



HOME – ARP Application (Submission only online via ZoomGrants).

Non – Congregate Shelter

Application:

A. Agency Experience

1. Is your organization a culturally responsive or culturally specific service provider/developer?
2. Tell us about your agency’s history, experience, interest, and current work you do as it relates to operating shelters or similar facilities for the qualifying populations listed:
 - a. **Homelessness**, as defined in 24 CFR 91.5 Homeless (1), (2), (3).
 - b. **At Risk of Homelessness**, as defined in 24 CFR 91.5.
 - c. **Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking**, as defined by HUD Notice CPD-21-10.
 - d. **Other populations**, as defined by HUD Notice CPD-21-10.
3. Subrecipients are required to report to Homeless Management Information System (HMIS). Enumerate in detail your organization’s prior experience with current Homeless Management Information System (HMIS) standards.
 - a. Please provide a description of the staff experience and expertise with HMIS.
 - b. How do you use client data to improve your service delivery?
 - c. How do you use client data to address inequities in access, quality and outcomes of your services?
4. Does your organization utilize a Housing First approach? If so, please enumerate in detail specifically how your organization utilizes a Housing First approach.
5. Subrecipients are required to use Coordinated Entry to refer eligible individuals and households and will be expanded to include all four qualifying populations or will be supplemented by other referral agencies to permit applications from all four qualifying populations. Eligible individuals and households will be referred on a first come-first-serve basis. Does your organization use Coordinated Entry? If no, what are the plans of your organization to fulfill this requirement?
6. What is your program’s current or proposed service model? How do you involve people experiencing homelessness in your service model development? What changes have or would you make to develop and/or operate in a non-congregate setting?
7. Describe in detail your organization’s proposed program staffing, including the experience of key staff members, and support the proposed level of staffing and resources needed to operate the non-congregate shelter program effectively (excludes volunteers, board members, and consultants).
 - a. How have you increased diversity in the leadership of your organization?
 - b. How have you recruited, developed, and retained diverse staff from the community representative of specific cultures and languages to effectively service the intended population?
8. Provide a detailed description of the developer’s experience related directly to the development of non-congregate shelters or other similar facilities.



- a. The developer/project manager must clearly demonstrate that he or she has experience in and can administer a federal grant program and complying with the regulations under that program. *Upload resume for Developer/PM to the documents tab.*
9. Describe your organization's activities and portfolio, including projects currently underway.
10. Explain how your agency promotes racial equity and inclusion for marginalized populations.
 - a. Please describe how you will ensure an environment that is welcoming to Black, Indigenous, Latino/a/x/e, Asian, Pacific Islanders, and immigrant and refugee households within your proposed non-congregate shelter project?
 - b. How has your organization developed culturally specific and/or culturally responsive models of service delivery?
 - c. Please describe your organization's recruitment, hiring and promotion strategies have you implemented to attract and retain culturally diverse staff. What results have you seen?

B. Project Description

1. HOME-ARP funds may be used to acquire and/or rehabilitate or construct HOME-ARP NCS units to serve qualifying populations. Please select intended use of funds.
 1. Acquire and/or Rehabilitate Non-Congregate Shelter
 2. Construction of Non-Congregate Shelter
2. Please indicate the use of NCS during the restrictive use period:
 1. Remain as HOME-ARP NCS in compliance with requirements of this Notice.
 2. Be converted to permanent affordable housing after the minimum use period according to established in Section VI.E11 of this the implementation notice.
3. Please provide a thorough description of proposed project, including location/address, type of project, type of construction/rehabilitation/acquisition, qualifying population to be served, total number of units/beds, description of surrounding neighborhood (including access to public transportation and local community services), any wrap around or support services proposed, and any other relevant information.
4. While Washington County does not intend to give preference to a specific qualified population or subpopulation. Please indicate if the project will provide preference to, prioritize, or otherwise limit tenancy participation to a specific population.
 1. Indicate which HOME-ARP Qualifying Populations will be served by your non-congregate shelter project:
5. For acquisition-only projects and projects with any level of rehabilitation, a Capital Needs Assessment (CNA) will be required. *Does your organization currently have or will it have a CNA available that includes the following:*
 - d. *The expected remaining useful life of major systems upon completion of the acquisition or rehabilitation period of the HOME-ARP rehabilitation. Major systems include structural support, roofing, cladding, weatherproofing, plumbing, electrical, and HVAC.*



- e. *A schedule for replacement of major systems and their components during the minimum compliance period.*
- f. *An estimate of the full cost of replacing major systems and their components whose useful life will end during the minimum compliance period.*
6. Please describe activities and strategies the Project plans to implement that reduce barriers to accessing non-congregate shelters. List strategies to reduce barriers to accessing and maintaining tenancy or housing.
7. How have you engaged the local community in selecting this site and developing this project? What strategies have you used to assure equitable community engagement? Describe community support for this project (e.g., individual neighbors, faith organizations, small businesses, neighborhood associations, other nonprofits and agencies, local government, and advocacy groups).
8. Provide an overview of the property management and asset management systems of your organization.

