

**Homeless Crisis Response Program (HCRP) -  
Rapid Rehousing and Homelessness Prevention Projects**

**Request for Proposals**

**Program Summary:**

The Homeless Crisis Response Program (HCRP) is an Ohio Development Services Agency (ODSA) funded grant program for which the Board of Stark County Commissioner's Office is the biannual recipient. This program is designed to assist individuals and families from all areas of Stark County, outside of the City of Canton, quickly maintain and/or regain stability in permanent housing after experiencing a housing crisis that has placed them at risk of homelessness or has resulted in literal homelessness. The program requirements facilitate coordination at the state and local levels to utilize all available resources, consult closely with the jurisdiction's Continuum of Care, and to ensure projects awarded as sub recipients of the Stark County Commissioners are performing well, filling a need identified within the local homeless system and are recommended by the local Continuum of Care as a priority project for HCRP funding.

**Funding Priorities for PY2018:**

Funding priorities for HCRP are determined by the Homeless Continuum of Care of Stark County (HCCSC) and driven by ODSA. While Homelessness Prevention and Rapid Re-Housing projects are both eligible project types, priority will be given to Rapid Re-Housing projects in the PY2018 application. Homelessness Prevention projects applying should be targeting those with highest needs and most likely to enter homelessness as determined by the HCCSC Coordinated Entry System. Agencies applying for funding must meet threshold criteria required for administering federal and state grants, which include agreement to abide by all local HCCSC policies and procedures for Homeless Management Information System (HMIS) and Coordinated Entry System (CES).

## **Applicant Information**

Name of Organization:

Mailing Address:

Contact Person (*This is the person who will receive all grant-related information, i.e. correspondence, telephone calls, e-mails, etc.*):

Name:

Title:

Telephone:

Fax:

E-Mail:

## **Threshold Criteria**

### **1. HEARTH Act, HMIS and Coordinated Entry System Compliance Agreement**

*\*Please certify with initials in each box indicating that your agency has read and agrees to abide by all of the following Emergency Solutions Grant requirements:*

- Overview of HUD federal regulations for the Emergency Solutions Grants Program  
<https://www.hudexchange.info/programs/esg/esg-requirements/>
- HEARTH Act: Emergency Solutions Grants Program Regulations  
[https://www.hudexchange.info/resources/documents/HEARTH\\_ESGInterimRule&ConPlanConformingAmendments.pdf](https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf)
- Homeless Management Information System Policies and Procedures E.1-E.6  
<http://starkcountyhomeless.org/>
- Coordinated Entry System Policies & Procedures D.1-D.6  
<http://starkcountyhomeless.org/>

*Only Victim Service Agencies can opt out of participation in HMIS and CES but must maintain a separate and comparable data system that captures all HMIS data elements while maintaining participant security standards for victim service agencies. Victim Service Agencies will be required to submit quarterly performance outcomes from an internal data base.*

Is your agency a Victim Service Provider as defined by the EGS Interim Rule 576.2: “A private non-profit organization whose primary mission is to provide services to victims of domestic violence, dating violence, a sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelter, domestic violence transitional housing programs and other programs.”

Yes     No

## 2. Compliance with Homeless Definitions

There are two eligible project components and different eligible activities within each of those components. Each component is restricted to certain homeless definitions for eligibility of participants. In the charts below, please indicate which component and activity type you are applying for.

<input type="checkbox"/>	<b>Homeless Prevention - Serving At Imminent Risk/At Risk of Homelessness (per HEARTH Act Interim Final Rule definition) ONLY</b>				
<input type="checkbox"/>	Housing Relocation & Stabilization Financial Assistance	<input type="checkbox"/>	Rental Assistance		

<input type="checkbox"/>	<b>Rapid Re-Housing- Serving Category 1 and 4 Homeless (per HEARTH Act Interim Final Rule definition) ONLY</b>				
<input type="checkbox"/>	Housing Relocation & Stabilization Financial Assistance	<input type="checkbox"/>	Rental Assistance		

Describe how your agency will ensure and document compliance with HUD's definition of either At Imminent Risk/At Risk of Homelessness or Category 1 or 4 Homelessness as applicable to the project type. (max. characters 700) *Note: Only projects that serve qualifying participants are eligible for funding consideration.*

### **3. Experience & Capacity to Administer an HCRP Grant**

Has your agency had previous experience with administering federal and/or state grants (not only HCRP)?

Yes  No

\*If yes, please list federal/state program, year of funding, project(s) funded and amount(s) awarded. (max. characters 500)

\*If you answered yes above, was your organization ever required to pay back funds, in violation of regulations, unresolved findings, etc.?

