**Central Florida Commission on Homelessness (CoC FL-507)**

**2024 Application for Outreach & Day Services**

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**Complete and submit all relevant sections of this Application, including all required attachments and certifications, by 5:00 PM EST, June 3, 2024**

1. Please carefully read this Application together with the Request for Applications and its attachments. You may email questions to [application@hsncfl.org](mailto:application@hsncfl.org) through May 29, 2024. Between May 30 and June 3 efforts will be made to answer questions, but agencies should not count on receiving answers before the due date.
2. Throughout the remainder of this Application the words “you” and “your” are interchangeable with “the Applicant.”
3. If you are proposing or collaborating on multiple Projects, you must submit a separate application for each Project.
4. Throughout this Application, we may use administrative or externally generated data for scoring purposes and as a comparison with/confirmation of your responses.

## 

## Section 1 - Applicant Information

### Applicant Legal Name: Click or tap here to enter text.

### Applicant d/b/a (if any): Click or tap here to enter text.

### Applicant Agency Type:

Corporation exempt from taxation under §501(c)(3) of the Internal Revenue Code

Unit or arm of local or state government

Other (explain): Click or tap here to enter text.

### Applicant Mailing Address: Click or tap here to enter text.

### Applicant Website (if any): Click or tap here to enter text.

### Federal EIN (Tax ID #): Click or tap here to enter text.

**Unique Entity Identifier (UEI) :** Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
|  | **Primary Contact**  **(For Purposes of this Application)** | **Secondary Contact**  **(For Purposes of this Application)** |
| **Name** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Title** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Phone Number** | Click or tap here to enter text. | Click or tap here to enter text. |
| **E-mail Address** | Click or tap here to enter text. | Click or tap here to enter text. |

# ALL Applicants should review RFA SECTION III: Important Information for Potential Sub-Recipients of the RFA.

# Eligibility Criteria to Apply and Project Proposal Requirements

#### Non-Profit and Local Government agencies seeking funding for New, Reallocation and Renewal Projects.

An Applicant must be a corporation exempt from taxation under section 501(c)(3) of the Internal Revenue Code, a unit of state or local government, or an arm of state or local government that can demonstrate its ability, if funded, to effectively provide services to people experiencing homelessness in Orange, Osceola and/or Seminole Counties are eligible to apply if they meet the criteria below.

Private non-profit organizations must have:

* + a 501(c)3 certification,
  + been in operation and have at least 2 years of audited financial statements,
  + a financial accounting system of record,
  + be registered and in good standing in the State of Florida based on up-to-date filing with the Secretary of State, Division of Corporations,
  + Proof of at least 1 year’s participation in HMIS,
  + Participation in at least 3 Continuum of Care meetings/trainings in the past 12 months,
  + Financial audit within previous 24 months of submission date.

**Any Applicant that is on the Federal Excluded Parties List System or State of Florida Suspended Vendor List will be considered ineligible for funding.**

### Declaration by Authorized Representative

The individual authorized to act for the Applicant and to assume the obligations imposed by Federal and State of Florida laws, program regulations, and conditions from a grant or grant application, including the applicable Federal, State and Local Government regulations:

I agree that I am the Authorized Representative for the Applicant, and I certify that the Applicant agrees that to be bound by all of the terms and conditions associated with this Application for funding and certifies that data and content in the Application (including all attachments and certifications) are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Authorized Representative**

Click or tap here to enter text. Click or tap to enter a date.

**Printed Name and Title of Authorized Representative Date**

## Section 2 - General Information About Proposed Project and Activities

### 

**2.1 Project Funded as Part of the 2023 Universal Outreach & Day Services Application Process**

HSN has the right to use this pool of applicants for new funding opportunities that may become available in the next 36 months. HSN may have additional questions at the time potential funds become available.

Whether or not this project is funded as part of this Application, are you willing to have it considered for other opportunities that become available through other sources, including new or reallocated funds?

Yes  No

### 2.2 Funding Source

### Preferred Funding Source (choose all that apply)

HUD Continuum of Care

VA Support Services for Veterans and Families

Orange County

No Preference

### 2.3 Provider Activities

For your proposed Project, which of the following are your agency proposing to do in this application's project? Check all that apply.

