

FY 2024 REQUEST FOR APPLICATIONS (RFA) FUNDING

HOMELESS HOUSING APPLICATION

**FUNDING SOURCES:
EMERGENCY SOLUTIONS GRANT (ESG)**

FY 2024 RFA ELIGIBLE ESG ACTIVITIES:

- HOMELESS EMERGENCY SHELTER
- HOMELESS PREVENTION AND RAPID REHOUSING

This RFA is available online at the following website:
<https://www.miamidade.gov/global/housing/requests.page>

March 20, 2024



Miami-Dade County
Department of Public Housing and Community Development (PHCD)
701 NW 1st Court, 14th Floor - Miami, FL 33136



***** APPLICATION DISCLAIMER *****

Applicants should check the County's website for updates to the FY 2024 RFA, as dates listed are subject to change.

<https://www.miamidade.gov/global/housing/requests.page>

The FY 2024 Request for Applications (RFA) solicitation is subject to the award of funds from the United States Department of Housing and Urban Development (HUD). The funds available are based on estimates and are subject to change.

Applicants must apply to this RFA using the ZoomGrants link. ZoomGrants is an online application portal. No paper applications or application binders will be accepted. ZoomGrants will accept applications beginning March 20, 2024 and will close on April 12, 2024 11:59 (EST)

Updates to the FY 2024 RFA will be posted on the Department of Public Housing and Community Development website. Applicants should periodically check the County's website for potential changes in funding availability, submission dates, and/or requirements.

MIAMI-DADE COUNTY PROVIDES EQUAL ACCESS AND EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES AND DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY.

The Department of Public Housing and Community Development (PHCD) does not discriminate based on race, sex, color, religion, marital status, national origin, disability, ancestry, sexual orientation, age, gender identity, pregnancy or familial status in the access to, admissions to, or employment in, housing programs or activities. If you need a sign language interpreter or materials in accessible format for this event, call (786) 469-2155 at least five days in advance. TDD/TTY users may contact the Florida Relay Service at 800-955-8771.

HOMELESS PROGRAM

INTRODUCTION/BACKGROUND

The Miami-Dade County Homeless Trust was created by the Miami-Dade Board of County Commissioners to oversee the use of the Food and Beverage Tax and to establish then implement policies based on Miami-Dade County's Community Homeless Plan: Priority Home. The Plan is available at www.homelesstrust.org. The Plan is a comprehensive Continuum of Care (CoC) system to serve homeless persons in Miami-Dade County. The Plan includes strategies to make homelessness rare, brief and one-time with the provision of a wide range of housing and service interventions to accomplish goals.

Funding awarded for housing and services must be utilized by eligible program participants residing in Miami-Dade County. Funding specified as set aside for Homeless Rental Housing Development can be applied toward either: 1) the development of a homeless-only housing development; or 2) the development of units set-aside to serve homeless persons within a mixed-use development. Funding requested under this RFA should indicate how the proposal relates to the homeless Continuum Of Care (CoC) system developed by the County through the Miami-Dade County Homeless Trust, how it addresses existing Needs and Gaps, and how the proposed project will meet the needs of the priority sub-populations of the Continuum including chronic homeless, families with minor children, unaccompanied youth, and Veterans. The County will have the right of first priority throughout the loan period (e.g., 30 years) to refer clients to housing for homeless persons funded through the RFA, through the continuum's established coordinated intake and assessment process. In addition, any entity approved for funding must participate in the County's Homeless Management Information System (HMIS) and Coordinated Entry process. For detailed information about HMIS, refer to the following link: <https://www.homelesstrust.org/resources-homeless/library/providers/policies-and-procedures/hmis-policies-and-procedures-manual.pdf>. For detailed information about the Coordinated Entry process, refer to the following link: <https://www.homelesstrust.org/resources-homeless/library/providers/standards-of-care/miami-dade-coc-ce-soc-82120.pdf>.

Applicants must describe their proposed Rapid Re-housing model, including the proposed duration of any rental assistance, any minimum requirements for eligibility, and the supportive services to be provided to program participants to secure and maintain housing. Agencies applying for TBRA to provide Rapid Re-housing to the homeless must complete and submit the TBRA forms required in this RFA.

MINIMUM THRESHOLD REQUIREMENTS

Applicants requesting funds under this application for ESG must commit to the following requirements as part of its application for funding:

1. Project has a plan in place to provide the supportive services for the targeted population(s) to be served either directly by the applicant or documented through a Memorandum of Agreement (MOA) or other agreement provided at the time of contract execution or time of application.
2. Project's admission and/or assistance criteria, as applicable, is appropriate as well as consistent with screen-in policies and best practices for the target population to be served by the project.
3. The project will participate in the CoC's Coordinated Entry process, including but not limited to 1) using the Homeless Prevention Common Application, and 2) solely taking referrals for ESG Rapid Rehousing from the CoC's Housing Coordinator.