C. Financials

1. HOME – ARP funds **may not** be used to pay the operating cost of HOME - ARP Non – Congregate Shelters (NCS). Consequently, applicants must consider the availability of ongoing operating funds for the HOME-ARP NCS so that the HOME-ARP NCS can remain viable through the restricted use period specified by the HUD Notice CPD-21-10. Please describe how the ongoing operating costs will be funded, throughout the projects restricted use period.
2. If there is a gap in operating budget, please submit a plan for securing additional private, local, state, or Federal funding sufficient for successful operation of the project.
3. What is the impact on the Operations Budget and on Services should funding for the Services be lost? Is there an alternative strategy that can be implemented in order to continue providing the Services?
4. Describe past federal funds this organization has managed (HUD or other departments).

D. Project Readiness:

1. Washington County is requiring applicants to have a site selected for either acquisition/development/rehabilitation. If not under contract, an executed letter of intent is mandatory by December 31st, 2023. Does your organization have a site selected? If so, please provide status of site control.
2. Can your non-congregate shelter project be completed, with funds fully expended, and all Washington County reimbursement requests being processed within 4 years of commitment agreement?
 1. Provide a detailed construction schedule containing the projects milestones, activities, and deliverables.
3. If available, please provide all architectural plans and renderings that been completed for your non-congregate shelter facility.
4. Does the project meet current local zoning and land use requirements?
 1. If not, what steps will need to be taken to proceed with project development.



5. Will the funding associated with this RFP be sufficient to allow for your organization's non-congregate shelter project to be fully completed? (*HOME-ARP funded Projects not completed within 4 years of commitment will be terminated and HOME-ARP funding must be repaid to HUD. Washington County may rescind reservations for Projects that do not meet program deadlines*).
 1. For Acquisition-Only Activity: Will your organization have the ability to fully expend the HOME-ARP funds within 6 months of a written agreement (commitment)?
 2. For Rehabilitation or Construction (with or without Acquisition): Will your organization have the ability to fully start rehabilitation/construction within 12 months of a written agreement (commitment)?
6. If Davis-Bacon Wage Rate apply to your project, provide a short answer how you incorporated this expense into your Project Development Budgets and financing details.
7. Describe how you will partner with program residents, as well as community members, and/or other agencies to execute the proposed program areas(s). What role will NCS residents have in planning, implementation, and evaluating your work?

E. Racial Equity

1. Describe how your agency supports and empowers low-income Black, Indigenous, Latino/a/x/e, Asian, Pacific Islanders, and immigrant and refugee households who have historically experienced systemic oppression.
2. Describe how your agency supports and empowers people living with disabilities, survivors of domestic violence, people living with substance use disorder, co-occurring disorders, people with criminal records, and/or people with limited English proficiency who have historically experienced systemic oppression.
3. Explain the successes and challenges you have had or anticipate having while providing cultural and linguistically appropriate services to diverse communities. How has your agency grown and adapted over time to best meet the racial and cultural diversity within Washington County?
 1. How does your organization provide language access services, including interpretation and translation services?
4. Please share the metrics you use to demonstrate your agency has become more culturally responsive.
5. Please share the metrics you use to demonstrate racial equity in access, quality and outcomes of services you provide.

F. MWESB

1. For Rehabilitation/Construction of NCS units: Washington County is requiring participants/applicants to seek COBID and non-COBID MWESB/SDVBE professional firms to increase the participation level of minority owned businesses in its construction project to meet Washington County MWESB/SDVBE goal. Washington County has a **30 percent COBID/Non-COBID firm goal of total construction costs** for projects funded by HOME-ARP resources and is established based on availability.



