**2023 BRIGHTER DAYS FOR BRIGHTER FUTURES: YHDP RFA APPLICATION FORM**

# Instructions

**Preliminary Application Due by 11:59PM on JUNE 12, 2023.**

Please answer all questions to be considered for the Central Florida CoC’s YHDP New Project funding. Text boxes will expand as text is added, up to the indicated character limit. If a question does not apply to the project for which your agency is applying, please enter “N/A” into the text box.

Applications should be submitted via email to **application@hsncfl.org**

# A. Contact Information

Agency’s Legal Name:

Applicant d/b/a (if any):

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)( up to 100 characters):

Applicant Mailing Address:

Applicant Website (if any):

Federal EIN (Tax ID #):

Unique Entity Identifier (UEI):

|  |  |  |
| --- | --- | --- |
|  | **Primary Contact** **(For Purposes of this Application)** | **Secondary Contact** **(For Purposes of this Application)** |
| **Name** |       |       |
| **Title** |       |       |
| **Phone Number** |       |       |
| **E-mail Address** |       |       |

## Declaration by Authorized Representative

**ALL Applicants should carefully review RFA SECTION III: Important Information for Potential Sub-Recipients and SECTION IV: Eligibility Criteria to Apply to ensure your agency is aware of all requirements and is eligible to apply.**

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** |  |  |
|       |  | Enter a date. |
| **Printed Name and Title of Authorized Representative** |  | **Date** |

# **B. AGENCY Information & Threshold Questions**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1. Does your agency currently receive CoC funds?
 |[ ] [ ]
| 1. **Does your agency primarily serve youth/young adults?**
 |[ ] [ ]
| 1. **Does your agency have Articles of Incorporation and/or Certification of IRS tax exempt status and/or articles of incorporation in the case of non-tax-exempt agencies?**
 |[ ] [ ]
| 1. **Has your agency been in operation for at least 2 years?**
 |[ ] [ ]
| 1. **Is your agency registered and in good standing in the State of Florida based on up-to-date filing with the Secretary of State, Division of Corporations?**
 |[ ] [ ]

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:

1. **Any Audit Findings/Corrective Action for your last two audits?** ☐ Yes ☐ No ☐ N/A
If Yes, attach the response.
2. **Any Significant Non-Compliance for your last two audits?** ☐ Yes ☐ No
If Yes, explain:
3. **Does your agency have an outstanding state or federal unresolved findings?** ☐ Yes ☐ No ☐ N/A
If Yes, explain:
4. **Financial Accounting System of Record:**
	1. **What is the name of the Financial Accounting System of Record:**
	2. **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
	3. **If less than 5 years, what was the name of the previous Financial Accounting System of Record:**
5. **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:

1. **Please provide a general description of your organization, as well as the location of your offices and facilities involved in the program.** *(limit of 2000 characters)*

1. **Service Delivery Location**
2. Where will you provide the services to program participants?

Tip: “The Field” services would typically occur at the program participant’s home or shelter location, but may include other places frequented by the participant, including work, school or stores.

[ ]  The Field [ ]  Office [ ]  Other, please specify:

[ ]  N/A

1. 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% [ ]

1. 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)

1. **CoC FL-507-adopted Standards & Policies: Do you commit to follow the applicable CoC FL-507-adopted standards?**

☐ Yes ☐ No ☐ N/A, explain:

1. **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

1. **CoC Training**

**Will you require all Services staff, including supervisory and executive staff, to complete some form of the following core training, 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 &/or CoC Training Standards ☐ Yes ☐ No ☐ N/A

Other ☐ Yes ☐ No ☐ N/A

1. **Coordinated Entry System (CES) Referrals: Will your project take referrals exclusively from CES?**

☐ Yes ☐ No

1. **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

1. **Does the applicant have under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions?**
☐ Yes ☐ No
If Yes, ☐ Board of Directors ☐ Managerial Staff ☐ Other:
2. **Does the agency have procedures and/or policies demonstrating Gender Inclusion and Non-Discrimination for program participation?**
☐ Yes ☐ No
If Yes, please describe (500 characters or less).