4. The project will participate in the Homeless Management Information System (HMIS), as well as ensure meeting the minimum data quality standards.
5. The project will provide housing and services consistent with the CoC's established Standards of Care, as may be amended from time to time.
6. The project will be required to meet minimum performance measures, including those HUD required performance measures.
7. Applications lacking any items and/or criteria needed to meet minimum threshold will be deemed non-responsive and will not be scored.

HOUSING RESOURCE GUIDELINE ALLOCATIONS

In order to meet local priorities, the following will serve as the illustrative guidelines to resource allocations:

Activity/Category	ESG
Homeless Emergency Shelter	\$583,914.39
Homeless Prevention and Rapid Rehousing	\$389,276.26
Totals	\$973,190.65

* Funds available are based on U.S. HUD estimates and are subject to change.

THIS RFA IS NOT SOLICITING PROPOSALS FOR FUNDING FROM THE FOOD AND BEVERAGE TAX.

EMERGENCY SOLUTIONS GRANT (ESG)

GENERAL INFORMATION/ESG PROGRAM OBJECTIVES

The ESG program provides funding to: 1) engage homeless individuals and families living on the street; 2) improve the number and quality of emergency shelters for homeless individuals and families; 3) help operate these shelters; 4) provide essential services to shelter residents; 5) rapidly re-house homeless individuals and families; and 6) prevent families and individuals from becoming homeless.

ADMINISTRATION

Miami-Dade County will retain the ESG Administrative Fee of 7.5% to administer programmatic services.

ELIGIBLE PARTICIPANTS

Funding awarded for ESG services must be utilized by eligible program participants residing in Miami-Dade County. Applicants must follow the CoC's Coordinated Entry Process. Emergency Shelters will receive referrals from CoC Access Points. For ESG Homeless Prevention, subrecipients must incorporate the CoC's Homeless Prevention Common Application. Referrals for ESG Rapid Rehousing must come from the CoC's Housing Coordinator.

- All applicants must provide an Employer Identification Number (EIN/Federal Identification Number) and a Unique Entity Identifier (UEI) Number.
- For information on how to find your UEI, visit: <https://sam.directory/#intro>

SERVICES AND ACTIVITIES ELIGIBLE FOR ESG FUNDING

PHCD is requesting proposals from qualified and experienced not-for-profit service providers, to receive and expend ESG funding to meet eligible activities summarized, as follows.

Funding awarded for ESG services must be utilized by eligible program participants residing in Miami-Dade County.

- 1) Emergency Shelter: ESG funding is available to provide emergency housing, meals, and supportive services to homeless (single) adults. Funding is provided for Essential Services (case management, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations) and Shelter Operations (maintenance, rent, repair, security, fuel, equipment, insurance, utilities, relocations, and furnishings). Applicants for this funding must demonstrate their capacity and experience in operating a comparable emergency shelter program, including their ability to provide appropriate services for this client population. The selected applicant must participate in the Miami-Dade County Homeless Trust's Homeless Management Information System (HMIS), comply with established Emergency Shelter Standards of Care, and contribute to HUD system-level performance improvements. Applicants must indicate how many beds they propose to operate at the facility based on the available level of ESG funding and match required by the applicant (leverage provided by the applicant). Preference will be given to applicants that propose to provide the highest number of units to make operational with this available funding.
- 2) Short and/or medium-term rental assistance, as follows (unless otherwise approved in a HUD waiver):
 - a) Rapid Re-Housing: This includes housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to help individuals or families living in homeless shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing. Eligible costs also include

utilities, rental application fees, security deposits, last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, and credit repair.

- b) Homeless Prevention: This includes activities that provide housing relocation and stabilization services and short and/or medium-term rental assistance as necessary to prevent the individuals of family is below 30 percent of median family income; or 2) assistance is necessary to help program participants regain stability in their current permanent housing and achieve stability in that housing. Eligible costs in this category include: utilities, rental application fees, security deposits, last month's rent, utility deposits and payments, moving costs, housing service and placement, housing stability case management, landlord tenant mediation, tenant legal services and credit repair.

The applicant(s) funded to provide the Homeless Prevention and Rapid Re-Housing activities will be required to participate in the Miami-Dade County Homeless Trust's Homeless Management Information System (HMIS), participate in the Continuum of Care Coordinated Entry process and abide by the Continuum of Care Rapid Rehousing Standards of Care adopted (and as may be amended) by the Miami-Dade County Homeless Trust.

