**Supportive Services Only Application**

**Deadline June 24, 2022**

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| Description |
| Supportive Services Only (SSOs) are a project type where YHDP funds only pay for services, not housing assistance.  PLEASE NOTE: the below three interventions are considered part of a healthy Coordinated Entry systems. Applicants applying for SSO projects should clearly articulate how the proposed project(s) will function as components of the Continuum of Care’s new Coordinated Entry system for youth and young adults either through an interagency Memorandum of Understanding (MOU) and through a clearly defined shared management structure should the same organization be awarded both the Supportive Service Only and Coordinated Entry grants.  **Outreach Services:** Community based outreach services identify young people experiencing unsheltered homelessness and help them access crisis and long-term housing.  An opportunity to proactively engage youth who are unsheltered, providing basic needs assistance, crisis intervention, case management and connections to necessary resources, including shelter & housing.  **Diversion Services:** Diversion offers services that help youth find alternate solutions to shelter/crisis housing or other housing.  Support offered at the front door of the system to assist youth in finding or maintaining safe & appropriate housing before entering an episode of homelessness. Diversion is a Housing Problem Solving technique that focuses on strategies to help young people identify housing options and avoid an episode of homelessness.  **Housing Navigation:** Supports offered to assist young people who are at risk of or experiencing literal homelessness, navigate complex systems, and provide direct support to youth in crisis as they engage with the coordinated entry system.  Our community prioritized up to $368,000 of our YHDP award for supportive services only. The projected annual number of YYA served is 339. The Continuum of Care (CoC) seeks applications from organizations willing to partner with Youth and Young Adults (YYA) to design and implement the supportive services. The RFP review committee will review and score applications, and the YAB and CoC Board will approve recommendations. |

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| Instructions |
| * **Please complete this application for Supportive Services Only proposal.** * **Proposals are due on June 24, 2022, by 5:00 pm. No late submissions will be accepted.** * **All Proposals must be submitted electronically by email to** [**chhsrfp@spokanecity.org**](mailto:chhsrfp@spokanecity.org) **before the due date and time.** |
| If you are partnering with another agency on this project, be sure to include this information in the Proposal Summary. Each agency in the partnership requesting funding must complete a separate application.  Please ensure the applications have the same project name. However, if partnering agencies are not requesting funding but will be included in the project implementation or design, they do not need to complete an application. |

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| Proposal Summary | |
| Organization Leadership Contact Information  Name:  Phone:  Email:  Mailing Address: | Organization Project Contact Information  Name:  Phone:  Email:  Mailing Address: |
| Submission Date: | |
| Project Title: | |
| Applicant Organization / Lead Organization: | |
| Partner Agency Name(s) (If Applicable): | |

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| Minimum Thresholds |
| 1. **Do you meet all minimum requirements outlined in NOFA?**   Yes  No |
| 1. **Do you agree to consult and collaborate with the Youth Action Board the CoC’s Youth Subcommittee, and CoC’s Policy and Procedures workgroup on implementation planning for the YHDP-funded project?** This may include:    1. Meeting with the Youth Action Board and/or YHDP workgroup to discuss project design or implementation.    2. Revising project design or implementation based on Youth Action Board and/or Youth Subcommittee workgroup input, as feasible within federal funding requirements; and/or    3. Reporting on project implementation to the Youth Action Board, Youth Subcommittee, workgroup and/or CoC’s Policy and Procedures workgroup.   Yes  No |
| 1. **Do you agree to participate in and comply with all requirements of the CoC’s Homeless Management Information System (HMIS)?**   Yes  No |
| 1. **Have you completed all application questions and submitted supplemental documentation?**   Yes  No |

