The proposal must address the following in no more than 25 pages (single-spaced, 11pt Calibri font, 1” margins).

**YHDP DIVERSION & KINSHIP PROJECT APPLICATION**

## 1. Basic Applicant Information

**1A: Subrecipient Agency (Applicant).** MOHS, the Collaborative Applicant for the Baltimore City CoC, will release funds to a subrecipient agency. Provide the following agency information:

|  |  |
| --- | --- |
| Name |  |
| Employer Identification Number (EIN) |  |
| DUNS Number |  |
| Address  |  |
| Mailing Address (City, State, Zip) |  |
| Phone Number |  |

**1B: Proposal Contact Person.** Identify a primary contact person at your agency for questions about the proposal and/or notifications regarding the proposal process.

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email Address |  |
| Phone Number |  |

**1C: Partner Subrecipient Agency.** Identify a primary contact person for each partner subrecipient, if any, who are involved with your application.

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email Address |  |
| Phone Number |  |

**1D: Project(s).**

|  |  |
| --- | --- |
| Project Name |  |
| Site Address |  |
| Project Type  | Supportive Services Only  |

**1E: Budget.** Complete the below information outlining the requested funds. We encourage for applicants to pursue the full award amount. Please note the full award is subject to change based on the grant award from HUD.

|  |  |
| --- | --- |
| **Description**  | **Budget Request** |
| YHDP Funds Requested (total anticipated funds available **$397,804**) |  |
| Other Project Funds (including any cash Match Funds) |  |
| Total Project Budget |  |
| Annual Agency Budget |  |

## 2. Interest and Understanding of Project

**2A:** Using a strength-based framework, describe the special needs and solutions presented by homelessness for unaccompanied youth and young adults. Explain why your agency is interested in and committed to serving this population. This section should link the project activities to the mission and vision of your agency.

Click or tap here to enter text.

## 3. Agency Experience and Capacity

**3A: Financial Experience.** Describe your agency’s experience and capacity with managing federal funding.

* Include the number of projects you are currently operating that receive federal funding (project name and federal program).
* Describe how your agency leverages other Federal, State, local, or private sector funds. If you do not manage federal funding, please describe any other experience managing public and private funding.
* Describe your ability to submit monthly cost reimbursement invoices and to meet program expenses in advance of reimbursement.

Click or tap here to enter text.

**3B: Financial Management.** Describe your agency’s basic organization and management structure. Include evidence of internal and external coordination and an adequate financial accounting system.

Click or tap here to enter text.

**3C: Performance.** Describe your agency’s experience and past performance in developing and implementing programs and services, including housing, supportive services, and/or referral services, especially to unaccompanied YYA at-risk of and experiencing homelessness.

* Describe how you identify specific culturally-based needs of populations and modify the way in which services are made accessible (language, location, delivery style) to those who are especially vulnerable and have the highest barriers accessing assistance.
* Include your agency’s experience documenting homelessness according to HUD’s defining “homeless” rule ([HUD’s Determining Youth Status Quick Guide](https://files.hudexchange.info/resources/documents/Determining-Homeless-Status-of-Youth.pdf)) and utilizing HMIS and Coordinated Entry.
* Include any previous participation and compliance with Housing Inventory Count (HIC), Point-in- Time (PIT) Count, and/or Annual Performance Reports (APRs).

Click or tap here to enter text.

**3D: Staff Experience.** Describe the qualifications and experience of staff who provide direct services to YYA at-risk of and experiencing homelessness. Include training staff receive (i.e. cultural competency and progressive engagement) and efforts for conducting self-assessments.

Click or tap here to enter text.

**3E: Collaboration.** Describe examples of past organizational collaboration with other providers or agencies in Baltimore City, as well as your knowledge of community partners and resources serving unaccompanied YYA.

Click or tap here to enter text.

