

***Please note that these are the questions to the application for you to review and prepare. You will need to insert your responses and apply through the eCivis portal. We will not accept paper copies of the application. Once the application goes “live” you can submit an application by accessing the following website under “RIHOU-Department of Housing”:**
[Funding Opportunities - Find a Grant Opportunity in Rhode Island \(ri.gov\)](#)

Questions for NEW projects ONLY:

Organization Name:

Project Name:

Project contact person: *(person responsible for implementing the program)*

Contact Person Email Address:

Collaborating Organization/s:

Location of project and services:

Amount of Request:

Total Project Cost:

Check Program Type:

A. Emergency Shelter (Deadline #1)

a. Shelter type: Individual, Family, DV shelter, and other: specify

b. Fill in the following information:

Participants	Number of beds	Number of Units
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Unaccompanied

Women

Unaccompanied Men

Single Parent

Families

Two Parent Families

Adult Couples

without Children

TOTAL:

B. Street Outreach (Deadline #1)

C. Rapid Rehousing/State Rental Assistance (Deadline #1)

___ Total Number of Units to be Provided

___ # of Project Based Units

___ # of Scattered Site Units

D. Housing Problem Solving: (Deadline #1)

a. Diversion

b. Homeless Prevention

c. Rapid Exit/Rapid Resolution

- B. Supportive Services Only (Deadline #1)**
- C. System-wide and Systems Projects (Deadline #1)**
- D. Warming Center (Deadline #2)**
- E. Temporary Seasonal Shelters (Deadline #2)**
- F. Permanent Shelter expansion (Deadline #2)**

1. **Scope of Services:** Provide a description of your project. What services will you provide? What distinguishes your project from other programs providing similar services? (**word count limit: 550 words**)
 - a. *For shelter expansion projects only:* Please describe the following: (1) the proposed scope of renovations or facility improvements (if applicable); (2) the proposed plan for food, sanitation, security, and services; and (3) the layout of the shelter facility, including information about sleeping areas, bathrooms, common areas, kitchens, etc.
2. **Need for project:** Please share any additional information regarding the need for the project (e.g., based on recent data demonstrating the need) and how this project addresses the identified need. (**word count limit: 350 words**)
3. **Population to serve:**
 - a. Briefly describe the population you will serve and whether there are any focuses regarding the characteristics of the clients. Examples may include chronically homeless, transitional-aged youth (ages 18-24), unaccompanied youth, victims of domestic violence, veterans, LGBTQ+, other populations, etc. If more than one population is to be served, please specify the number of units, beds, or resources that will be set aside for each population. Please explain whether there are particular communities and/or regions that you propose to serve or focus on.
 - b. Projected # of Households to be Served over the course of the initial contract period:
 - c. Projected # of Unduplicated Individuals (adults and children) to be Served over the course of the initial contract period:
4. **Staffing Plan:** Identify agency personnel who will be directly involved in implementing the program, describe their specific role in implementing the project and their relevant experience.
5. **Project timeline:** Please provide a detailed timeline for this project. Demonstrate how you will successfully implement the project within the initial contract period. *For any projects that involve hiring new staff:* please include this in your timeline.

- a. For expanded shelter projects only (as applicable):* For expanded shelter projects only (as applicable): Please also include the timeline related to facility use and improvements. This may include (1) securing site use or control (e.g., through lease agreements, due diligence, purchase, and sale agreements, financial closings, etc); (2) any relevant construction, including design, pricing/bid documents, and construction/renovation; and (3) project startup. Please be clear about when construction is expected to start and be completed and when the project is anticipated to begin serving clients.

6. **Experience and Performance:** What experience does your organization have conducting the type of work proposed in this application? Explain any past successes or challenges. If your organization has not conducted this type of work before, explain your organization's relevant experience/qualifications?