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| Program Overview and Description |
| 1. **Provide a general description proposed Supportive Services Only program.** |
| 1000-character limit |
| 1. **Describe the target population that will be served by this project.** |
| * 1. Explain engagement efforts for YYA especially vulnerable to homelessness, including BIPOC YYA, under 18, pregnant or parenting, identify as LGBTQ, gender non-confirming, victims of sexual trafficking and exploitation, have been involved with juvenile justice, jail, or foster care. |
| 1000-character limit |
| 1. **Explain how this project will address unique and specific culturally based needs of YYA at-risk of and experiencing homelessness.** |
| 1000-character limit |
| 1. **Describe any partnerships with other services or agencies that will support program and service delivery. Include collaboration with the Youth Action Board and Youth Homelessness Subcommittee.** |
| 1000-character limit |
| 1. **Describe how this supportive services proposal will coordinate with other supportive services and housing programs for YYA experiencing homelessness** |
| * 1. Referrals & Linkages:Describe opportunities for innovative referrals and/or linkages to mainstream benefits and supportive services YYA accessing housing through this program.      1. Include how these will accommodate the unique needs of especially vulnerable YYA, including those who are of color, under 18, pregnant or parenting, identify as LGBTQ, have been involved with juvenile justice or foster care, or victims of sexual trafficking and exploitation. |
| 500-character limit |
| * 1. Describe how this program will determine the type of supportive services needed, including how they will be assisted with services to increase life skills, independence, and self-sufficiency. |
| 500-character limit |
| * 1. Describe the assessment and progressive engagement processes used to determine and provide the appropriate length and depth of services to meet the needs of individual YYA. |
| 500-character limit |
| 1. **Why would a YYA experiencing or at-risk of homelessness want to participate in the proposed supportive services?** |
| 1000-character limit |
| 1. **Describe the staffing model for the proposed project.**    1. **Include how you will hire and retain staff which reflect the demographics of YYA being served by the project, including establishing hiring preference for individuals with lived experience of YYA homelessness.**    2. **Include how staff will be trained in and demonstrate proficiency in Housing First, Trauma- Informed Care, Positive Youth Development, and Cultural Competency strategies and practices.**    3. **Describe how you will incorporate YYA voice in project staff hiring processes, establishing hiring preferences for individuals with lived experience being homeless** |
| 1000-character limit |
| 1. **Describe YYA leadership development and peer mentorship opportunities.** |
| 1000-character limit |
| 1. **To better serve the needs of YYA, describe how you will incorporate partnerships with other systems such as:**     1. **child welfare system**    2. **juvenile and adult corrections and probation**    3. **behavioral health providers**    4. **medical providers**    5. **community organizations**    6. **schools** |
| 1000-character limit |
| 1. **Describe how your project will ensure a smooth and successful transition for each YYA participant accessing supportive services and permanent housing options.** |
| 1000-character limit |
| 1. **Describe how projects will be inclusive to YYA with physical, intellectual, developmental, cognitive and/or behavioral health disabilities. Identify specific practices and policies designed to identify and remove barriers, that hamper YYA’s ability to have full participation in programs.** |
| 1000-character limit |
| 1. **Describe how supportive services will be accessible to YYA across Spokane County.** |
| 1000-character limit |

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| Commitment to YHDP Principles |
| 1. **Commitment to Equity** |
| * 1. Describe how your project will meet the needs of the following vulnerable and often overrepresented YYA experiencing homelessness:      1. BIPOC YYA      2. LGBTQIA+ YYA      3. Pregnant and parenting YYA      4. YYA with prior involvement in juvenile justice or foster care      5. YYA with disabilities      6. YYA survivors of sexual trafficking, exploitation, or domestic violence |
| 500-character limit |
| * 1. Describe the steps that you will take to address racial equity. |
| 500-character limit |
| * 1. Please identify any issues or limitations the agency may encounter and describe how services will be modified to meet the needs of these specific populations. |
| 500-character limit |
| 1. **Trauma Informed Care and Positive Youth Development** |
| Describe how trauma informed care and positive youth development principles will be incorporated into the supportive services. |
| * 1. Trauma Informed Care:      1000-character limit |
| * 1. Positive Youth Development:      1000-character limit |
| 1. **Commitment to Housing First** |
| * 1. Describe how you will use a “Housing First approach” in which assistance is offered and referrals made, including access to intensive, youth-focused case management and services. |
| 1000-character limit |
| 1. **Commitment to Youth Choice** |
| * 1. Describe how youth choice will be incorporated into case planning, in terms of the:      1. kind of housing options for YYA      2. extent and nature of supports and services they access      3. promotes presenting alternative options for youth who avoid programs with barriers like sobriety or abstinence. |
| 1000-character limit |
| 1. **Commitment to Individualized and Client Driven Supports** |
| Describe how supportive services will provide the flexibility to accommodate YYA with both high and low service needs, as well as the need for short-term or long-term supports. |
| 1000-character limit |
| 1. **Commitment to Social and Community Integration** |
| Describe how supportive services can offer meaningful opportunities for community involvement, engagement, and leadership for youth. |
| 500-character limit |
| Describe how programs will collaborate with community partners to assist YYA participants in building pro social relationships and connections. |
| 500-character limit |
| What strategies will be utilized to assist YYA in building a natural support system? |
| 500-character limit |
| 1. **Commitment to Meaningful Participant Engagement** |
| * 1. Describe how program will stay in contact with current and former participants. |
| 500-character limit |
| * 1. What flexibility will participants have to meet with program staff/case manager? |
| 500-character limit |

