

Commission on Homelessness for Volusia & Flagler Counties

**Contract Application – Challenge Grant  
Volusia Flagler County Coalition for the Homeless**

**BACKGROUND**

The Volusia Flagler County Coalition for the Homeless receives funds from the U.S. Department of Housing and Urban Development via the Department of Children and Families (DCF) to implement activities eligible under the Challenge Grant. Challenge Grant funding shall be used locally to assist those individuals or households who are homeless, or those at risk of becoming homeless. The funds may be used to assist those clients with an Annual Median Income (AMI) of up to fifty percent (50%). The intent of the grant is to help to implement the local homeless assistance plan, and to help the community reach the goals and objectives outlined in the CoC plan.

In accordance with the **2016 CHALLENGE Application**, the Department of Children and Families Office on Homelessness has awarded the Volusia County Coalition for the Homeless a 3-year contract for: 11/1/16 through 6/30/17, 7/1/17 through 6/30/18, 7/1/18 through 6/30/19.

**This document outlines the solicitation process for agencies to apply for funding during year-three, 7/1/18 to 6/30/19 of the current 3-year contract.**

The full DCF Challenge Grant Solicitation can be found here:

[http://www.myflorida.com/apps/vbs/vbs\\_www.ad\\_r2.view\\_ad?advertisement\\_key\\_num=126343](http://www.myflorida.com/apps/vbs/vbs_www.ad_r2.view_ad?advertisement_key_num=126343)  
or <http://vbs.dms.state.fl.us/vbs/main-menu> or [www.state.fl.us/homelessness](http://www.state.fl.us/homelessness) or under Notices and Announcements at [www.vfcontinuum.org](http://www.vfcontinuum.org).

<b>2018 CHALLENGE GRANT DETAILS</b>	
<b>Solicitation Documents</b>	The 2018 Challenge Grant Timeline and Schedule, listing important dates and information relative to this grant competition are available under “Notices and Announcements” at <a href="http://www.vfcontinuum.org">www.vfcontinuum.org</a>
<b>Application Deadline</b>	The deadline for submitting a local application is <b>April 9, 2018 by 12:00 PM (Noon)</b>
<b>Application Method</b>	All applications must be submitted online through CommunityForce at <a href="https://uwvfc.communityforce.com/Login">https://uwvfc.communityforce.com/Login</a>
<b>Eligibility</b>	Only organizations that successfully completed the 2018 Letter of Intent Process will be invited to submit a Full Application.
<b>Available Funds</b>	Maximum available to agencies to apply for \$189,605
<b>Funding Period</b>	One (1) year beginning July 1, 2018 and ending June 30, 2019. All deliverables must be completed, and all funds must be expended no later than 6/30/19.
<b>Match and Leverage</b>	All CHALLENGE proposals must document a 100%, dollar-for-dollar, cash MATCH set forth Section 420.622 of the Florida Statutes.
<b>Eligible Activities and Expenditures</b>	<ol style="list-style-type: none"><li>1. Case Management</li><li>2. Housing Specialist</li><li>3. Housing Facilities Operations</li><li>4. Rent/utility, Security Deposits and Moving Costs</li><li>5. Client Support</li></ol>

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<b>2018 CHALLENGE GRANT DETAILS</b>	
<b>Ineligible Costs</b>	<ol style="list-style-type: none"><li>1. Any capital improvements of the respondent's owned, leased or licensed property, including remodeling or facility adaptation</li><li>2. Vehicle use, purchase, lease, maintenance, or repair</li><li>3. Out of state travel</li><li>4. Purchase or lease of equipment over \$1,000.00 aggregate; and</li><li>5. Funding to support across the board pay raises for respondents' employees</li><li>6. Supplanting of funds received through other sources</li></ol>

**Proposal Requirements**

**I. Agency/Organization**

A.1. Describe the agency's experience in administering public funds. **NARRATIVE, 500 words**