***Tip:*** *You should check the box for any activities that will be included in your project budget or as match for the project.*

Street Outreach – all populations

Street Outreach – Veterans

Street Outreach – Women (Orange County only)

Street Outreach – Youth (ages 18 – 24)

Day Services

Day Services including Diversion assistance if funds are available

Day Services – Intensive Identification Assistance

Other Supportive Services (list): Click or tap here to enter text.

### 2.4 Application Type

Which of the following best describes your proposed activities for the Project?

***Note: Please submit separate applications for the RENEWAL, EXPANSION and NEW activities.***

Renewal: No changes

Expansion

New Project

### 2.5 Area Served by the Proposed Project (physical location for Day Services)

Check all that apply.

Downtown Orlando/Central Orange County

East Orange County

West Orange County

Osceola County

Seminole County

Region-wide

### 2.6 Proposed Staffing (FTE) for the Project

“FTE” means Full-Time Equivalent and refers to a position that is 40 hours per week or at least 2,000 hours per year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Type** | **Staff Activity (Outreach Staff, Day Services Staff.)** | **Percent of staff funded by this application** | **Percent of staff funded by other funding (Match)** | **Total FTE** |
| **Direct Service Staff** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Direct Service Staff** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Direct Service Staff** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Direct Service Staff** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Supervision Staff** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Supervision Staff** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

### 2.7 Service Delivery Location – Outreach Projects Only

**2.7a**  For Outreach Projects, where will you provide the services to program participants?

***Tip: For Outreach projects,*** *“The Field” services would not happen at a day services or night shelter location, but may include other places frequented by the participant, including work, school or stores.*

The Field

Office/Day Services

Other, please specify: Click or tap here to enter text.

N/A

**2.7b**  If services will be delivered in the field, what percentage of services will be delivered in the field?

Select one: 80%+  50–79%  Less than 50%

**2.7c** In the past 18 months, what percent of face-to-face time with program participants was

* Delivered in the field:  80%+  50 – 79%  Less than 50%
* Delivered in office:  80%+  50 – 79%  Less than 50%

(Responses may be verified in HMIS)

### 2.8 CoC FL-507-adopted Standards & Policies

Do you commit to follow the applicable CoC FL-507-adopted standards?

Yes

No

N/A, explain: Click or tap here to enter text.

### 2.10 SOAR: Does your Project include, or have access to SOAR workers?

Yes

No

N/A

If yes, have those SOAR staff received training/ refresher training, within the past 24 months?

Yes  No

### 2.11 CoC Training

Will you require all Services staff, including supervisory and executive staff, to complete some form of the following core trainings, if made available by CoC FL-507?

Housing First  Yes  No  N/A

Motivational Interviewing  Yes  No  N/A

Trauma-Informed Care  Yes  No  N/A

Harm Reduction  Yes  No  N/A

LGBTQ Housing Inclusion  Yes  No  N/A

Victim Services/DV Safety  Yes  No  N/A

Housing Focused Case Management  Yes  No  N/A

Training identified in Sub-Recipient contract and/or CoC Training Standards  Yes  No  N/A

Other  Yes  No  N/A

### 2.13 Related HMIS Project Names: New Project

If any proposed activity is related to a Project that is currently or previously entered data into HMIS, provide all relevant HMIS Project IDs/names. This would include any other Permanent Supportive Housing projects including but not limited to a project this application is seeking to renew.

1. Click or tap here to enter text.
2. Click or tap here to enter text.

### 2.14 Coordinated Entry System (CES) Referrals

Will your project enter client level data into HMIS for use with CES?

Yes

No

N/A, explain: Click or tap here to enter text.

**2.15 Client Satisfaction Surveys-** Does your agency collect client satisfaction surveys at least annually? If so, please attach results from your most recent survey (Do not include any person identifying information such as name, SSN, DOB, etc.).

Yes

No

N/A

## Section 3 - Housing First/Zero Barrier Approach

### 3.1 Eligibility Chart

Please read CoC FL-507 Requirements of a Housing First Approach to Program Operations, which is attached to this RFA.

This chart is designed to assess whether you do or will place key identified restrictions or limitations on eligibility for your Project.