## 4. Project Design

**4A: Population Focus.** Describe the target population that will be served by this project.

* In particular, explain how your efforts will engage those who are especially vulnerable, including YYA who are of color, under 18, pregnant or parenting, identify as LGBTQ+, victims of sexual trafficking and exploitation, or have been involved with juvenile justice, jail, or foster care.
* Describe the process of recruitment and the eligibility criteria that will be used to determine project participation.

Click or tap here to enter text.

**4B: Design.** Describe the services that will be provided through this project, including the type, scale, and location.

* Explain how this project will address unique and specific culturally-based needs of YYA at-risk of and experiencing homelessness.
* Describe any partnerships with other services or agencies that will support program and service delivery.
* Include how the project will connect participants to host homes or kinship care.
* How will participants quickly move into the project? Include incorporation of YYA choice in housing placements.
* How will full capacity be achieved over the course of two years? Include the number YYA projected to be served by each component annually.
* How will you ensure there will be no delay in services to project participants?
* Include collaboration with the Youth Action Board and Youth Homelessness Action Committee.

Click or tap here to enter text.

**4C: Data Collection.** Describe how participant progress and program performance will be monitored and measured. Include the following:

* Average number of days between enrollment and record entry
* Average number of days between exit and record exit

Describe how the following will be monitored and reported:

* % of program participants that will exit to permanent housing, which may include reunification with family through navigator services
* How the project will have a positive impact on decreasing the number of youths returning to homelessness?
* How the project will have a positive impact on decreasing the number of days youth experience homelessness?

Describe how the following will be monitored and reported:

* % of participants who will transition to host home or kinship housing
* % of participants who will exit to/maintain permanent housing
* % of persons who will increase their total income (from all sources, including benefits) at program exit
* % of persons who will increase their earned income (i.e., employment income) at program exit

Click or tap here to enter text.

**4D: Staffing.** Describe the quantity and descriptions of staff (FTE/PTE) proposed for project, including standards and any specific expertise that will be required or if any existing staff positions will be leveraged.

* Include how you will hire and retain staff which reflect the demographics of YYA being served by the project.
* 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.

Click or tap here to enter text.

**4E: Supportive Service Type and Frequency.** Describe the range of housing problem solving activities and supportive services that will be included in the project design for YYA, including who will provide the service, how YYA will access the service, and how often the service will be provided.

Click or tap here to enter text.

Please identify the list of housing problem solving activities that will occur in this project (may select more than one)

☐ Housing search assistance

☐ Case management, including connecting to community services and supports

☐ Conflict resolution or family mediation

☐ Landlord-tenant mediation or tenant legal

☐ Utility or security deposits

☐ One-time moving assistance

☐ Rental application fees

☐ Utility or rental arrears

☐ other

|  |  |  |
| --- | --- | --- |
| **Supportive Service** | **Provider** | **Frequency (Daily, Weekly, Bi-monthly, Monthly, Annually, As Needed)** |
| Outreach Services |  |  |
| Assessment of Service Needs |  |  |
| Assistance with Moving Costs |  |  |
| Housing Search/ Counseling Services |  |  |
| Utility Deposits |  |  |
| Food |  |  |
| Case Management |  |  |
| Child Care |  |  |
| Education Services |  |  |
| Employment Assistance/Job Training |  |  |
| Legal Services |  |  |
| Life Skills |  |  |
| Health Services |  |  |
| Mental Health Services |  |  |
| Substance Abuse Treatment Services |  |  |
| Transportation |  |  |

**4F: Referrals & Linkages:** Describe opportunities for innovative referrals and/or linkages to mainstream benefits and supportive services (listed above) for project participants. 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.

* Include the method for determining the type of supportive services needed by project participants, including how they will be assisted with services to increase life skills, independence, and self-sufficiency.
* Describe the assessment processes that you will utilize to determine and provide the appropriate length and depth of services to meet the needs of individual YYA.

Click or tap here to enter text.

**4G: System Collaboration.** Describe how you will incorporate specific partnerships with other systems such as the child welfare system, juvenile and adult corrections and probation, and schools to better serve YYA unique needs.

