost funding

B. Expand capacity (hours, geography, youth served, etc.)

C. Continue existing Commerce funding

D. Increase existing Commerce funding

E. Other, specify in comments section

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Application Continued  Enter information for all programs for which you are applying. Indicate proposed number of beds and funding amounts as applicable. If you are applying for an existing program (not necessarily funded by Commerce), enter the code letter and provide comments. | | | | |
| Program | Beds | Funding | Existing Program? Enter Code Letter\* | Comments |
| YAS |  |  |  |  |
| Requested $ amount |  |  |  |  |
| Minimum $ accepted |  |  |  |  |
|  | | | | |
| YAHP |  |  |  |  |
| Requested $ amount |  |  |  |  |
| Minimum $ accepted |  |  |  |  |
|  | | | | |
| IYHP |  |  |  |  |
| Requested $ amount |  |  |  |  |
| Minimum $ accepted |  |  |  |  |
|  | | | | |
| Ancillary/Integrated Services |  |  |  |  |

\*Code Letter

A. Replace lost funding

B. Expand capacity (hours, geography, youth served, etc.)

C. Continue existing Commerce funding

D. Increase existing Commerce funding

E. Other, specify in comments section

|  |  |  |
| --- | --- | --- |
| Program Contact Information | | |
| Program – HOPE and/or CRC, SCRC, SYS, YAS, YAHP, IYHP *(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 organization address on RFP |  | |
| Other Program Manager/Coordinator | | |
| Name/title: |  | |
| Title |  | |
| Phone: |  | |
| Email: |  | |
| Address:  if different from organization address on RFP |  | |
| Finance/Bookkeeper (person to contact with questions about invoices) | | |
| Name/title: |  | |
| Title |  | |
| Phone: |  | |
| Email: |  | |
| Address:  if different from organization address on RFP |  | |
| HMIS Data Manager (person to contact with questions about HMIS data) | | |
| Name/title: |  | |
| Title |  | |
| Phone: |  | |
| Email: |  | |
| Address:  if different from organization address on RFP |  | |

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| --- |
| Subgrantee Summary Information  *(submit a separate form for each subgrantee)* |
| Name of Organization/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: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | |  | |  | |

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| --- | --- | --- |
| 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 section 1.4.*

*Responses must adhere to specified page limits per section, using single space 12 pt. font. Page limits do not include tables without narrative.*

Executive Summary (1/2 page max, 10 points)

1. What is your organization’s mission?
2. Describe your organization’s vision and guiding principles, and how they align with the objectives of the grant.

Experience and Philosophy (2 pages max, 20 points)

1. Describe your organization’s experience serving runaway, homeless, at-risk, and street youth, and how this experience has informed your understanding of their unique needs?
2. How does the proposed work align with your county’s plan to end homelessness?
3. Provide an overview of your organization’s governance structure and accountability procedures.
4. Do you have local, state, and/or federal government program delivery experience?

|  |  |  |
| --- | --- | --- |
| Experience | Yes or No | Number of Years |
| Local |  |  |
| State |  |  |
| Federal |  |  |

1. What percentage of your organization’s total funding is from Commerce? (Include all funds received from Commerce. Include funds requested in response to this RFP.)

|  |  |
| --- | --- |
| Proposed funding *(refer to Program Application in Section 1.1)* | Percentage of organization’s total funding that is from Commerce |
| Requested level |  |
| Minimum |  |

1. Do you and any subgrantees have experience using the Homeless Management Information System (HMIS)? (Check one.)

|  |  |
| --- | --- |
| Experience | Yes, No, or NA |
| Grantee |  |
| Subgrantee |  |

1. How are people referred to your housing or programs? [Check all that apply and provide name of referral source(s)]

|  |  |  |  |
| --- | --- | --- | --- |
| Referral Source | | Name of Referring Organization(s)/Program(s) | |
| Coordinated entry |  |  | |
| Other |  |  | |
| Self-referral |  |  |  |

If coordinated entry is not used, explain why not:

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

Staffing (1 page max, 10 points)

1. What policies and/or procedures are in place that ensures staff receive adequate support that promotes their physical and mental well-being, addresses burnout and/or vicarious trauma, and contributes to their educational and/or career advancement?
2. What strategies do you employ that promote job satisfaction and increase staff retention?

3. In the past two years what percent of your organization’s direct care staff/case managers have turned over?

Youth Engagement (1.5 pages max, 15 points)

1. What strategies are used to welcome new youth to your organization and inform them about behavioral expectations, range of services available, rights as a program participant, and opportunities to provide feedback regarding interactions with staff and/or program services?
2. How do you communicate to youth their input is valued and used to make decisions within the organization?
3. Describe opportunities for youth engaged with your programs to be involved in leadership opportunities, program planning, service delivery, or other decision-making at the organization.

Best Practices (4 pages max, 20 points)

Answer and provide specific examples to each of the following questions (questions 1-10):

Positive Youth Development

1. Describe how your organization creates and maintains a culture that values building positive and supportive relationships with young people.
2. Describe how your organization provides services that are youth-centered and strengths-based, and provides meaningful opportunities for engagement.
3. Describe how your organization supports the individual goals, interests, and abilities of youth at the organization.

Trauma Informed Care

1. What strategies are used to address the needs of youth who have experienced trauma? How does your organization create and maintain an environment for young people that is informed by the impact of trauma?
2. What strategies are used to protect the privacy and/or confidentiality of youth in the program? Under what circumstances is information about participants shared with outside organizations?
3. Describe to what extent youth get to exercise choice or self-determination when accessing and/or receiving program services?
4. How does your organization identify and provide interventions for commercially sexually exploited youth and human trafficking survivors? Describe any interagency collaborations that exist to support and provide services to this population. (Attach relevant agreements/MOU’s/Letters of Commitment)

Harm Reduction

1. Describe your organization’s approach to working with youth who have mental health and/or substance abuse issues, or who are engaged in high-risk sexual behavior. Why do think and/or how do you know this approach is effective?
2. What interventions, educational programming, or resources are in place to support young people in reducing the harms associated with high-risk behavior (i.e. drug use, sexual activity, etc.)?
3. What activities does your organization participate in internally and/or externally in the community to address stigma associated with homelessness, mental health issues, and/or high-risk behavior?

