

# 2024 Continuum of Care Competition

## Request for Proposal Form – NEW

### Fall River Continuum of Care MA-515

Please submit your Proposal for a new or renewal project application for housing and services for the homeless to Mary D. Camara, Coordinator of Homeless Programs, Fall River Community Development Agency by 4:00 p.m. EDT, Friday, August 30, 2024 at [mdcamara@fallriverma.gov](mailto:mdcamara@fallriverma.gov). Letters of Intent are not acceptable for the FY2024 NOFO process.

Agency Information	
Legal Name of Applicant Agency:	
Physical Address:	
Mailing Address:	
Agency UEI (12 digits, from SAM.gov):	
Tax ID or EIN:	
Agency Contact Person:	
	Title:
	Email:
	Phone:
	Fax:

Project Information	
Project Name:	
Project Location (physical address or if scattered-site, write “scattered site”):	
Project Contact Person:	
	Title:
	Email:
	Phone:
	Fax:
<input type="checkbox"/> Bonus <input type="checkbox"/> Reallocation <input type="checkbox"/> Domestic Violence Bonus	
<input type="checkbox"/> Permanent Supportive Housing (PH-PSH)	<input type="checkbox"/> Rapid Rehousing (PH-RRH)
<input type="checkbox"/> Rapid Rehousing (PH-RRH)	<input type="checkbox"/> Joint Transitional Housing/Rapid Rehousing (TH/PH-RRH)
<input type="checkbox"/> Joint Transitional Housing/Rapid Rehousing (TH/PH-RRH)	<input type="checkbox"/> SSO-CE (Coordinated Entry)

NOTE: Funding for new projects may come from either CoC Bonus funding, Reallocation, a combination of CoC Bonus funding and Reallocation or DV Bonus funding. New projects seeking funding through the DV Bonus must be dedicated to survivors of domestic violence, dating violence, sexual assault or stalking as defined at 24 CFR 578.3 Definition for Homeless, paragraph (4) and as defined in the NOFO.

**NEW PROJECT**

New Proposed Budget Total:	\$ _____
# of Proposed Units: _____	# of Proposed Beds: _____

**Project Narratives**

1. Is there a need within the Fall River CoC for the project you are proposing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES: Please provide a brief description of the proposed project and data/evidence that demonstrates both the need and how the proposed project will meet that need.	

2. Will the project have 100% dedicated beds for chronically homeless individuals and/or families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

3. Will the project be operated using the Housing First model?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES: Briefly identify if there are any circumstances which would lead to your tenant's removal from the program (e.g. failure to participate in supportive services, failure to make progress on a service plan, loss of income or failure to improve income, being a victim of domestic violence or other activity not covered in a typical lease agreement).	
If NO: Briefly describe why the proposed program will not use a Housing First approach.	

4. Has your agency experienced any monitoring/audit findings reported by FRCDA or any other entity, i.e., internal contracted auditors, another funding entity within the past two calendar years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES: Briefly discuss what issues have existed (findings, unspent balances, inability to invoice for financial expenditures in a timely manner, or failure to consistently submit all required reporting on a timely basis), what circumstances arose that caused them, how the agency responded/is responding, and what steps are being taken to ensure full compliance going forward.</p>	

5. Will the proposed project fully connect with public/private healthcare organizations to assist program participants receive primary care, housing related services and obtain medical insurance consistent with the NOFO?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES: Briefly identify with whom such coordination will be undertaken and when it is anticipated to start and provide a description of the nature of the healthcare collaboration and the extent to which it benefits program participants.</p> <p>If NO: Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward collaboration with a healthcare partner.</p>	

6. Does the agency engage People With Lived Experience (PWLE), including involving them in informing programming and policy-making?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES: Briefly identify the level of involvement those with lived experience have in shaping policy and program administration.</p> <p>If NO: Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward empowering those with lived experience within the project and authentically listening and acting upon their suggestions.</p>	

7. Has the agency, specific to the project, intentionally and effectively instituted racial equity and/or equity initiatives including efforts to obtain input and include historically marginalized populations when identifying any barriers to participation faced by such persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES: Briefly describe what the agency has done, the breadth of its efforts and its relatedness to the project. Please discuss whether this is agency-wide, program-specific, related to staff, and/or related to service delivery, barriers, etc.</p> <p>If NO: Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers in order to ensure racial equity and equity for historically marginalized populations.</p>	

8. How has your agency, in operating this project, authentically reached out to LGBTQ+ community and/or ensured that LGBTQ+ individuals and/or families receive supportive services and housing free from discrimination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency have an anti-discrimination policy that expressly prohibits such discrimination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly discuss your response.	

**Fiscal Information**

Do you anticipate having unexpended funds at the expiration date of your current contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had unexpended funds at the expiration of grant terms in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES: Briefly identify why funding was returned discussing how that will change in the coming grant cycle if the proposed renewal is funded.	

**Match Information**

Prior to grant execution, a signed letter(s) on agency letterhead is required detailing the source and amount of the required 25% match for this project and identifying whether the Match source is cash or in-kind. The 25% Match applies to the entire project grant except Leasing.

If the source is cash, written documentation should be provided on the source agency's letterhead, signed, and dated by an authorized representative, and, at a minimum, should include the following:

1. Amount of cash to be provided to the recipient for the project;
2. Specific date the cash will be made available;
3. The actual grant and fiscal year to which the cash match will be contributed;
4. Time period during which funding will be available; and
5. Allowable activities to be funded by the cash match.

If in-kind services are included as a match, a Memorandum of Understanding is required with a third party to establish unconditional commitment to provide a service, the specific service to be provided, the profession of the persons providing the service, and the hourly cost of the service to be provided.

**Assurances**

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

- Applicant agrees to complete the HUD Project Application forms with the same information as contained in this application unless the Performance Review Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant.
- Applicant agrees to participate fully in the Fall River Continuum of Care’s Homeless Management Information System (HMIS) or comparable database for DV projects.

- Applicant understands that HUD CoC-funded homeless projects are monitored by the Fall River Community Development Agency as the CoC Lead and the Department of Housing and Urban Development. This can include an annual site visit and most recent audited financial statement.
- Applicant must comply with all reporting requirements as set by the Department of Housing and Urban Development and the Fall River Community Development Agency.

If awarded funding, the applicant agrees to inform the Fall River Community Development Agency when the following occurs:

- Changes to an existing project, such as unit configurations or budget revisions;
- Organization has staff turnover in the CoC-funded project; and
- Issues with Match requirements.

Signature of Authorized Representative:	
Printed Name:	
Title:	
Date:	

**Submission**

Please submit your Proposal for a new or renewal project application for housing and services for the homeless to Mary D. Camara, Coordinator of Homeless Programs, Fall River Community Development Agency by 4:00 p.m. EDT, Friday, August 30, 2024 at [mdcamara@fallriverma.gov](mailto:mdcamara@fallriverma.gov). Letters of Intent are not acceptable for the FY2024 NOFO process.