***Tip:*** *The chart assumes you are complying with HUD/Jurisdictional eligibility requirements, so you do not need to note compliance with eligibility requirements in your response.*

***Tip:*** *Eligibility refers specifically to eligibility to access to Housing and Services through your portion of the Project only. For example, unless you or a Project partner is also the landlord, reasonable methods used by landlords to screen prospective tenants that do not violate Fair Housing are not considered denials of eligibility.*

**Factor** (column A)

This column lists potential factors which your Project may or may not have used or may or may not intend to use in the future.

***Tip:*** *When answering for “composition of client’s family” - please refer to the definition in the* [*HUD Equal Access Rule*](https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/) *and answer based on all composition options include various age and gender of children combinations, unmarried partners, grandparents, etc.*

**Previous 12 months** (column B)

You will check “Yes” if during the past 12 months you have denied eligibility to, refused to assist or taken steps to avoid serving members of your target population to whom the factor in column A applied and for whom this factor was at least a partial reason for the denial, refusal or avoidance.

***Tip:*** *If the factor was present, but not the reason, you do not have to note. For example, if an individual had no income, but they were denied because of a criminal history rather than because of their lack of income, you do not have to note that you denied someone with little or no income.*

***Tip:*** *For client’s current or past history of domestic violence your answer should include, but not be limited to lack of protective orders, period of separation from abuser, still with abuser, law enforcement involvement, etc.*

***Tip:*** *For Client’s criminal record you do not have to note compliance with any federal or state mandated restrictions, such as restrictions on where a sex offender may live.*

***Tip:*** *For New Projects, select “No” for all lines in the “Previous 12 month” column*

**Future Expectations:** (column C)

You will check “Yes” if you anticipate that in the future you will deny eligibility, refuse to serve, or take steps to avoid assist a referred client for this reason/factor.

***Tip:*** *As with the previous 12 months, if the factor will be present, but not the reason, you do not have to note. For example, if an individual had no income, and you will deny because of a criminal history rather than because of their lack of income, you do not have to note that you will deny someone with little or no income.*

***Tip:*** *For client’s current or past history of domestic violence your answer should include, but not be limited to lack of protective orders, period of separation from abuser, still with abuser, law enforcement involvement, etc.)*

***Tip:*** *For Client’s criminal record you do not have to note compliance with any federal or state mandated restrictions, such as restrictions on where a sex offender may live.*

**Explanation:** (column D)

If you checked “Yes” in either column B or C please provide an explanation. Reasons could be related to available funds, program philosophy, or other.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line #** | **Factor**  **(A)** | **Previous 12 months (B)** | **Future Expectations (C)** | **Explanation**  **(D)** |
| 1 | Client has very little or no income | Yes  No | Yes  No | Click or tap here to enter text. |
| 2 | Composition of client’s family (as family is defined by the HUD Equal Access Rule[[1]](#footnote-1)) – for ex., age or gender of children, unmarried partner | Yes  No | Yes  No | Click or tap here to enter text. |
| 3 | Client’s current or past history of substance use | Yes  No | Yes  No | Click or tap here to enter text. |
| 4 | Client’s current or past mental health history | Yes  No | Yes  No | Click or tap here to enter text. |
| 5 | Client’s current or past history of domestic violence | Yes  No | Yes  No | Click or tap here to enter text. |
| 6 | Client’s criminal record, | ☐ Yes ☐ No | ☐ Yes ☐ No | Click or tap here to enter text. |
| 7 | Client’s history of past evictions or credit problems | Yes  No | Yes  No | Click or tap here to enter text. |
| 8 | Client’s past history with the agency or with services | Yes  No | Yes  No | Click or tap here to enter text. |
| 9 | Client’s disability, whether a general or of a specific type | Yes  No | Yes  No | Click or tap here to enter text. |
| 10 | Client has large amount of possessions and belongings | Yes  No | Yes  No | Click or tap here to enter text. |
| 11 | Client’s sexual orientation or gender identity | Yes  No | Yes  No | Click or tap here to enter text. |
| 12 | Client’s lack of transportation | Yes  No | Yes  No | Click or tap here to enter text. |
| 13 | Project hours of intake/operation | Yes  No | Yes  No | Click or tap here to enter text. |
| 14 | Client’s refusal to be separated from pet(s) | Yes  No | Yes  No | Click or tap here to enter text. |
| 15 | Any other factor listed in “Requirements of a Housing First Approach to Project Operations” - Attached | Yes  No | Yes  No | Click or tap here to enter text. |