Yes     No

\*If yes, indicate the dates and actions cited. (max. characters 500)

## Project Information

### Beneficiaries of HCRP Program

A. Please check the activities for which you will request HCRP funds and the proposed number to be served.

Eligible Activity	Program request (check box if applying for this program)	Proposed number to be served
Homeless Prevention	<input type="checkbox"/>	
Rapid Re-Housing	<input type="checkbox"/>	

### B. i.) Target Population 1:

Please select target population s applicable to your project:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Males Only                     | <input type="checkbox"/> Females Only             | <input type="checkbox"/> Males & Females          |
| <input type="checkbox"/> Single Adults                  | <input type="checkbox"/> Households with Children | <input type="checkbox"/> Couples with No Children |
| <input type="checkbox"/> Unaccompanied Youth (under 18) |   |   |

### ii.) Target Population 2:

Please identify if your project has a target sub-population that includes any of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Chronically Homeless         | <input type="checkbox"/> Persons with HIV/ AIDS |
| <input type="checkbox"/> Victims of Domestic Violence | <input type="checkbox"/> Veterans               |

## **Project Description**

### **Housing Stability**

What will be your agency's strategy for ensuring that participants receive the individualized assistance that need to achieve housing stability? (max. characters 700)



## **Assistance with Increasing Employment Income**

Describe how your agency will assist program participants with access to necessary training, skill development and employment opportunities. (max. characters700)

## **Linking to Mainstream Services**

Describe how your agency will ensure that program participants are assisted in obtaining mainstream services and eligible financial assistance, including health insurance, social services, education, and youth programs for which participants may be eligible. (max. characters700)

*Examples include Social Security Income, Social Security Disability Income, SNAP assistance (food stamps), Section 8 etc. If your agency serves homeless families with children or unaccompanied youth, also describe how your agency ensures that children are enrolled in school, connected to appropriate services, and aware of their eligibility for McKinney -Vento education services.*

**Implementation of Housing First Principles**

Describe how your agency is implementing principles of Housing First into your program. (max. characters 700)

## **Statement of Work/Scope of Services**

Please provide a general description of the project including scope of services that will be provided by recipient and any service agency partners, details explaining any changes that will be requested if project is a renewal and reasons for those changes. (max. characters 700)

**Collaboration with HCCSC**

Does your program collaborate with the Homeless Continuum of Care of Stark County (HCCSC)?

Yes     No

\*If yes, explain specific collaborative efforts with the HCCSC including the various committees that your agency is a member of and what that involvement entails. (max. characters 700)

### Summary Budget

	Homeless Prevention	Rapid Re-Housing	Total Amount Budgeted
<b>Rental Assistance*</b>			
<b>Housing Relocation &amp; Stabilization Services**</b>			
<b>TOTAL</b>			

\* Includes short (0 3- months) and medium-term (3 - 24 months) rent payments and up to 6 months of arrears

\*\* Includes all other eligible forms of direct financial assistance (i.e. utility assistance) plus costs related to eligible services (i.e. case management)

### Cost per person served

Homeless Crisis Response Program (HCRP)	Program Year 2018 - 2020 Request
1. HCRP Funding Request	
2. Total Program Budget	
3. HCRP Request as% of Program Budget (item 1 divided by item 2)	
4. Unduplicated # of Participants to be Served	
5. Total Program Costs Per Participant (item 2 divided by item 4)	
6. Total HCRP Cost Per Participant (item 1 divided by item 4)	

### Leveraged Funds

Source	Amount	Federal, State, Local or Private	Cash, Grant or In-Kind	Committed or Pending	Date of award/request)
<b>TOTAL</b>					

*\*Please include any leverage funding documentation with completed application*

Certification

**I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIALS FACTS. I FURTHER CERTIFY THAT NO CONTRACTS HAVE BEEN AWARDED, FUNDS COMMITTED, OR CONSTRUCTION BEGUN ON THE PROPOSED PROGRAM AND THAT NONE WILL BE DONE PRIOR TO ISSUANCE OF A RELEASE OF FUNDS BY THE STATE.**

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

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**Please complete and return to Marcie Bragg at:**

**Stark housing Network Inc.**

**408 9th ST. SW  
Canton, OH 44707**

**[mbragg@starkhousingnetwork.org](mailto:mbragg@starkhousingnetwork.org)**

**4pm Friday, June 8<sup>th</sup>, 2018**

If applicant is NOT currently an HCRP/SHP/CoC/ESG Recipient

- 501(c)(3) documentation
- Most recent audited financials and Form 990 that are available
- When audited financials and Form 990 do not account for most recently completed fiscal year, also submit unaudited financial statements for that recently completed fiscal year