Comprehensive Services (1 page max, 10 points)

Provide a brief summary of services that are provided, coordinated, and/or referrals made to support youth and young adults in the following areas (See Section 1.4 of the RFP for a description of the areas).

For each area, indicate which services are provided onsite, through partnerships, or by referral by checking the appropriate box and then complete the summary of services. If services are provided through partnership, include a letter that details the roles and responsibilities of each agency/organization.

|  |  |  |  |
| --- | --- | --- | --- |
| Service Area | Onsite | External Partnership | Referral |
| (Check the appropriate box(s) below Check all that apply.) | | |
| Stable Housing |  |  |  |
| *Summary of services*: | | | |
| Permanent Connections |  |  |  |
| *Summary of services*: | | | |
| Family Reconciliation |  |  |  |
| *Summary of services*: | | | |
| Education & Employment |  |  |  |
| *Summary of services*: | | | |
| Social & Emotional Well-being |  |  |  |
| *Summary of services*: | | | |
| Other |  |  |  |
| *Summary of services*: | | | |

Cultural Competence (2 pages max, 15 points)

1. Provide a description of your organization’s experience developing relationships with, and working with individuals and communities that are underserved.
2. Describe your organization’s experience providing culturally, linguistically, and developmentally appropriate services and support including procedures concerning serving limited English proficient and deaf or hard of hearing individuals. Please include information on the accessibility of written materials.
3. Describe your organization’s history serving LGTBQ youth with regards to specific programming, policies, and/or procedures that support addressing the needs of LGBTQ young people.
4. Describe your organization’s history of collaborating with community-based organizations to address the housing and service needs of culturally and linguistically diverse groups in your service area. (Attach relevant agreements/MOU’s/Letters of Commitment)
5. Does your organization have culturally and linguistically diverse staff and volunteers that represent the groups you serve? (Check the appropriate box for each personnel type.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personnel | None | Some | Quite a Few | Many |
| Volunteers |  |  |  |  |
| Support staff |  |  |  |  |
| Administrative staff |  |  |  |  |
| Senior management |  |  |  |  |
| Program directors |  |  |  |  |
| Directors |  |  |  |  |
| Board members |  |  |  |  |

Training (1 page max, 10 points)

Use the table below to indicate trainings made available to board members, leadership/management, direct care staff, and/or volunteers to prepare them for working with homeless youth. Include training on best practices, philosophy, mission, and service population, policy procedures, etc. Add rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training | Frequency of Training | Attendees (include board members, leadership/management, direct care staff service, and volunteers. | Required (R) or Voluntary (V) | Hours per training session |
|  |  |  |  |  |
|  |  |  |  |  |
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##### 

##### PROGRAM-SPECIFIC APPLICATION

|  |  |
| --- | --- |
| HOPE and/or Crisis Residential Center (CRC)  *(note differences between programs where applicable)* | |
| Category | Question & Answer |
| OVERVIEW  (2 pages max, 20 points) | Provide a description of your geographical service area, and how the proposed services meet the needs of homeless and at risk youth in that area. (*Cite data sources*) |
| |  |  | | --- | --- | | Population | Number | | In the previous year, number of unaccompanied homeless youth in the service area. |  | | In the previous year, number of youth in the service area with a status offense. |  | | In the previous year, number of youth in the service area released from child welfare and/or juvenile justice into homelessness. |  | | Number of youth to be served by HOPE and/or CRC over the contract period. |  |   Provide numbers for the table below, citing sources where applicable.  *Sources:* |
| Describe outreach activities that will be conducted by staff or collaborations that exist with outreach programs to attract self-refer youth to HOPE and/or CRC services. What percentage of youth in either HOPE and/or CRC do you expect to be self-refer? |
| Describe how the HOPE and/or CRC will collaborate with public systems (i.e. CA, JRA, etc.) to refer and meet the needs of eligible system involved youth. |
| SERVICES AND OUTCOMES  (2 pages max, 20 points) | What approaches will be used to reconcile youth with their family when safe and appropriate? |
| When family reconciliation is not possible, how will you ensure youth exit to safe and stable housing? Address any transition planning that occurs prior to exit. |
| What efforts will be made to support school engagement including enrollment, educational assessments, transportation, and/or connections to homeless liaisons? |
| What efforts will be made to provide and/or arrange for physical, mental, or chemical dependency screenings, evaluations, or treatment? |
| What efforts will be made to support the development of independent living skills and/or engagement in pro-social, recreational, or cultural activities? |
| FACILITY  (2 pages max, 20 points) | Describe how the HOPE and/or CRC will be structured both physically and staffing-wise to ensure a safe environment for youth? Specifically address supervision, conflict resolution, issues of privacy, and sleeping arrangements. |
| Describe how the HOPE and/or CRC will be structured both physically and staffing-wise to reasonably ensure youth will not run away from the facility? What procedures will staff follow if a youth runs away from the facility? |
| If applicable, how will the facility accommodate co-located HOPE and CRC programs? |
| ACCESSIBILITY/ EXPECTATIONS  (2 pages max, 20 points) | What steps or process do staff go through with new youth entering your facility? |
| What policies, rules, or behavioral expectations do youth have to follow? What are the consequences if youth do not obey or follow staff directions? |
| How will the HOPE and/or CRC ensure your facility and services are safe and accessible to youth with developmental disabilities, or mental or physical health issues? |
| How will the HOPE and/or CRC ensure your facility and services are safe and accessible to transgender and gender non-conforming youth? |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Use the chart below to indicate which components of your program are voluntary or mandatory. Components are considered mandatory if services could be revoked or denied for failure to comply. Flexible components may be voluntary or mandatory, as determined on an individual basis. Feel free to add additional components. | | | | | | Component | Voluntary | Flexible | Mandatory | N/A | | Provide legal ID |  |  |  |  | | Participate in case management |  |  |  |  | | Attend workshops |  |  |  |  | | Attend school |  |  |  |  | | Participate in drug/alcohol treatment |  |  |  |  | | Be sober or drug free |  |  |  |  | | Participate in mental health treatment or counseling |  |  |  |  | | Do daily chores |  |  |  |  | | Develop a safety plan |  |  |  |  | | Wear facility-provided clothing or a uniform |  |  |  |  | | Submit to searches of self or personal belongings |  |  |  |  | | Temporary confiscation of personal belongings |  |  |  |  | | Separation by sex in common spaces |  |  |  |  | | *Please use the space below to add further detail or comment:* | | | | | |  |  |  |  |  | |
| READINESS  (1 page max, 10 points) | Will you be ready for implementation by January 1, 2018? If not, what would you need to be ready? (Must be able to begin services no later than April 1, 2018.) |
| |  |  | | --- | --- | | 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 |  | |  |  | |  |  | |  |  | |  |  | |