# C. Housing First/Zero Barrier Approach

**Eligibility Chart**

Please read CoC FL-507 Requirements of a Housing First Approach to Program Operations – see links in the RFA. This chart is designed to assess whether you do or will place key identified restrictions or limitations on eligibility for your Project.

**General Tips:**

* 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.
* 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 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. |

# **D. Staffing/Budget Request**

1. **Please identify the position(s)/opportunity for which this application is being submitted by filling in the information requested in the table. You should use the “FL-507 YHDP RFA Budget Workbook” excel workbook for the amounts used in this table.**

| Opportunity/Position | Salary for FTE | # FTEs Requested | Total Amount Requested  |
| --- | --- | --- | --- |
| SSO Youth System Navigator Project | Enter project total here. |
| Navigation Case Manager (8 FTEs available) | $65,000/FTE | Choose an item. | Enter CM amount here. |
| Navigation Program Manager (1 FTE available, 0.25 FTEs can be requested for every 2 Case Managers) | $80,000/FTE($20,000 for 0.25 FTE) | Choose an item. | Enter PM amount here. |
| Admin | 5% | N/A | Enter admin amount here. |
| SSO Youth Housing Case Managers Project | Enter project total here. |
| Youth Housing Case Manager (8 FTEs available) | $65,000/FTE | Choose an item. | Enter CM amount here. |
| Youth Housing Program Manager(1 FTE available, 0.25 FTEs can be requested for every 2 Case Managers) | $80,000/FTE($20,000 for 0.25 FTE) | Choose an item. | Enter PM amount here. |
| Admin | 5% | N/A | Enter admin amount here. |
| SSO Drop-In Center & Outreach Project | Enter project total here. |
| Program Director (1 FTE available) | $90,000/FTE | Choose an item. | Enter PD amount here. |
| Housing/Resource Liaison (1 FTE available) | $65,000/FTE | Choose an item. | Enter Liaison amount here. |
| Peer Support (1 FTE available) | $62,000/FTE | Choose an item. | Enter Peer Support amount here. |
| Outreach Worker (1 FTE available) | $65,000/FTE | Choose an item. | Enter Outreach amount here. |
| Other:       | Enter salary amount here. | Enter # FTEs here. | Enter amount here. |
| Other:       | Enter salary amount here. | Enter # FTEs here. | Enter amount here. |
| Other:       | Enter salary amount here. | Enter # FTEs here. | Enter amount here. |
| Other:       | Enter salary amount here. | Enter # FTEs here. | Enter amount here. |
| Admin | 5% | N/A | Enter admin amount here. |
| SSO Host Home & Other Innovative Housing Strategies Project  | Enter project total here. |
| Host Home Project Manager (1 FTE available) | $85,000/FTE | Choose an item. | Enter PM amount here. |
| Host Home Trainer/Coach (1 FTE available) | $75,000/FTE | Choose an item. | Enter Trainer/Coach amount here. |
| Admin | 5% | N/A | Enter admin amount here. |
| Joint TH/RRH Project  | Enter project total here. |
| Operating FundsTargeted Bed Capacity:* Orange (East): 4 - 6 beds
* Orange (West): 4 - 6 beds
* Osceola: 5 - 7 beds
* Seminole County: 5 - 7 beds
* Downtown Orlando: 10 - 15 beds
 | Up to $400,000 | Beds:Enter # beds & location(s) here. | Enter Operating amount here. |
| Admin | 5% | N/A | Enter admin amount here. |
| TOTAL AMOUNT REQUESTED | Enter Total Requested here. |