1. In detail, describe the selection process for selecting a General Contractor for the project.
2. Identify owners MWESB COBID certified and non-certified firm participating goal according to the project's region and how the goal was determined.
 1. Include what percentage of the construction cost (including Architect, Engineering, Attorney) participation goal your organization/developer has committed towards MWESB owned subcontractors.
 2. Provide how percentage were determined.
3. Outline the steps the construction team will take to achieve the owner's MWESB participation goals for the subcontractors and suppliers.
 1. Include what steps will be taken in ensuring the best outcome to meet the developer's commitment to its participation goals.
 2. Explain how both the general contractor and the developer will ensure solicitation to the COBID and non-COBID construction community. For example, where will bid opportunities be publicized, what minority owned, women owned, veterans/service-disabled veteran owned, and emerging small businesses communities will be contacted.
4. If available, please provide a summary of the general contractor's profile and team member demographics.
 1. Include if the general contractor is a MWESB contractor or COBID member.
 2. Provide demographics of the general contractor's staff and team members.
5. Provide details for the general contractor's history of advancing diversity, and inclusion working with MWESB subcontractors, staff and apprentices in affordable housing projects (list any classes, seminars, or programs attended). Include an outline of how the general contractor has ensured MWESB subcontractor diversity and inclusion within the last 3 years (outreach, projects, partnerships and collaborations).

G. Non-Profit Capacity Building

1. Washington County has allocated a percentage of HOME-ARP funds for organizational capacity building. Will your organization be applying for those funds? If so, please describe the request. *Funds must not exceed the greater of 50 percent of the general operating expenses of the organization, as described in notice CPD-21-10, for the fiscal year or \$50,000. If applying for both operating assistance and capacity building assistance in any fiscal year, the aggregate total amount of assistance the organization may receive is the greater of 50 percent of the organization's total operating expenses for that fiscal year or \$75,000.*
2. Please include: What was the organization's total operating budget in the 2023-2024 fiscal year?
3. What percent of your Total Operating Budget does this HOME-ARP request represent?



4. Describe staffing arrangements and the current source of financing for the ongoing operation and maintenance of the proposed program or project. Indicate whether the expertise is available in-house or must be acquired.
 1. Name and title of designated Project Manager/Case Manager.
The Project Manager/Case Manager must clearly demonstrate that he or she has experience in and is capable of administering a federal grant program & complying with the regulations under that program. Include resume for PM and key staffs an attachment on doc tab.
 2. How have you increased diversity in the leadership of your organization?
 3. How have you recruited, developed, and retained diverse staff from the community representative of specific cultures and languages to effectively service the intended population?
5. How many staff persons will have time dedicated (in part or in full) to this supportive services project and what is the role of each staff person relative to the project? Please provide a description of the staff experience and expertise with HMIS. If available, upload a demographic summary of the project team as well as job descriptions for each staff person that will be paid with funding awarded in this application.

H. Non-Profit Operating

1. Washington County has allocated a percentage of HOME-ARP funds for organizational operating cost. Will your organization be applying for those funds? If so, please describe the request. *Funds must not exceed the greater of 50 percent of the general operating expenses of the organization, as described in notice CPD-21-10, for the fiscal year or \$50,000. If applying for both operating assistance and capacity building assistance in any fiscal year, the aggregate total amount of assistance the organization may receive is the greater of 50 percent of the organization's total operating expenses for that fiscal year or \$75,000.*
2. Please include: What was the organization's total operating budget in the 2023-2024 fiscal year?
3. What percent of your Total Operating Budget does this HOME-ARP request represent?

Supportive Services: (Submission only online via ZoomGrants).

A. Agency Experience

1. Is your organization a culturally responsive or culturally specific service provider/developer?
2. Tell us about your agency's history, experience, interest, and current work you do as it relates to Supportive Services for the mentioned qualifying populations listed (Homelessness; At Risk of Homelessness; Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking; Other populations).
 - a. Please include experience with supportive services providing homeless prevention services in the form of financial assistance: payment of rental arrears, short-term rental, utility allowance, or similar assistance.
 - b. How long has the organization been in existence?
3. How long has the organization offered services to low/moderate income persons and persons or families who are homeless, at risk of homelessness, or in other vulnerable populations?
4. How have you increased diversity in the leadership of your organization? How have you recruited, developed, and retained diverse staff from the community representative of specific cultures and languages to effectively service the intended population?
5. Please describe your organization's recruitment, hiring and promotion strategies have you implemented to attract and retain culturally diverse staff. What results have you seen?
6. If you currently provide homelessness prevention services, provide the total number of clients served and describe the type of clients who received assistance from **July 1, 2022, through July 1, 2023**
7. Please describe your organization's experience with case management. What are the demographics (including but not limited to race, ethnicity, and language) of your case management staff as compared to the demographics of the clients to whom your organization has provided case management services.
8. If available, how many households has your agency assisted with short-and medium-term rental assistance over the last five years who remained stably housed for at least 12 months subsequent to assistance (please provide that data disaggregated, at a minimum, by race, ethnicity, language)?
9. Subrecipients are required to use Coordinated Entry to refer eligible individuals and households, which will be expanded to include all four qualifying populations or will be supplemented by other referral agencies to permit applications from all four qualifying populations. Eligible individuals and households will be referred on a first come-first-serve basis.
 - a. *Does your organization use Coordinated Entry? If not, what are the plans of your organization to fulfill this requirement?*