7. **Principles of Service Delivery:**
 - a. **How will this project contribute to decreasing unsheltered homelessness?** The CHFP seeks partnership from communities and vendors to reduce unsheltered homelessness and address the needs of vulnerable and special populations as they are identified. The CHFP acknowledges that there are multiple ways communities and vendors can partner in addressing unsheltered homelessness. Please describe the specific steps you will take to advance this important goal through this project/program. If applicable, please describe how your project will reduce unsheltered homelessness during this winter. Please see RFP Section V for examples of instances that may apply.

 - b. **How will this project emphasize housing-oriented and permanent solutions?** Where possible, the CHFP encourages partners to prioritize housing-oriented and permanent solutions. Such solutions may include approaches involving emergency measures such as shelters, and warming centers designed to evolve into permanent housing or to be co-developed with permanent housing.

 - c. **How will this project deliver high-quality, client-oriented approaches?**

 - d. **What steps will program staff take to ensure that individuals and families successfully transition out of homelessness and into permanent housing?**

 - e. **Harm reduction:** please describe whether and/or how you will implement harm reduction services as part of your project.

 - f. **Client-to-staff ratio:** how many clients do you propose will be working with each staff member on-site?

g. What efforts are you taking to reduce barriers to accessing shelter? (Shelter projects only)

8. **HMIS:** Projects must use and enter all data into H.M.I.S. Describe your staffing plan and other measures you will take to ensure your project will comply with H.M.I.S./comparable database participation and reporting requirements.
9. **CES:** Most projects are required to use and comply with the RI Coordinated Entry System. Describe your plan to fill vacant program slots.
10. **Data sharing and collaboration:** Within appropriate parameters regarding the preservation of individual client confidentiality as necessary, do you agree to participate in case conferencing and share data in service of our collective clients and in support of our common mission – for example, in the context of dialogue regarding best practices and brainstorming regarding community solutions as well as for the purpose of case conferencing? (Y/N)
11. **Proposed goals and outcomes:** For the initial contract period, please identify 2 specific, measurable, and achievable goals based on the performance metrics specified in the RFP that you propose to focus on. Please describe your current state (as applicable), your goal, and the concrete steps you will take to reach your goal(s). Examples you may wish to focus on include reducing the length of stay in shelter or increasing the number of positive outcomes your clients achieve, among others. Please include quantitative data and targets, where possible. Please ensure your goals and outcomes align with the performance measures in section VIII of the RFP.
12. **Potential for partial funding.** If your program does not receive the full amount of funding requested, please identify the cost of key subcomponents and the minimum amount necessary for financial viability. Please explain the implications a reduction in funding will have on the project scope and budget.
13. **Mainstream and healthcare resources:**
 - a. Has the applicant team successfully billed for Medicaid or an alternative healthcare source for eligible services costs? (Y/N)
 - b. What steps are you taking to increase utilization of mainstream and healthcare funding opportunities (e.g., billing for Medicaid Housing Stability Services, etc.)? For applicants who have not yet billed for Medicaid, please describe the steps you are taking to become eligible and the date you anticipate being able to start billing Medicaid and the date you anticipate being able to start billing other mainstream funding sources like Medicaid.
 - c. For the third quarter of the program year (July 2024-September 2024), please indicate the percentage of service costs that the project proposes to be funded by Medicaid or an alternative healthcare source. Proposed seasonal projects may designate any quarter of the project.

14. **Matching funds.** Certain funding sources require matching funds.
- d. Describe the dollar amount and sources of match that your program can provide. Sources may include federal, state, local, private foundation funds, other non-profit sources, or program income.
 - e. Total amount of matching funds identified.
 - f. Matching funds as a percentage of requested funds.
15. **Project sustainability:** How does your organization plan to continue the operation of this project in the future? What steps are you taking to reduce/control costs in future years (e.g., by acquiring rather than leasing sites) and/or identify alternative funding sources?

Additional Information

- a. Please provide any other information relevant to the evaluation of your project.