|  |  |
| --- | --- |
| Secure Crisis Residential Centers | |
| Category | Question & Answer |
| OVERVIEW  (2 pages max, 20 points) | Provide a description of your geographical service area, and how the proposed services meet the needs of homeless, runaway, and at risk youth in that area. (*Cite data sources*) |
| |  |  | | --- | --- | | Population | Number | | In the previous year, number of unaccompanied homeless youth in the service area. |  | | In the previous year, number of youth in the service area with a status offense. |  | | In the previous year, number of youth in the service area released from child welfare and/or juvenile justice into homelessness. |  | | Number of youth to be served by the SCRC over the contract period. |  |   Provide numbers for the table below, citing sources where applicable.  *Sources:* |
| Describe how the SCRC will collaborate with law enforcement to receive and admit youth into the program. (Attach relevant agreements/MOU’s/Letters of Commitment) |
| Describe how the SCRC will collaborate with other public systems/agencies to meet the needs of youth in the SCRC program. (Attach relevant agreements/MOU’s/Letters of Commitment) |
| How will the administrator determine that the SCRC is the most appropriate option for a given youth, rather than being served by a semi-secure CRC? |
| SERVICES AND OUTCOMES  (2 pages max, 20 points) | What approaches will be used to reconcile youth with their family when safe and appropriate? |
| When family reconciliation is not possible, how will you ensure youth exit to safe and stable housing? Address any transition planning that occurs prior to exit. |
| What efforts will be made to support school engagement including enrollment, educational assessments, transportation, and/or connections to homeless liaisons? |
| What efforts will be made to provide and/or arrange for physical, mental, or chemical dependency screenings, evaluations, or treatment? |
| What efforts will be made to support the development of independent living skills and/or engagement in pro-social, recreational, or cultural activities? |
| FACILITY  (2 pages max, 20 points) | Describe how the SCRC will be structured both physically and staffing-wise to ensure a safe environment for youth? Specifically address supervision, conflict resolution, issues of privacy, and sleeping arrangements. |
| Describe how the SCRC will be structured both physically and staffing-wise to reasonably ensure youth will not run away from the facility? What procedures will staff follow if a youth runs away from the facility? |
| [Detention SCRC Only] How will the SCRC ensure residents do not have contact with youth in the juvenile detention? |
| [Detention SCRC Only] What about the SCRC clearly distinguishes it from the juvenile detention (i.e. environment, staffing, rules, programming, etc.)? |
| ACCESSIBILITY/ EXPECTATIONS  (2 pages max, 20 points) | What steps or process do staff go through with new youth entering your facility? |
| What policies, rules, or behavioral expectations do youth have to follow? What are the consequences if youth do not obey or follow staff directions? |
| How will the SCRC ensure your facility and services are safe and accessible for youth with developmental disabilities, or mental or physical health issues? |
| How will the SCRC ensure your facility and services are safe and accessible for transgender and gender non-conforming youth? |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Use the chart below to indicate which components of your program are voluntary or mandatory. Components are considered mandatory if services could be revoked or denied for failure to comply. Flexible components may be voluntary or mandatory, as determined on an individual basis. Feel free to add additional components. | | | | | | Component | Voluntary | Flexible | Mandatory | N/A | | Provide legal ID |  |  |  |  | | Participate in case management |  |  |  |  | | Attend workshops |  |  |  |  | | Attend school |  |  |  |  | | Participate in drug/alcohol treatment |  |  |  |  | | Be sober or drug free |  |  |  |  | | Participate in mental health treatment or counseling |  |  |  |  | | Do daily chores |  |  |  |  | | Develop a safety plan |  |  |  |  | | Wear facility-provided clothing or a uniform |  |  |  |  | | Submit to searches of self or personal belongings |  |  |  |  | | Temporary confiscation of personal belongings |  |  |  |  | | Separation by sex in common spaces |  |  |  |  | | *Please use the space below to add further detail or comment:* | | | | | |  |  |  |  |  | |
| READINESS  (1 page max, 10 points) | Will you be ready for implementation by January 1, 2018? If not, what would you need to be ready? (Must be able to begin services no later than April 1, 2018.) |
| |  |  | | --- | --- | | 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 |  | |  |  | |  |  | |  |  | |  |  | |