B. Project

1. HOME-ARP Supportive Services funds may be used to provide homeless prevention services in the form of Utility Payments, Payment of Rental Arrears and Short-term



financial assistance for rent to serve qualifying populations. Please select intended use of funds.

- i. Utility Payments
 - ii. Payment of Rental Arrears
 - iii. Short-term Financial Assistance for Rent
2. Describe if and how the HOME-ARP Supportive Services funds further other local plan priorities/goals/initiatives. *Please explain and reference.*
3. Describe the degree of need or severity of a problem that will be addressed by the project. What are the consequences if the project is not funded?
4. Please provide a brief description of the proposed project, target population to be served, and a preliminary estimate of the number of homeless, at risk of homelessness, or other vulnerable populations persons to be served.
5. Explain how the project supports the self-sufficiency of clients. *Consider the effectiveness or success rate of your program or project in its ability to empower individuals and families and help them gain or regain self-sufficiency. Provide outcome measures employed by the program, if any.*
6. Programs are more successful at affecting change when they utilize a social and racial justice lens when creating and refining their service activities. Evidence of this could include proactively targeting known racial or ethnic disparities in the community, working to ensure the program's employees represent the clients they are serving, and encouraging historically marginalized populations and/or clients to take on leadership roles within the organization. *Please explain your organization's past success with advancing social and racial justice, how you measure success, and what strategies you will deploy in this project is funded. This question is rated.*

C. Service Area

1. Please describe the Service Area of your organization and the ease of access to your organization's location. (i.e. address, does project serve clients throughout all of Washington County).

D. Target Population

1. *How do collect demographic data (including, but not limited to, race, ethnicity and language) on the populations and subpopulations you serve? How do you use that data to meet the cultural and linguistic needs of those populations and subpopulations?*
2. While Washington County does not intend to give preference to a specific qualified population or subpopulation. *Please indicate if the supportive services will provide preference to, prioritize, or otherwise limit services participation to a specific population.*
 - i. *If the project prioritizes clients, describe how and why.*
3. Are there any special conditions or criteria an individual or household must meet before receiving assistance? (other than HOME-ARP requirements). *Describe how these criteria are supported by best practices.*
4. Specify the total unduplicated number of households who will be served by the supportive services during the time period for which HOME-ARP funds will be used. Only



include those households are directly served by this project. *The number of households to be served by this project must represent an UNDUPLICATED count.*

E. Data and Fiscal Management

1. Subrecipients are required to report to Homeless Management information System (HMIS) or comparable database. Enumerate in detail your organization's prior experience with current Homeless Management Information System (HMIS) standards (or similar reporting system).
 - a. Please provide a description of the staff experience and expertise with HMIS.
2. Does your organization utilize a Housing First approach? If so, please enumerate in detail specially how your organization utilizes a Housing First approach.
3. Does your agency have an existing rental assistance program? If so, how is it currently funded and operationalized and how long has this program been in operation? *Please submit your program policies and procedures for the program.*
4. Describe how your agency manages finances, including any financial systems you use. Are you financially able to provide services and submit invoices/vouchers for reimbursement in a timely manner?
5. Describe your experience meeting reporting requirements for state, local, and/or federally funded programs.
6. This is a two-part question. 1). Provide a general statement of financial assets and resources at sponsor's disposal. 2). Provide a brief description of general administrative as well as budgetary performance of organization, including any problems the agency/locality has encountered over the past three years.
7. List funders for the last two years and describe type and frequency of monitoring, as well as any findings, and the resolution of those findings.