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| Homeless Crisis System Response |
| 1. **Collaborative relationships across systems:** |
| * 1. Identify key organizational partners and describe how you will collaborate with them to deliver this supportive services program for YYA at risk or experiencing homelessness in Spokane County. |
| 500-character limit |
| * 1. Describe how supportive services will collaborate with other services/housing programs to provide warm handoff referrals for YYA at risk or experiencing homelessness in Spokane County. |
| 500-character limit |
| 1. **How does the applicant ask for and incorporate participant feedback about services into the project design, policies, and/or procedures? Please provide examples.** |
| 1000-character limit |

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| Youth/Young Adult Leadership and Involvement |
| 1. **Describe plans, current practice, or experience of providing meaningful collaboration with YYA that have lived experience being homeless throughout the project planning, design, implementation, evaluation, and improvement.** |
| 1000-character limit |
| 1. **Describe how you will convey, in language, practice, and policy, the assets of young people and avoid framing their experiences based on individual deficits.** |
| 1000-character limit |

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| Alignment with the Coordinated Community Plan |
| In this section you will identify how the project will align with the HUD guiding principles and the shared vision, goals, strategies, and action steps outlined in the *City of Spokane/Spokane County CoC Coordinated Community Plan*. |
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| **Describe how your agency will meet the goals and objectives described in the Coordinated Community Plan.** |
| 1. Eliminate disproportionality in youth and young adult homelessness |
| 750-character limit |
| 1. Achieve functional zero for youth and young adult homelessness |
| 750-character limit |
| 1. Achieve the ACI Gold Standard in centering youth voices |
| 750-character limit |
| 1. Young people are supported as Whole Humans by the youth homelessness crisis response system |
| 750-character limit |

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| Project Performance and Evaluation |
| Applicants must complete and submit the applicable project Performance Table for the proposed project including targets during the performance period (please note: Year 1 funding is nine months, October 1 2022-June 30, 2023). The Performance Table must have an accompanying performance evaluation plan that details how the applicant will ensure that performance targets are achieved. |
| 1. Applicants are required to continuously monitor the effectiveness, efficiency, relevance, and sustainability of their projects through targeted and feasible performance evaluations. Please outline an evaluation plan that details how the applicant will continually ensure that project performance meets or exceeds the standards for the performance measures outlined by the City of Spokane. Evaluation plans should address the following: statistical information to be review for the proposed project; the project philosophy and service delivery standards; the applicant’s prior experience with the intervention type, project, and/or client population; prior evaluations of the project’s performance; and the involvement/empowerment of clients in project design, evaluation and/or decision-making, volunteering, mentoring others, etc. |
| 1. How does the applicant ensure quality data collection, data entry, and reporting for homeless services programs in the Homeless Management Information System (HMIS)? If the proposed project is not currently participating in HMIS, describe the applicant’s plan for increasing the applicant’s capacity to quickly begin collecting and entering data. Describe any factors that may affect the quality of the proposed project’s HMIS data during the award period. |
| 1. Please describe the applicant’s experience with long-term performance measurement and change. Provide an example of program change the applicant has made that was informed by data. Describe briefly (a) how the problem was identified, (b) what steps were taken to make the improvement, and (c) the measurable impacts of these changes. The example may come from HMIS as well as other sources of data such as participant feedback and staff observations. If possible, provide examples that show how you use different kinds of data. |

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| Budget Narrative |
| **Applicants will be required to complete and submit a Detailed Budget Workbook which outlines the total annual budget for the first 12-months of operations of the proposed project (inclusive of all funding sources).** |
| The Detailed Budget Workbook must have an accompanying budget narrative and justification that provides, in detail, the total amount for implementation of the project your organization is proposing. If multiple agencies will be partnering on this proposal, provide a cost breakdown of the expenses that will be incurred by each individual agency. |
| 1. Does the applicant have other committed sources of funding that will support the sustainability of this program? If so, please detail the source and the terms for when the funds will be available for this project. |
| 1. Describe what the applicant is doing to attract, develop, and leverage a variety of financial, volunteer, and other in-kind resources to support this project. |
| 1. Will this award be used as match for Continuum of Care (CoC) grant funding? |
| Yes  No |
| *If yes, please identify the CoC grant(s) by their grant number, along with the annual required match amount for each grant: Click or tap here to enter text.* |
| 1. In the supplemental budget workbook narrative, please explain how the requested funds will be used to support the participants served by this project. For each line item listed with a dollar figure (except expense category subtotals), provide a brief narrative detailing: (a) how the item relates to the proposed service and (b) the method used to determine the cost. The budget narrative should be laid out in the same format relative to the budget categories as provided in the budget worksheet and provide information regarding the basis of estimation for each line item, including reference to sources used to substantiate the cost estimate (e.g. organization’s policy, payroll document, and vendor quotes, etc.). |
| 1. If the budget includes indirect costs, please provide an explanation of the proposed indirect cost method. |