|  |  |
| --- | --- |
| Street Youth Services (SYS)  *(services for youth under 18 only)* | |
| Category | Question & Answer |
| OVERVIEW  (2 pages max, 20 points) | Provide the following data, citing sources where applicable:   |  |  | | --- | --- | | Population | Number | | In the previous year, number of unaccompanied homeless youth in service area. |  |   *Sources:* |
| Provide a description of the SYS programs including hours of operation, geographical services area, location of outreach activities, and how requested funds will be used to support the program. Distinguish between drop-in and outreach where applicable. |
| Use the table below to provide the number of outreach activities and number/percent minor youth expected to be served over the contract period. |
| |  |  | | --- | --- | | Stage of Services | Number or Percent | | Number of community outreach events (public events, groups, schools, etc.). expected to be conducted/attended by SYS staff (Not including street based outreach) |  | | Number of individual contacts expected to be made with youth by SYS program. |  | | Percent of youth contacted expected to enroll in the SYS program. |  | | Percent of youth enrolled in the SYS program expected to engage in case management services. |  | |
|  |
| How will the proposed services meet the needs of homeless, runaway, and at risk youth in the service area? |
| What supervision and safety protocols will be used to prepare and support SYS staff and volunteers for street based outreach? Specifically address personal safety and professional boundaries. |
| What methods will SYS staff or volunteers use to identify, engage, assess, and refer runaway, homeless, and at risk youth to services? |
| Describe how SYS will collaborate with other public systems/agencies to meet the needs of system involved youth. (Attach relevant agreements/MOU’s/Letters of Commitment) |
| For service areas with existing HOPE and/or CRC programs, how will your SYS team collaborate to increase placements of self-referred youth into HOPE/CRC programs? |
| SERVICES AND OUTCOMES    (2 pages max, 20 points) | What services will be provided directly to address the immediate needs of youth? Distinguish between street based outreach and drop in center where applicable. |
| What approaches will be used to reconcile youth with their family when safe and appropriate? |
| When family reconciliation is not possible, what efforts will be made to connect youth to safe and stable housing? |
| What efforts will be made to support school engagement including enrollment, educational assessments, transportation, and/or connections to homeless liaisons? |
| What efforts will be made to provide and/or refer youth to physical, mental, or chemical dependency screenings, evaluations, or treatment? |
| What efforts will be made to support the development of independent living skills and/or engagement in pro-social, recreational, or cultural activities? |
| FACILITY  (2 pages max, 20 points)  (Drop-in centers ONLY) | Describe how the drop in facility will be structured both physically and staffing-wise to ensure a safe environment for youth? Specifically address staff ratios, supervision, conflict resolution, issues of privacy, and/or confidentiality. |
| Describe any plans that will be in place to mitigate the spread of contagious illnesses, viruses, infestations, etc.? (sharps containers, first aid kits, cleaning procedures, etc.) |
| Describe any emergency response plans that will be in place in the event of a natural disasters, hazardous materials, accidents, medical issues, or violence, etc.? |
| ACCESSIBILITY/ EXPECTATIONS  (2 pages max, 20 points)  (Drop-in centers ONLY) | What documentation (if any) will youth need to access drop in center services? |
| What steps or process do staff go through with new youth entering the drop in center? |
| What policies, rules, or behavioral expectations do youth have to follow? What are the consequences if youth do not obey or follow staff directions? |
| How will the drop in center ensure services are safe and accessible for youth with developmental disabilities, or mental or physical health issues? |
| How will the drop in center ensure services are safe and accessible for transgender and gender non-conforming youth? |
| How will the drop in center accommodate youth with service animals, emotional support animals, and/or pets? |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Use the chart below to indicate which components of your program are voluntary or mandatory. Components are considered mandatory if services could be revoked or denied for failure to comply. Flexible components may be voluntary or mandatory, as determined on an individual basis. Feel free to add additional components. | | | | | | Component | Voluntary | Flexible | Mandatory | N/A | | Provide legal ID |  |  |  |  | | Participate in case management |  |  |  |  | | Attend workshops |  |  |  |  | | Attend school |  |  |  |  | | Participate in drug/alcohol treatment |  |  |  |  | | Be sober or drug free |  |  |  |  | | Participate in mental health treatment or counseling |  |  |  |  | | Do program chores |  |  |  |  | | Develop a safety plan |  |  |  |  | | Be employed or look for work |  |  |  |  | | Submit to searches of self or personal belongings |  |  |  |  | | Temporary confiscation of personal belongings |  |  |  |  | | Separation by sex in common spaces |  |  |  |  | | Parental permission to participate in services |  |  |  |  | | *Please use the space below to add further detail or comment:* | | | | | |  |  |  |  |  | |
| READINESS  (1 page max, 10 points) | Will you be ready for implementation by January 1, 2018? If not, what would you need to be ready? (Must be able to begin services no later than March 1, 2018. Drop-in only.) |
| |  |  | | --- | --- | |  | | | 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 (if applicable) |  | | Admit first participant |  | |  |  | |  |  | |

Young Adult Shelter (YAS) Program

Program Face Sheet

|  |  |
| --- | --- |
| Organization Name | |
| Age of youth served at shelter | |
| Minors, specify age range:  Young adults, specify age range: | |
| Nights of operation | |
| Sunday night  Monday night  Tuesday night  Wednesday night  Thursday night  Friday night  Saturday night | |
| General hours of operation | |
| P.M. to A.M.  Exceptions, specify: | |
| Routine number of beds provided *(regardless of fund source)* | Usual staff to young adult ratio |
| 15  Exceptions, specify: | 15  15  Staff to Young Adults  Exceptions, specify: |
| Admission process | |
| Vulnerability/priority via coordinated entry  Lottery  First come/first served  Crisis beds  Other, specify: | |
| Eligibility determination | |
| Age  Other, specify: | |
| Conditions under which a youth would not be admitted *(check all that apply)* | |
| Over or under age  Lack of ID (including government-issued)  Failure to complete intake  Level II or Level III RSO  Currently under the influence of drugs or alcohol  Cannot admit youth with pets | Youth behavior threatens the safety of others  Youth is not enrolled in case management  Other, specify: |
| Approximate Length of stay | |
| Night to night  Multiple nights:  1-3 nights  Up to one week  Up to two weeks  Up to three weeks  Up to one month  More than one month, explain: | |
| Planning initiated to help youth transition to permanent or stable housing | |
| None  Housing assistance referrals  Employment assistance referrals  Other referrals  Assistance to obtain personal documentation  Other, specify: | |
| Other information about the service model | |
|  | |