### 

### 3.2 Termination Chart

|  |  |  |  |
| --- | --- | --- | --- |
| **Factor**  **(A)** | **Previous 12 months**  **(B)** | **Future Expectations (C)** | **Explanation**  **(D)** |
| Client’s unwillingness to participate in Services | Yes  No | Yes  No | Click or tap here to enter text. |
| Client’s failure to make progress on a service plan or case plan | Yes  No | Yes  No | Click or tap here to enter text. |
| Client’s loss of income or failure to increase income | Yes  No | Yes  No | Click or tap here to enter text. |
| Client is a survivor of domestic violence and reunites with abuser | Yes  No | Yes  No | Click or tap here to enter text. |
| Client’s violation of program rules | Yes  No | Yes  No | Click or tap here to enter text. |
| Other (explain):  Click or tap here to enter text. | Yes  No |  | Click or tap here to enter text. |

**Section 4 -** **CoC Involvement and Engagement** **–** The following Information will be used by HSN for scoring purposes. You will not complete this section; this data will be collected by HSN. Meeting and training sign in sheets/virtual attendance logs will be used to evaluate past performance in relation to CoC activities, priorities and initiatives.

* Number of CoC Membership Meetings Attended, CoC membership status, Committee participation and Practice Skills Training,
* Past HMIS Participation
* Participation in 2024 Point in Time Count, including unsheltered count

**Section 5 - Project Performance, Cost-Effectiveness and Alignment with System Performance Measurement Initiatives** – not to exceed 2 pages (approximately 1000 words, font size at least 11).

## NOTE: If you currently provide the same service for which you are applying, and client level data from that service is entered in HMIS, you do not need to complete this section.

## If you currently provide the same services for which you are applying but have not tracked information in HMIS for at least one year, please complete this section. If you have tracked data from a similar project, please attach a report of that data showing project outcomes, and citing the data system used.

* 1. **Project Performance Outcomes** - The proposal should state the anticipated number of program participants (adults, children, households) the project will serve on an annual basis along with concise, identified and measurable outcomes including the percentage of persons/households expected to achieve each outcome. The outcomes should not refer to the services/activities to be provided by the applicant but instead the accomplishments of the program participants as a result of provided services. For example:

75% will be referred to a community agency for employment services is an activity. 75% of those assisted will increase their earned income is a measurable outcome.

80% will receive a referral to a permanent housing program is an activity. 10% will exit to permanent housing is a measurable outcome.

*The following Outcome Measurements, based on project type, are required to be included in the project proposal:*

* Percent of participants/households that will exit to a permanent housing situation
* Percent of participants/households that will exit to emergency shelter
* Average Length of time from project enrollment to housing placement and to shelter placement
* Percent of adult participants that have increased Earned Income from entry to exit, or entry to latest status (annual assessment)
* Percent of adult participants that have Increased Total Income from entry to exit, or entry to latest status (annual assessment)
* Percent of participants linked to mental health services
* Percent of participants linked to substance use services
* Percent of participants linked to health care services

*NOTE: Failure to include these required outcomes measurements will result in a lower score; projects that operate current projects are encouraged to include current outcomes as references.*

* 1. **Alternate HMIS APR**

If you have a Street Outreach or Day Services project performance outcome in an HMIS system other than the FL-507 (Central Florida/CFCH), or from a Domestic Violence comparable data system, please attached a copy of a 12-month APR for calendar year 2023.