A.2. Describe your agency's qualifications and experience providing the proposed services, including the number of years your agency has provided same/similar services. **NARRATIVE, 250 words**

**II. Agency Competencies and Experience**

B.1. Describe the qualifications and experience of all personnel who will work on the proposed program. **NARRATIVE, 250 words**

**B.1.a. UPLOAD ATTACHMENTS: Job Descriptions and Resumes for all positions working on the proposed project.**

B.2. Describe your agency's past performance providing same/similar services including formal documentation of success (accreditation, awards and recognition) and a summary of all monitoring by program funders for the last three years. Describe any corrective action you have had to take based on a monitoring report. If you have had negative monitoring findings, describe any loss or suspension of funding. **NARRATIVE, 500 words**

**B.2.a. UPLOAD ATTACHMENTS: All monitoring reports for same/similar program for the last 3 years including related corrective action plans and documentation of the resolution of all issues noted.**

B.3. Describe the stability of your organization regarding the history and frequency of staff turnover in all staff positions for the last five years. **NARRATIVE, 250 words**

**B.3.a. UPLOAD ATTACHMENTS: Documentation of staff positions, turnover and number of years of services for each position.**

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**III. Service Delivery Plan (SDP)**

C.1. Provide a detailed narrative that describes the proposed activities and services to be provided and how these services shall meet the needs of homeless families with children, homeless individuals and homeless veterans. **NARRATIVE, 500 words**

C.2. Describe how the proposed activities contribute to the progress toward one or more goals set out in the Commission on Homelessness 2017-2022 Strategic Plan found at [www.vfcontinuum.org](http://www.vfcontinuum.org) and/or the Federal Strategy to Prevent and End Homelessness (<https://www.onecpd.info/resource/1796/opening-doors-federal-strategic-plan-to-prevent-end-homelessness-2010/>). **NARRATIVE, 500 words**

C.3. Describe the identified need of the population and geographic region to be served (unsheltered or street homeless, chronic homeless, homeless veterans, families, or youth, etc.). **NARRATIVE, 250 words**

C.4. Provide the numbers of individuals or households to be served in **each identified category of allowable services**. Describe how often a family can apply and receive assistance, and the limit on the number of times a family will be assisted. **NARRATIVE, 250 words**

C.5. Specify the outcomes and/or performance measures of the program and explain how the measures are the best indicators of success for the population. **NARRATIVE, 250 words**

C.6. Describe how your agency will utilize coordinated entry to assist with the identification and enrollment of eligible participants into the program. **NARRATIVE, 250 words**

C.7. Describe the maximum level of direct financial assistance to be provided to an eligible household under the grant award, as well as the estimated average cost per family served. **NARRATIVE, 250 words**

C.8. Specify how the agency will maintain documentation for each participant in case files (i.e. documentation of family's eligibility for assistance, progress tracking, updates on participant information etc.). **NARRATIVE, 250 words**

C.9. In the case of the denial of assistance, describe the process by which the family can appeal the decision. **NARRATIVE, 250 words**

C.10. Describe how your organization will track the assisted household's housing status following termination of assistance provided under the grant award; and **NARRATIVE, 250 words**

C.11. Describe how the program will connect the family to other services and benefits they may need and be eligible to receive. **NARRATIVE, 250 words**

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**IV. Collaboration**

The proposed service delivery plan should include the Coordinated Entry process and a description of the process the Respondent will use to partner with multiple agencies to collaboratively provide homelessness prevention and homeless services.

D.1. Describe your proposed development of a structure that demonstrates experience and/or capacity in working within the coordinated entry system and multiple service delivery agencies.

**NARRATIVE, 500 words**

D.2. (Continuum of Care Participation) Describe the participation of your agency's staff in the CoC, including leadership roles with the Commission on Homeless and committee participation.

**NARRATIVE, 250 words**

**V. HMIS**

E.1. Describe the agency's experience with the Homeless Management Information System and/or collecting and using data on services provided to meet outcome and/or performance measures.