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| --- | --- |
| Young Adult Shelter (YAS) | |
| Category | Question & Answer |
| OVERVIEW  (2 pages max, 20 points) | Provide a description of your geographical service area, and how the proposed services meet the needs of homeless and at risk youth in that area. (*Cite data sources*) |
| |  |  | | --- | --- | | Population | Number | | In the previous year, number of homeless young adults ages 18 through 24 years old in service area. |  | | Number of young adults ages 18 through 24 to be served by the young adult shelter over the contract period. |  |   Provide numbers for the table below, citing sources where applicable.  *Sources:* |
| Provide a general description of proposed shelter including hours of operation, number of youth served/turned away, staffing protocols, case management offered, etc.and how the proposed shelter adapts to community needs, best practices, and available resources. |
| Explain why the admission process (see face sheet) for deciding shelter placements was chosen? |
| Describe any outreach conducted directly and/or through collaboration with other programs or organizations to attract homeless young adults to shelter services? (Attach relevant agreements/MOU’s/Letters of Commitment) |
| SERVICES AND OUTCOMES    (2 pages max, 20 points) | What services will be provided directly to address the immediate needs of shelter residents? |
| What efforts will be made to ensure shelter residents exit to safe and stable housing? |
| What expectations will be set around resident lengths of stay? How will transition planning be conducted with residents of the shelter? |
| FACILITY  (2 pages max, 20 points) | Describe how the shelter facility will be structured both physically and staffing-wise to ensure a safe environment for youth? Specifically address supervision, conflict resolution, issues of privacy, and sleeping arrangements. |
| Describe any plans that will be in place to mitigate the spread of contagious illnesses, viruses, infestations, etc.? (Sharps containers, first aid kits, cleaning procedures, etc.) |
| Describe any emergency response plans that will be in place in the event of a natural disasters, hazardous materials, accidents, medical issues, threats of violence, etc.? |
| ACCESSIBILITY/ EXPECTATIONS  (2 pages max, 20 points) | What documentation (if any) will young adults need to access the shelter? |
| What steps or process do staff go through with new residents entering the shelter? |
| What policies, rules, or behavioral expectations do shelter residents have to follow? What are the consequences if residents do not obey or follow staff directions? |
| How will the shelter ensure services are safe and accessible for young adults with developmental disabilities, or mental or physical health issues? |
| How will the shelter ensure services are safe and accessible for transgender and gender non-conforming young adults? |
| How will the shelter accommodate residents with service animals, emotional support animals, and/or pets? |
| How will the shelter provide secure areas for residents to store personal belongings? If no secure areas are provided, where will residents store belongings at night? |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Use the chart below to indicate which components of your program are voluntary or mandatory. Components are considered mandatory if services could be revoked or denied for failure to comply. Flexible components may be voluntary or mandatory, as determined on an individual basis. Feel free to add additional components. | | | | | | Component | Voluntary | Flexible | Mandatory | N/A | | Provide legal ID |  |  |  |  | | Participate in case management |  |  |  |  | | Attend workshops |  |  |  |  | | Attend school |  |  |  |  | | Participate in drug/alcohol treatment |  |  |  |  | | Be sober or drug free |  |  |  |  | | Participate in mental health treatment or counseling |  |  |  |  | | Do program chores |  |  |  |  | | Develop a safety plan |  |  |  |  | | Be employed or look for work |  |  |  |  | | Submit to searches of self or personal belongings |  |  |  |  | | Temporary confiscation of personal belongings |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | *Please use the space below to add further detail or comment:* | | | | | |  |  |  |  |  | |
| READINESS  (1 page max, 10 points) | Would you be ready for implementation by January 1, 2018? If not, what would you need to be ready? (must be able to begin services no later than March 1, 2018) |
| |  |  | | --- | --- | | 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 |  | | Admit first participant |  | |  |  | |  |  | |  |  | |  |  | |

Young Adult Housing Program (YAHP)