1. **Please identify which counties your agency commits to serving (select all that apply). (3 points)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project | Orange | Osceola | Seminole | N/A |
| SSO Youth System Navigator Project | [ ]  | [ ]  | [ ]  | [ ]  |
| SSO Youth Housing Case Managers Project | [ ]  | [ ]  | [ ]  | [ ]  |
| SSO Drop-In Center & Outreach Project | [ ]  | [ ]  | [ ]  | [ ]  |
| SSO Host Home & Other Innovative Housing Strategies Project  |[ ] [ ] [ ] [ ]
| Joint TH/RRH Project |[ ] [ ] [ ] [ ]

1. **Match is 25% of the funds being requested and is required for the following projects: SSO Youth System Navigator Project, SSO Youth Housing Case Managers Project, SSO Host Home & Other Innovative Housing Strategies Project. If you are applying for one of those project types, please provide the amount of Match your agency will provide and describe the source of the Match and when you expect that source to be available. If not applicable, please write N/A in the text box. If applicable, please use the “FL-507 YHDP RFA Budget Workbook” to determine the amount of Match needed. (4 points)** *(limit of 1000 characters)*

# E. Application Questions

1. **Please state the mission and purpose of your organization and how it aligns with the YHDP Guiding Principles (the YHDP Guiding Principles can be found in the RFA). (4 points)** *(limit of 2000 characters)*

1. **Please describe your understanding of youth houselessness and why youth become houseless. (4 points)** *(limit of 2000 characters)*

1. **Please describe your agency’s experience in working with the following populations of youth and young adults experiencing houselessness or housing instability: (10 points)** *(limit of 3000 characters)*
	1. **Young adults and unaccompanied youth/minors (under age 18)**
	2. **Young people of color particularly BIPOC youth**
	3. **Young people who identify as LGBTQ+**
	4. **Young people living with disabilities (physical, developmental, cognitive, etc.)**
	5. **Pregnant and/or parenting young people**
	6. **All gender identities**
	7. **Sexually exploited young people**
	8. **Young immigrants or refugees**
	9. **Young people impacted by domestic violence**
	10. **Young people leaving the juvenile justice system or exiting out of foster care**

1. **Identify what your agency believes are priority areas in serving youth experiencing houselessness. (3 points)** *(limit of 2000 characters)*

1. **Describe how your agency will ensure that youth feel less isolated and disengaged. Please identify your strategies to assist youth and young adults to achieve social and community integration, including a plan for community integration. (5 points)** *(limit of 2000 characters)*

1. **Describe your plan and relevant experience in collaborating with other youth serving systems/organizations in Central Florida (education, child welfare, juvenile justice, mental, behavioral, and physical health, etc.). (4 points)** *(limit of 2000 characters)*

1. **Describe your plan and relevant experience in actively addressing systemic disparities that specifically affect youth who are BIPOC, LGBTQ+, have experience in the juvenile justice system, and/or have foster-care involvement. Provide specific strategies and activities to address these disparities. (5 points)** *(limit of 2000 characters)*

1. **Describe how your organization currently incorporates principles of Trauma Informed Care in its service delivery and operations. (4 points)** *(limit of 2000 characters)*

1. **Describe how your organization currently incorporates principles of Positive Youth Development framework in its service delivery and operations. (4 points)** *(limit of 2000 characters)*

1. **Describe any intentional strategies used by your agency to provide professional development and support to agency staff. Please provide examples. (4 points)** *(limit of 2000 characters)*

1. **Describe how staff wellbeing is prioritized at your agency. (3 points)** *(limit of 2000 characters)*

1. **Describe the program’s plan to connect YYA to mainstream resources, such as education, employment, health, and social programs for which they are eligible. Describe how the program will screen for eligibility, coordinate, and make referrals to mainstream resources and staff training on mainstream resources for youth. (5 points)** *(limit of 2000 characters)*

1. **Describe how your agency will recruit and maintain active Youth Advisory Board members with lived experience of houselessness. (6 points)** *(limit of 3000 characters)*
2. **How will they be included in program design, development, and implementation?**
3. **How will you prioritize and use youth voice to improve this program and the operations of your organization?**
4. **How do you compensate youth for their participation and collaboration?**