**E.1.a. UPLOAD ATTACHMENTS:**

**Provide the most recent CAPER/Client Served Report submission for CHALLENGE component executed along with copies of timely drawdown submission and year-end report submitted to DCF.**

**OR**

**If NOT a prior CHALLENGE grantee, provide documentation of ability to implement a program and collect outcome measurement data (i.e. documentation of timely financial drawdown, formative and summative evaluation reports, etc.)**

**VI. Budget and Narrative**

F.1. Provide a detailed proposed budget narrative that clearly describes salaries, operating costs and direct service budgets. **NARRATIVE, 250 words**

F.2. If subcontracting any funds, note the anticipated subcontractors and describe the specific terms of each subcontract. **NARRATIVE, 250 words**

F.3. Describe the amount and sources of required leverage funding. **NARRATIVE, 250 words**

**F.4. UPLOAD ATTACHMENTS: Provide a detailed budget on the provided DCF Budget Form**

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**Application responses must be submitted by 12:00 p.m. (Noon) April 9, 2018 via the CommunityForce website: [uwvfc.communityforce.org](http://uwvfc.communityforce.org)**

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**Appendices (for reference only)**

**1. Program Need:**

Challenge Grant funding shall be used locally to assist those individuals or households who are homeless, or those at risk of becoming homeless. The funds may be used to assist those clients with an Annual Median Income (AMI) of up to fifty percent (50%). The intent of the grant is to help to implement the local homeless assistance plan, and to help the community reach the goals and objectives outlined in the CoC plan.

In addition, the state grant is intended to be used in concert with the private funding contributed to local homeless service agencies to address the needs of the persons who are homeless in the planning area.

The overall goal of the grant is to use the Challenge Grant to partner with local agencies to reduce homelessness in Florida.

The grant recipient shall evaluate the success of the grant award using the performance measures described in section 2.1.4 of the 2016 Challenge Grant solicitation LPZ22.

- **Implementation of the CoC Plan.**  
The lead agency shall evaluate the effectiveness of the grant to further the CoC plan, including the extent to which the grant accomplished plan objectives or actions steps, or resolved unmet needs specified in the plan.
- **“Planned versus actual services Provided”:** The Evaluation shall compare the proposed numbers of homeless persons to be served by the grant funded ACTIVITY to the actual numbers served by activity.
- Challenge Grant applications must present as **PROJECT Based** versus funding based.
- Necessary to capture the associated performance measures associated with the challenge grant specific to the Challenge grant in HMIS!

**DCF CHALLENGE GRANTS MATCH**

- 100% match, cash or in-kind, required
- No explicit requirements but the typical expectations apply:
- Recordkeeping to support match – Within the grant period –
- Related to the project funded
- Note: Because the Challenge Grant flows through the CoC lead agencies, the local RFP should be consulted for CoC-specific requirements

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**2. Allowable uses:**

Case Management

- Salaries, fringe and health insurance.
- To implement SSI/SSDI
- Outreach,
- Recovery (SOAR)
- To support existing case management for transitional housing

New / Existing Housing Specialist

- Salaries, fringe and health insurance.
- Assist homeless families on the street or in Emergency Shelter/Transitional housing to locate affordable housing

Housing Facilities Operations

- Fund insurance, utilities, telephone/cable, pest control, grounds and building maintenance costs
- For new and existing family emergency shelter beds
- Existing transitional housing beds

Rent/utility, Security Deposits and Moving Costs

- To fund expenses for chronically homeless/homeless families and individuals to move from the street, emergency shelter and transitional housing programs to permanent housing

Client Support

- To assist homeless individuals and families on the street and in emergency shelter and transitional housing programs moving to permanent housing with expenses including child care, cribs, transportation, food/meals, clothing, uniforms, emergency medical, vision, and dental, education, furniture, bedding, linens, mattress covers, kitchen items and supplies, and pest control.