Program Face Sheet

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| --- | --- | --- |
| Grantee Name | | |
|  | | |
| Provide a description of the young adult housing service model. Include the following: | | |
| Geographic service area | | |
|  | | |
| Model Description | | |
| Site-based  Transitional housing (youth must leave facility/apartment when done with services)  Master leased apartments scattered site  Master leased apartments single site  Grantee owned apartments scattered site  Grantee owned apartments single site  Grantee owned/leased group living facility  Other, specify:  Community-based  Transition-in-place  Scattered site apartments. Grantee holds lease. Participant has the ability to take over lease at some point.  Independent living (shared living with family or friends, single apartment, dormitory, etc.)  Participant holds lease or living agreement.  Other, specify: | | |
| Preconditions for program participation *(check all that apply)* | | Conditions for ongoing participation *(check all that apply)* |
| Employment  Income  Absence of criminal record  Sobriety  Other, specify: | | Employment/income  School participation  Volunteering  Absence of criminal record  Sobriety  Mental health counseling  Other, specify:  Comments: |
| Eligibility determination | | |
| Age  Income  Other, specify: | | |
| Case Management Services | | |
| 15  15  Staff to Young Adults (high need)  15  15  Staff to Young Adults (lower need)  Frequency of case management meetings:  Scope of case management services:  Provide housing-specific education such as tenant rights and responsibilities.  Assist participant in finding and securing appropriate rental housing.  Provide referrals for benefits, employment services, etc.  Facilitate development of supportive relationships with caring adults outside the homeless youth service system  Help navigate existing relationships with family and friends  Other, specify:  Are aftercare services provided to participants after exit?  Yes, describe:  No | | |
| Subsidy model for community-based housing | | |
| Based on percentage of income  Percentage =  15  Based on percentage of rent  Standard percentage, does not vary  Percentage =  15  Graduated subsidy, set subsidy amount decreases  Graduated subsidy, individualized subsidy amount decreases  Other, specify: | | |
| Ancillary services available | | |
|  | Average hours/week | Provided by |
| Behavioral health |  |  |
| Life skills |  |  |
| Education |  |  |
| Employment |  |  |
| Physical health |  |  |
| Legal |  |  |
| Parenting support |  |  |
| Other, specify: |  |  |
| Landlord engagement by grantee *(check all that apply)* | | |
| Cultivate new landlords  Retain existing landlords  Educate landlords about youth development, age-appropriate behaviors that could be addressed by the program rather than by eviction and about rental criteria that may not be appropriate for young people (young people may not have rental or credit histories, etc.  Educate landlords on benefits of intensive case management services  Generally the youth has primary responsibility for finding a unit; grantee provides some support  Other, specify: | | |
| Other information about the service model | | |
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| --- | --- |
| Young Adult Housing Program (YAHP) | |
| Category | Question & Answer |
| OVERVIEW  (2 pages max, 20 points) | What type of housing will be provided through this grant (check all that apply)?   |  |  |  | | --- | --- | --- | |  | Type of Housing | Definition | |  | Transitional housing | Time-limited housing, participant must leave when done with services | |  | Transitional facility support | Funding provides support for a facility used for transitional housing | |  | Transition-in-place | Grantee holds lease. Participant has the ability to take over lease at some point. | |  | Rent assistance for independent living | Participant holds the lease or living agreement. | |  | Other | Specify: | |
| Do you currently operate a housing program(s)?  Yes. If yes, complete the table below  No   |  |  |  |  | | --- | --- | --- | --- | | Type of Housing Provided  *(check all that apply)* | | Population Served  *(families, elders, young adults, etc.)* | Check if Case Management is Provided | |  | Transitional housing |  |  | |  | Transitional facility support |  |  | |  | Transition-in-place |  |  | |  | Rent assistance for independent living |  |  | |  | Other, specify: |  |  | |
| Provide a description of your geographical service area. What are the needs of homeless and at-risk young adults ages 18 through 24 in the service area and how will the proposed services meet those needs. (*Cite data source.*) |
| Provide numbers for the table below, citing sources where applicable:   |  |  | | --- | --- | | Population | Number | | In the previous year, number of homeless young adults ages 18 through 24 years old in service area. Include young adults unsheltered, in emergency shelter, doubled-up, or otherwise identified as experiencing homelessness. |  | | Number of unduplicated young adults ages 18 through 24 to be served by the YAHP over the grant period. |  |   *Sources:* |
| SERVICES AND OUTCOMES    (2 pages max, 20 points) | What processes and protocols are in place to prevent unnecessary delays in connecting youth to housing and services? |
| How will you provide case management in conjunction with housing assistance? Describe what case management looks like, intensity of services, staff to participant ratios, caseloads, how service plans are developed to ensure developmental appropriateness/action-item driven, etc. |
| Transitional housing - How do you swiftly connect youth living in transitional housing to a permanent or non-time-limited housing opportunity when the youth expresses a desire to do so? |
| Rent assistance - What is your process for helping youth find and secure appropriate rental housing? |
| What efforts will be made to support school engagement including enrollment, educational assessments, transportation, and/or connections to homeless liaisons (when applicable)? |
| What efforts will be made to support employment including obtaining documentation, transportation, and connections to work-based learning and internship opportunities? |
| What efforts will be made to provide and/or arrange for physical, mental, or chemical dependency screenings, evaluations, or treatment? |
| How will exit or transition plans be conducted with young adults (i.e. processes, procedures, aftercare, etc.)? |
| How will the program ensure that participants exit to safe and stable housing? |
| How will the program prepare participants for independent living so they do not experience a return to homelessness? |
| FACILITY  (2 pages max, 20 points) | Facility support - Describe how the transitional facility will be structured both physically and staffing-wise to ensure a safe environment for youth. Specifically address supervision, conflict resolution, and issues of privacy. |
| Facility support - Describe any emergency response plans that will be in place in the event of a natural disasters, hazardous materials, accidents, medical issues, threats of violence, etc. |
| Rent assistance/transition-in-place - Describe your processes for building and maintaining relationships with landlords. |
| Rent assistance/transition-in-place - If implementing a rental assistance program, how will you ensure there are available rental options for participants? |
| ACCESSIBILITY/ EXPECTATIONS  (2 pages max, 20 points) | What policies, rules, or behavioral expectations do residents have to follow? What are the consequences if residents do not obey or follow staff directions? |
| How will the program ensure services are safe and accessible for transgender and gender non-conforming young adults? |
| How will the program ensure services are safe and accessible for young adults with developmental disabilities, or mental or physical health issues? |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Use the chart below to indicate which components are voluntary or mandatory. Components are considered mandatory if services could be revoked or denied for failure to comply. Flexible components may be voluntary or mandatory, as determined on an individual basis. Feel free to add additional components. | | | | | | | Component | Preconditions for Enrollment | Voluntary | Flexible | Mandatory | N/A | | Provide legal state ID |  |  |  |  |  | | Engage in regular case management |  |  |  |  |  | | Attend workshops |  |  |  |  |  | | Employment |  |  |  |  |  | | Income |  |  |  |  |  | | Participation in school |  |  |  |  |  | | Sobriety or commitment to be drug free |  |  |  |  |  | | Participation in drug/alcohol treatment |  |  |  |  |  | | Participation in mental health treatment or counseling |  |  |  |  |  | | Take prescribed medications |  |  |  |  |  | | Absence of criminal record |  |  |  |  |  | | Volunteering |  |  |  |  |  | | Other |  |  |  |  |  | |  |  |  |  |  |  | |
| If preconditions for entry and/or conditions for maintaining housing are required, discuss why these are necessary. |
| READINESS  (1 page max, 10 points) | To what extent have you identified, or have existing agreements for available units (rent assistance, transition-in-place, or transitional housing)? |
| If you are requesting facility support funding, what is your plan to secure a building and what is your timeline? |
| If you do not currently provide housing and/or case management services for young adults, explain how you will gain the expertise needed to execute the program successfully. |
| |  |  | | --- | --- | |  | | | 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 your 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 |  | | Develop private landlord relationships (if needed) |  | | Sign leases as applicable (for rent assistance, master-leasing, transitional facility, etc.) |  | | Purchase building for transitional housing, as applicable |  | | Start rental assistance for eligible young adults/enroll young adults in transitional housing |  | | 25% of participants enrolled |  | | 50% of participants enrolled |  | | 100% of participants enrolled |  | |  |  | |  |  | |  |  | |