**Section 6 - Program and Financial Management**

### 6.1 Has your agency had to Repay/Return any federal or state grant funds in the last three years?

Yes  No  N/A

**If Yes, explain why:** Click or tap here to enter text.

### 6.2 Any Audit Findings/Corrective Action for your last two audits?

Yes  No  N/A

**If Yes, attach the response.**

### 6.3 Any Significant Non-Compliance for your last two audits?

Yes  No

**If Yes, explain:** Click or tap here to enter text.

### 6.4 Does your agency have an outstanding state or federal unresolved findings?

Yes  No  N/A

**If Yes, explain:** Click or tap here to enter text.

### 6.5 Financial Accounting System of Record

**6.5a** What is the name of the Financial Accounting System of Record: Click or tap here to enter text.

**6.5b** How long has the applicant been using this financial system (select the option that best represents your agency’s answer):

Less than 1 year

Between 1 - 2 years

Between 2 - 5 years

5+ years

**6.5c** If less than 5 years, what was the name of the previous Financial Accounting System of Record: Click or tap here to enter text.

### 6.6 General Ledger Reconciliation

How often does the applicant reconcile the Financial Accounting System of Record with invoices/requisitions for reimbursement?

Monthly

Quarterly

Semi-Annually

Annually

As Needed/Other: Click or tap here to enter text.

## Section 7 - Project Budget

**7.1 Staff Budget – Please use Excel Budget Sheet**

***Tip:*** *Detailed Line-Item Description should include expected salary rates, benefits and taxes.*

*Example: 2 FTE Salary at $40,000/year; benefits/fringe at 20% of salary; supervision 15% of the $60,000 salary and 20% benefits (Total will be $96,000 for CM and 10,800 for Supervision)*

***Tip:*** *The maximum eligible percentage for Supervision is 15% for project related direct staff position being funded/supervised*

***Tip:*** *HSN will not pay more than $65,000 for direct service position, including their 15% supervision and all non-salary personnel budget costs.*

### 7.2 Non-Salary Personnel Budget (max 10% of Staff Budget) – Please Use Excel Budget Sheet

***Tip:*** *Detailed Line-Item Description should include expected explanation of how you arrived at your total.*

***Tip:*** *Most funders are reimbursing mileage at .575 per mile, though some only allow .445.*

### 7.3 Expenses Summary Table – Please use Excel Budget Sheet

***Tip:*** *Figures in the summary budget should tie to amounts in budgets 8.1 and 8.2.*

### 7.4 Match Budget – Please Use Excel Budget Sheet

Please complete if applicable. Match description should include purpose/use of funds and expected dates for cash match.

For in-kind match, the amount should reflect the value of the in-kind contribution.

## Section 8 - Inclusive Structure and Participation.

**8.1** The applicant has reviewed internal ***policies*** with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers.

Yes

No

**8.2** The applicant has reviewed program participant ***outcomes*** with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age.

Yes

No

**8.3** The applicant has worked with HMIS lead to ***develop a schedule for reviewing HMIS data*** with disaggregation by race, ethnicity, gender identify, and or/age.

Yes

No

**8.4** Has the project identified any barriers to participation (e.g., lack of access to healthcare and/or publicly funded benefits such as SNAP) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population and has the Applicant taken steps to eliminate the identified barriers including policies and processes to address racial disparities.?

Yes

No barriers identified

Barriers identified, but steps not yet taken to eliminate

If Yes, please describe (200 words or less). Click or tap here to enter text.

**8.5** Has the applicant identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes?

Yes

No

If Yes, please describe (200 words or less). Click or tap here to enter text.

**8.6** Has the Applicant implemented safety protocols to address the safety needs of individuals and families participating in the project and has identified project eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol?

Yes

No

If Yes, please describe (200 words or less). Click or tap here to enter text.

**8.7** Does the applicant have a board of directors that includes representation from more than one person with lived experience?

Yes

No

**8.8** Does the applicant have relational process for ***receiving and incorporating feedback*** from persons with lived experience?

Yes

No

If Yes, please describe (200 words or less). Click or tap here to enter text.

**8.9** Does the applicant have procedures and/or policies demonstrating the inclusion of the lived experience voice and ***participation in program design and policy-making***?

Yes

No

If Yes, please describe (200 words or less). Click or tap here to enter text.

**8.10** Does the applicant have representatives of special populations (BIPOC, LGBTQ+, etc.) who are traditionally underrepresented in managerial and leadership positions?

Yes

No

If Yes,  Board of Directors  Managerial Staff  Other: Click or tap here to enter text.

**8.11** Does the applicant have procedures and/or policies demonstrating Gender Inclusion and Non-Discrimination in program participation?