F. Accessibility

1. Please describe how you will ensure clients' access to the services. Consider how the services are delivered to ensure ADA accessibility (physical limitations, hearing/visual impairments, ASL interpretation, facility access, etc.)
2. What outreach methods will be used? How do you tailor outreach methods to people with limited literacy? *Describe how the project will be accessed by the target population.* how will clients access services?
3. How does your agency use the centralized intake/Community Connect to serve people? If agency does not use Community Connect, is agency willing to get registered and use it if selected?
4. If you currently have a rent assistance program, what documentation do you require? How long does it take to process an application and get assistance to the household (payment to the landlord)?

G. Coordination

1. Demonstrate how your organization works with other agencies in the area to provide services to clients, both in an effort to reduce duplication of efforts and to provide the best type of support for the success of these clients.



2. Explain how the agency assesses households' housing stability of all program participants prior to ending rent/financial assistance.

H. Racial Equity

1. Describe how your agency supports and empowers low-income Black, Indigenous, Latino/a/x/e, Asian, Pacific Islanders, and immigrant and refugee households who have historically experienced systemic oppression.
2. Describe how your agency supports and empowers people living with disabilities, survivors of domestic violence, people living with substance use disorder, co-occurring disorders, people with criminal records, and/or people with limited English proficiency who have historically experienced systemic oppression.
3. Explain the successes and challenges you have had or anticipate having while providing cultural and linguistically appropriate services to diverse communities. How has your agency grown and adapted over time to best meet the racial and cultural diversity within Washington County?
 - i. How does your organization provide language access services, including interpretation and translation services?
4. Please share the metrics you use to demonstrate your agency has become more culturally responsive. Please share the metrics you use to demonstrate racial equity in access, quality and outcomes of services you provide.

I. Non-Profit Capacity Building

1. Washington County has allocated a percentage of HOME-ARP funds for organizational capacity building. Will your organization be applying for those funds? If so, please describe the request. *Funds must not exceed the greater of 50 percent of the general operating expenses of the organization, as described in notice CPD-21-10, for the fiscal year or \$50,000. If applying for both operating assistance and capacity building assistance in any fiscal year, the aggregate total amount of assistance the organization may receive is the greater of 50 percent of the organization's total operating expenses for that fiscal year or \$75,000.*
2. Please include: What was the organization's total operating budget in the 2023-2024 fiscal year?
3. What percent of your Total Operating Budget does this HOME-ARP request represent?
4. Describe staffing arrangements and the current source of financing for the ongoing operation and maintenance of the proposed program or project. Indicate whether the expertise is available in-house or must be acquired.
 - i. Name and title of designated Project Manager/Case Manager.
The Project Manager/Case Manager must clearly demonstrate that he or she has experience in and is capable of administering a federal grant program & complying with the regulations under that program. Include resume for PM and key staffs an attachment on doc tab.
5. How many staff persons will have time dedicated (in part or in full) to this supportive services project and what is the role of each staff person relative to the project? Please provide a description of the staff experience and expertise with HMIS. Please upload job



descriptions for each staff person that will be paid with funding awarded in this application.

J. Non-Profit Operating

1. Washington County has allocated a percentage of HOME-ARP funds for organizational operating cost. Will your organization be applying for those funds? If so, please describe the request. *Funds must not exceed the greater of 50 percent of the general operating expenses of the organization, as described in notice CPD-21-10, for the fiscal year or \$50,000. If applying for both operating assistance and capacity building assistance in any fiscal year, the aggregate total amount of assistance the organization may receive is the greater of 50 percent of the organization's total operating expenses for that fiscal year or \$75,000.*
2. Please include: What was the organization's total operating budget in the 2023-2024 fiscal year?
3. What percent of your Total Operating Budget does this HOME-ARP request represent?



Documents Requested

- Acquisition or development budget
- Construction Timeline
- Letters of Support
- List of Board Members and their affiliations
- Board resolution authorizing HOME-ARP application
- Documentation of agency's current non-profit status (IRS 501(c)(3) letter, registration number, and/or State Department of Commerce Registration)
- Most recent audit report of financial statements
- Location Map and a site plan of proposed non-congregate shelter facility.
 - The Location map and/or site plan needs to show the proposed non-congregate shelter facility in relationship to the nearest transportation/city bus line.
- Map of project site
- Photo of Site Location
- Phase I Environmental Assessment (If Available)
- Architectural drawings (Site Plan & Rendering)
- Construction cost estimate
- Zoning letter confirming conformance with local zoning codes
- Certification of No Choice Limiting Action
- Capital Needs Assessment (Acquisition and Rehabilitation or Rehabilitation only)
- Legal Description