Independent Youth Adult Housing Program (IYHP)

Program Face Sheet

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| --- | --- | --- |
| Grantee Name | | |
|  | | |
| Provide a description of the young adult housing service model. Include the following: | | |
| Geographic service area | | |
|  | | |
| Model Description | | |
| Site-based  Transitional housing (youth must leave facility/apartment when done with services)  Master leased apartments scattered site  Master leased apartments single site  Grantee owned apartments scattered site  Grantee owned apartments single site  Grantee owned/leased group living facility  Other, specify:  Community-based  Transition-in-place  Scattered site apartments. Grantee holds lease. Participant has the ability to take over lease at some point.  Independent living (shared living with family or friends, single apartment, dormitory, etc.)  Participant holds lease or living agreement.  Other, specify: | | |
| Preconditions for program participation *(check all that apply)* | | Conditions for ongoing participation *(check all that apply)* |
| Employment  Income  Absence of criminal record  Sobriety  Other, specify: | | Employment/income  School participation  Volunteering  Absence of criminal record  Sobriety  Mental health counseling  Other, specify:  Comments: |
| Eligibility determination | | |
| Age  Income  Foster care status  Non-enrollment in Extended Foster Care  Other, specify: | | |
| Case Management Services | | |
| 15  15  Staff to Young Adults (high need)  15  15  Staff to Young Adults (lower need)  Frequency of case management meetings:  Scope of case management services:  Provide housing-specific education such as tenant rights and responsibilities.  Assist participant in finding and securing appropriate rental housing.  Provide referrals for benefits, employment services, etc.  Facilitate development of supportive relationships with caring adults outside the homeless youth service system  Help navigate existing relationships with family and friends  Other, specify:  Are aftercare services provided to participants after exit?  Yes, describe:  No | | |
| Subsidy model for community-based housing | | |
| Based on percentage of income  Percentage =  15  Based on percentage of rent  Standard percentage, does not vary  Percentage =  15  Graduated subsidy, set subsidy amount decreases  Graduated subsidy, individualized subsidy amount decreases  Other, specify: | | |
| Ancillary services available | | |
|  | Average hours/week | Provided by |
| Behavioral health |  |  |
| Life skills |  |  |
| Education |  |  |
| Employment |  |  |
| Physical health |  |  |
| Legal |  |  |
| Parenting support |  |  |
| Other, specify: |  |  |
| Landlord engagement by grantee *(check all that apply)* | | |
| Cultivate new landlords  Retain existing landlords  Educate landlords about youth development, age-appropriate behaviors that could be addressed by the program rather than by eviction and about rental criteria that may not be appropriate for young people (young people may not have rental or credit histories, etc.  Educate landlords on benefits of intensive case management services  Generally the youth has primary responsibility for finding a unit; grantee provides some support  Other, specify: | | |
| Other information about the service model | | |
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| --- | --- |
| Independent Youth Housing Program (IYHP) | |
| Category | Question & Answer |
| OVERVIEW  (2 pages max, 20 points) | What type of housing will be provided through this grant (check all that apply)?   |  |  |  | | --- | --- | --- | |  | Type of Housing | Definition | |  | Transitional housing | Time-limited housing, participant must leave when done with services | |  | Transition-in-place | Grantee holds lease. Participant has the ability to take over lease at some point. | |  | Rent assistance for independent living | Participant holds the lease or living agreement. | |  | Other | Specify: | |
| Do you currently operate a housing program(s)?  Yes. If yes, complete the table below  No   |  |  |  |  | | --- | --- | --- | --- | | Type of Housing Provided  *(check all that apply)* | | Population Served  *(families, elders, young adults, etc.)* | Check if Case Management is Provided | |  | Transitional housing |  |  | |  | Transition-in-place |  |  | |  | Rent assistance for independent living |  |  | |  | Other, specify: |  |  | |
| Provide a description of your geographical service area. What are the needs of former state or tribal dependents ages 18 through 22 in the service area and how will the proposed services meet those needs. (*Cite data source.*) |
| Provide numbers for the table below, citing sources where applicable:   |  |  | | --- | --- | | Population | Number | | In the previous year, number of former state or tribal dependents ages 18 through 22 years old in service area in need of housing. Include young adults unsheltered, in emergency shelter, doubled-up, or otherwise identified as experiencing or at risk of homelessness. |  | | Number of unduplicated young adults ages 18 through 22 to be served by the IYHP over the grant period. |  |   *Sources:* |
| SERVICES AND OUTCOMES    (2 pages max, 20 points) | What processes and protocols are in place to prevent unnecessary delays in connecting youth to housing and services? |
| How will you provide case management in conjunction with housing assistance? Describe what case management looks like, intensity of services, staff to participant ratios, caseloads, how service plans are developed to ensure developmental appropriateness/action-item driven, etc. |
| Transitional housing - How do you swiftly connect youth living in transitional housing to a permanent or non-time-limited housing opportunity when the youth expresses a desire to do so? |
| Rent assistance - What is your process for helping youth find and secure appropriate rental housing? |
| What efforts will be made to support school engagement including enrollment, educational assessments, transportation, and/or connections to homeless liaisons (when applicable)? |
| What efforts will be made to support employment including obtaining documentation, transportation, and connections to work-based learning and internship opportunities? |
| What efforts will be made to provide and/or arrange for physical, mental, or chemical dependency screenings, evaluations, or treatment? |
| How will exit or transition plans be conducted with young adults (i.e. processes, procedures, aftercare, etc.)? |
| How will the program ensure that participants exit to safe and stable housing? |
| How will the program prepare participants for independent living so they do not experience a return to homelessness? |
| FACILITY  (1 pages max, 20 points) | Describe your processes for building and maintaining relationships with landlords. |
| How will you ensure there are available rental options for participants? |
| ACCESSIBILITY/ EXPECTATIONS  (2 pages max, 20 points) | What policies, rules, or behavioral expectations do shelter residents have to follow? What are the consequences if residents do not obey or follow staff directions? |
| How will the program ensure services are safe and accessible for transgender and gender non-conforming young adults? |
| How will the program ensure services are safe and accessible for young adults with developmental disabilities, or mental or physical health issues? |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Use the chart below to indicate which components are voluntary or mandatory. Components are considered mandatory if services could be revoked or denied for failure to comply. Flexible components may be voluntary or mandatory, as determined on an individual basis. Feel free to add additional components. | | | | | | | Component | Preconditions for Enrollment | Voluntary | Flexible | Mandatory | N/A | | Provide legal state ID |  |  |  |  |  | | Engage in regular case management |  |  |  |  |  | | Attend workshops |  |  |  |  |  | | Employment |  |  |  |  |  | | Income |  |  |  |  |  | | Participation in school |  |  |  |  |  | | Sobriety or commitment to be drug free |  |  |  |  |  | | Participation in drug/alcohol treatment |  |  |  |  |  | | Participation in mental health treatment or counseling |  |  |  |  |  | | Take prescribed medications |  |  |  |  |  | | Absence of criminal record |  |  |  |  |  | | Volunteering |  |  |  |  |  | | Other |  |  |  |  |  | |  |  |  |  |  |  | |
| If preconditions for entry and/or conditions for maintaining housing are required, discuss why these are necessary. |
| READINESS  (1 page max, 10 points) | To what extent have you identified, or have existing agreements for available units (rent assistance, transition-in-place, or transitional housing)? |
| If you do not currently provide housing and/or case management services for young adults, explain how you will gain the expertise needed to execute the program successfully. |
| |  |  | | --- | --- | |  | | | 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. | | | Activity/Task | Timeline | | Execute contract with State |  | | Execute agreements with partner agencies |  | | Hire necessary staff |  | | Develop local program policies |  | | Develop private landlord relationships (if needed) |  | | Sign leases as applicable (for rent assistance, master leasing, etc.) |  | | Start rental assistance for eligible young adults |  | | 25% of participants enrolled |  | | 50% of participants enrolled |  | | 100% of participants enrolled |  | |  |  | |  |  | |  |  | |