Click or tap here to enter text.

**4H: Transition Planning.** Describe how your project will ensure a smooth and successful transition for each YYA participant entering into the program and/or service and exiting into the next program and/or sustainable permanent housing.

Click or tap here to enter text.

**4I: Accessibility.** Describe how project will be accessible to YYA across the City. Include outreach efforts made and how the project will participate in Coordinated Entry (Baltimore City’s Coordinated Access System). What roles and responsibilities will your project and staff fulfill as part of Coordinated Access? What specific strategies will you use to accelerate housing placements through Coordinated Access?

Click or tap here to enter text.

## 5. Youth Involvement and Leadership

**5A: Youth Involvement in Decision-Making.** Describe how you will incorporate meaningful collaboration with YYA that have lived experience of homelessness throughout the project planning, design, implementation, and evaluation. Describe any current or past experience of this nature.

Click or tap here to enter text.

**5B: Youth Staffing.** Describe how you will incorporate YYA voice in project staff hiring processes, establishing hiring preferences for individuals with lived experience being homeless, and YYA leadership development and peer mentorship opportunities. Describe any current or past experience of this nature.

Click or tap here to enter text.

**5C: Youth Assets and Strengths.** Describe how you will convey, in language, practice, and policy, the assets of young people and avoid framing their experiences based on individual deficits.

Click or tap here to enter text.

## 6. 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 *Baltimore City Coordinated Community Plan*.

**6A: Goals and Activities.** Describe how your agency already contributes to the *Baltimore City Coordinated Community Plan* and how your project implementation will further contribute to both plans.

Click or tap here to enter text.

**6B. Guiding Principles.** Describe how your agency embodies these principles and how you envision they will be incorporated into your project design and implementation. While projects will be expected to adhere to all guiding principles, for the purposes of this proposal, applicants should select five of the following to describe (must include Principles 1, 2, and 3):

Click or tap here to enter text.

## 7. Implementation Plan

**7A: Timeline.** Provide a timeline for project implementation and include proposed project milestones. Note: Project will start October 1, 2021 (however you may indicate what steps your agency will take to ramp up before the start date)

|  |  |
| --- | --- |
| **Project Milestone** | **Dates for Milestone (MM/YYYY)** |
| [FILL IN AS NECESSARY] |  |
| Staff hiring complete |  |
| Staff training complete |  |
| Project Enrollment Start Date |  |
| Supportive services begin  |  |
| Enrollment in supportive services near 100% capacity |  |

**7B: Continuous Quality Improvement.** Describe how you will incorporate a process for Continuous Quality Improvement and monitoring measurable outcomes and performance. This must include how you will assess the project’s impact on the goals of the *Baltimore City Coordinated Community Plan* and must include specific descriptions of how you will engage YYA being served in project, the Youth Action Board, and the Youth Homelessness Action Committee.

Click or tap here to enter text.

**7C: Budget Narrative.** Complete one (1) Project Budget Workbook (Excel) and attach to project application. The budget is outlined with instructions in Appendix B of the RFP.

* Budgets should be complete, thorough, and accurate, including a specific description of each cost in order to demonstrate that the costs are reasonable, well-supported, and justified.
* Budgets should include estimated costs of HMIS, supportive services, and staff (FTE/PTE) proposed.
* Budgets should also include all other financial resources to be used in the project to demonstrate that there are sufficient resources to support the successful implementation of the project, including the in-kind and/or external resources used to meet the required 25% match.

## 8. Authorization

**8A:** Please read and sign the below statement:

**Authorized Signature of Applicant:** To the best of my knowledge and belief, all information in this local application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding. By signing below, I hereby certify that the agency does not have any outstanding monitoring or audit findings from any federal, state, or local entity. I also agree that, if awarded funding as a subrecipient, I allow MOHS, as the collaborative applicant, to become the recipient of grant funds.

Signature of Authorized Representative:

Typed Name: Date Signed:

Title:

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