Yes

No

If Yes, please describe (200 words or less). Click or tap here to enter text.

**Section 9 – Project Description - Please Answer and Attach as Separate Pages – at least size 12 font**

**9.1** The Project Narrative should provide an overview of the proposed project. It should provide sufficient information to understand the scope of the project, the participants to be served, the services to be provided and the cost of the proposed activities. The narrative should convey how the applicant builds trauma informed care and a housing focused strategy into program implementation. – Not to exceed 3 pages (approximately 1500 words single spaced)

**9.1a**  Provide an overall project description. Include how requested funds will be allocated and whether or not other funds are leveraged, and how the leveraged funds will be used.

- If applying for street outreach make sure to specify target population(s), geographic location, hours of outreach, team membership

- If applying for day services please specify location, services to be offered, hours of operation, on site partners, target population if any

**9.1b** Detail how the project will follow a “Housing First” approach to maintain a low barriers process for accessing housing and services to quickly move program participants into permanent housing.

**9.1c** Detail the project’s plan to use and/or connect to SOAR (SSI/SSDI Outreach, Access, and Recovery) specialist.

**9.1d**  Clearly identify and describe how you will meet the unique needs and characteristics of the program participants to be served by the project. Include strategies to support housing, employment, education, access to health care (primary, mental health, substance use, dental), volunteerism and access to non-cash benefits.

**9.1e** Explain/describe how the project:

1. will improve the performance of the community’s overall system, fills a gap/need within our system, and moves the community forward to make homelessness rare, brief and non- recurring
2. if applicable, is innovative, “outside the box” that will utilize demonstrative effective practices and/or ‘next practices.” *Be sure to concisely describe what make the project distinguishable from similar projects in the community.* (answer to 9.1e.ii is not required)

**9.1f** If the project is an expansion of a current project and/or is to be combined with other available funding sources or a component of an overall program (that are not included in this RFP), the description should detail any resources/funding/components that will be part of the overall project.

**9.2** Staff Qualifications **-** not to exceed 1 page (approximately 500 words single spaced).

**9.2a** Describe qualifications of front-line staff positions (ex. Outreach staff, day service operations/case management etc.)

**9.2b** Describe qualification of supervisory staff including how the Supervisor(s) supports front line staff. Describe other activities in which supervisory staff are engaged, if applicable. Include number of positions supervised by each supervisor.

**9.2c** Identify any administrative staff that will support with processing invoices/reports if applicable.

**9.3** Cultural Competence and Language barriers/Limited English Proficiency **-** not to exceed one (1) page (approximately 500 words single spaced).

**9.3a** Describe how will ensure cultural competence in your service provision?

**9.3b** How will you address language barriers/Limited English Proficiency in your service provision?

**9.4** Gender Inclusion, Racial Equity and Non-Discrimination for program participants - **-** not to exceed 1 page (approximately 500 words single spaced).

**9.4a** Describe policies and practices implemented by the agency to support gender inclusion, race equity and non-discrimination

**9.4b** If applicable, identify training provided to or required of staff to support gender inclusion, race equity and non-discrimination

**9.4c** Identify greatest challenges the applicant has faced in efforts to align with gender inclusion, race equity and non-discrimination practices

**Section 10 – Organizational Capacity and Experience Narrative** - Please Answer and Attach as Separate Pages – at least 12 font – not to exceed 2 pages, approximately 1000 words single spaced

### The applicant should:

* demonstrate a history of assessing the needs of and providing services to low-income individuals/households who are homeless, formerly homeless or at risk of becoming homeless with an emphasis on activity in Orange, Osceola and Seminole Counties;
* describe experience of operating the renewal or similar projects, including performance outcome data from similar programs operated by the organization that shows the effects of the services provided;
* describe the program support that project staff will receive. Include title and experience of direct supervisors, number of persons supervised by direct supervisor, what support the supervisors will provide and description of supervisor’s other responsibilities;
* describe the federal, state, and/or local government grant experience and the current capacity of the organization and each person responsible for grant administration including program regulations and requirements, financial processing and billing, and data accuracy and reporting;
* indicate what, if any, capacity increases would be necessary if funding is awarded;
* describe the financial health of the organization.

1. [↑](#footnote-ref-1)