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| --- | --- |
| Ancillary/Integrated Services | |
| Category | Question & Answer |
| OVERVIEW  (2 pages max, 20 points) | How will the Ancillary/Integrated Services funding be used? *(Check all that apply as applicable to the programs for which you are applying.)*   |  |  |  |  | | --- | --- | --- | --- | | Programs | Services | | | | Family Reconciliation | Behavioral Health | Both | | HOPE |  |  |  | | CRC |  |  |  | | Combined HOPE/CRC |  |  |  | | SCRC |  |  |  | | Street Youth Services |  |  |  | | Young Adult Shelter |  |  |  | | Young Adult Housing Program |  |  |  | | Independent Youth Housing Program |  |  |  | |
| Provide numbers for the table below, citing sources where applicable:  *Sources:*   |  |  | | --- | --- | | Population | Number | | In the previous year, number of young people needing this service |  | | Number of unduplicated young people to be served through this funding |  | |
| Describe your proposal for using the Ancillary/Integrated Services funding. What services would be offered? What population would be served? What experience and/or expertise would staff providing the proposed services have? |
| What, if any, related services exist now, and how would additional funding enhance existing services or help fill in gaps? |
| SERVICES AND OUTCOMES    (1 page max, 20 points) | Describe what treatment or clinical interventions will be used to foster family reconciliation and/or promote behavioral health. How do the proposed treatment models align with and/or complement best practices identified in the RFP? |
| How will the proposed services result in more family reconciliation and/or improved behavioral health (mental health, substance abuse, other) amongst youth receiving ancillary/integrated services? |
| READINESS  (1/2 page max, 10 points) | Will you be ready for implementation by January 1, 2018? If not, what would you need to be ready? |
| |  |  | | --- | --- | |  | | | 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 grant with State (will be combined with program grant) |  | | Execute agreements with partner agencies |  | | Hire necessary staff |  | | Serve 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