1. **Describe how the proposed program is innovative in its approaches and strategies to reach LGBTQ+ youth, pregnant and parenting youth, youth under 18, and BIPOC youth. (6 points)** *(limit of 2000 characters)*

1. **Please describe in detail who is/will be responsible for leading the program. Be sure to list their title and role on the program. (4 points)** *(limit of 1000 characters)*

1. **Describe your organization’s youth related outcome data within the past year. Outcome data should be quantitative and can include connections to mainstream supports such as employment, education, SOAR benefits, and health related services. (8 points)** *(limit of 2000 characters)*

1. **Data Outcomes from Existing Programs/Projects: Your agency must enter data outcomes from the last 2 years on any existing programs your agency operates that are similar to the projects/opportunities that your agency is applying for under this RFA. Please enter the data outcomes requested into the table below:**

| Outcome Metric | Outcome (If data is not available, please enter “DNC” for “Data Not Collected”) | Source(HMIS, Comparable Database, agency internal database, etc.) | PROGRAMS Describe the types of programs from which this data was gathered? |
| --- | --- | --- | --- |
| ALL PROJECT TYPES |
| YYAs served annually throughout the agency (# persons) | Enter # Persons | Enter source. | Enter program description. |
| YYAs served annually throughout the agency (# persons) | Enter # Persons | Enter source. | Enter program description. |
| SSO- Youth Housing Case Management |
| # exits to permanent placements 2022\* | Enter # Persons who exited to permanent housing | Enter source. | Enter program description. |
| % of exits to positive/permanent placements 2022\* | Enter % Persons who exited to permanent housing | Enter source. | Enter program description. |
| Housing search times 2022 (Average days from enrollment to move in) | Enter Average # of Days from Enrollment to Move In | Enter source. | Enter program description. |
| Returns to homelessness: Dec 31 2022, 2-year lookback | Enter # Persons who returned to homelessness | Enter source. | Enter program description. |

\*Please see Appendix A of this document for chart outlining the types of exit destinations that your agency may consider a permanent placement.

1. **Describe in detail the activities that will be provided under the proposed program(s). This should include: (30 points)** *(limit of 5000 characters for each project for which your agency is applying)*
2. **A description of services to be provided. (For TH project, please include the housing type in your description)**
3. **Collaborations in providing services and other relevant details about program implementation.**
4. **Include information regarding agency experience and how long the organization has provided each type of service described.**
5. **What are the outcomes and performance measures for this program?**
6. **Demonstrate how the program (s) will be low-barrier and how you will address barriers that could potentially jeopardize a young person’s housing stability (e.g., transportation, childcare, meeting basic needs, discrimination, etc.).**
7. **How does this project help the community meet the shared vision, goals and objectives of the coordinated community plan?**

**Response for SSO-Youth System Navigation Project:**

**Response for SSO-Youth Housing Case Management Project:**

**Response for Youth Drop-In Center & Outreach Project:**

**Response for Host Home and Other Innovative Housing Strategies Project:**

**Response for Management of TH/Crisis Housing to Rapid Rehousing (TH-RRH) Project:**

# Appendix A

The following table is taken from the “FY 2023 CoC APR and ESG CAPER HMIS Programming Specifications Version 1.2” document, available here: <https://www.hudexchange.info/resource/4696/hmis-programming-specifications/>. The green checked boxes indicate which exit destinations may be considered permanent placements/positive outcomes for each project type when you are providing outcome data from your agency’s existing programs. Please provide existing program data related to the project you are applying for, as follows:

* SSO-Youth System Navigation – use SSO (supportive services only)
* SSO-Youth Housing Case Management – use TH (transitional housing)/PH/SSO
* Youth Drop-In Center & Outreach – use SO (street outreach)
* Host Home and Other Innovative Housing Strategies – use SSO
* Management of TH/Crisis Housing to Rapid Rehousing (TH-RRH) – use ES (emergency shelter)/TH/ PH

If your program data is for something different from what you are applying for, please use the column that best matches the existing program(s).



1. [↑](#footnote-ref-1)