While no specific amount is identified to be allocated specifically for either of these two short and/or medium term rental assistance categories, it is anticipated that no more than twenty-five percent (25%) of the total available allocation for short and/or medium term rental assistance will be provided for Homeless Prevention activities.

There is a match requirement for ESG funding (24 CFR 576.201) that requires an equal amount of funds from cash or the following in-kind sources: new staff, volunteer time, the donation of materials and buildings, or the value of any lease on a building. The ESG match requirement will be provided by Miami-Dade Homeless Trust for the successful awardees.

Public Housing and Community Development (PHCD) held the following public meetings on the 2024 Action Plan for CDBG, HOME, and ESG funds:

Oak Grove Park (In Person)

Date and Time: December 7, 2023, 4:00 p.m. to 6 p.m.

Location: Father Jean Juste Community Center at Oak Grove Park, 690 NE 159th Street, Miami, FL 33162

Central Regional Public Meeting (In Person)

Date and Time: December 12, 2023, at 3:00 p.m. to 5:00 p.m.

Location: Arcola Lakes Senior Center, 8401 NW 14th Avenue, Miami, FL 33147

South Regional Public Meeting (In Person and via Zoom)

Date and Time: December 18, 2023, 10:00 a.m. to 12:00 p.m.

Location: South Dade Regional Library, 10750 SW 211th Street, Cutler Bay, Florida 33189

Zoom: <https://miamidade.live/PHCDPublicMeetingSouth>

North Regional Public Meeting (In Person)

Date and Time: December 19, 2023, at 1:00 p.m. to 3:00 p.m.

Location: North Dade Regional Library, 2455 NW 183rd Street, Miami, Florida 33056

HOMELESS PROGRAMS
EMERGENCY SOLUTIONS GRANT (ESG) APPLICATIONS

HOMELESS EMERGENCY SHELTER
HOMELESS PREVENTION AND RAPID REHOUSING

APPLICATION COVER SHEET

FY 2024 REQUEST FOR APPLICATION (RFA)

ENTITY / DEVELOPER / APPLICANT INFORMATION:

Legal Name: _____

Organization's Federal Tax or Employer Identification Number (TIN/EIN):

Organization's Unique Entity Identifier (UEI) # (Required):
_____ To obtain a UEI #, please visit <https://sam.gov>

Developer/Applicant Contact Person _____ **Title** _____

Phone: _____ **e-mail:** _____

Developer/Applicant Mailing Address

City _____ **State** _____ **Zip+4** _____

ACTIVITY INFORMATION:

Activity Location/Address

City _____ **State** _____ **Zip+4** _____

Activity Title: _____ **Category:** _____

Activity Description:

Please use the following link to answer the questions below: <https://gisweb.miamidade.gov/emaps/>

County Commission District (s) **where activity is located** – *Please circle District number(s) or Countywide*

1 2 3 4 5 6 7 8 9 10 11 12 13 Countywide

County Commission District (s) **where clients reside** – *Please circle District number(s) or Countywide*

1 2 3 4 5 6 7 8 9 10 11 12 13 Countywide

County Commission District (s) **where developer/entity/applicant's business is located** – *Please circle District number(s)*

1 2 3 4 5 6 7 8 9 10 11 12 13

Participating Municipality _____ **Entitlement City** _____

Is this Activity located within an Eligible Block Group? Yes ____ **or No** ____

If yes, list the Eligible Block Group(s): _____

Eligible Block Group vulnerability rank (see color code 0s in Attachment 1 map): _____

Funding Requested: Please provide the total amount of funding requested in the appropriate blank below.

ESG Emergency Shelter \$ _____

ESG Homeless Prevention and Rapid Rehousing \$ _____

Are you applying as a subrecipient or developer? (check one) _____ Developer _____ Sub-recipient

AFFIDAVIT OF PREVIOUS CONTRACTUAL RELATIONSHIPS

(Only Agencies currently not receiving HOME, ESG, and/or McKinney Vento funding via Miami-Dade County must complete this form.)

1. Has the applicant had any previous contractual relationship to provide services or develop housing?

Yes _____ No

If yes, please list name of organization, contract year, dollar amount, and Scope of Services.

2. Have there been any previous monitoring reports for the contracts above?

Yes _____ No

If yes, submit the last issued monitoring report from each funding organization identified in #1 above.

3. Obtain the contact name and telephone number for each funding organization identified in #1 above and contact him/her to ask the following questions (write responses on a separate page):

4. Summarize your experience with the applicant concerning their performance under the contract:

- a. Were invoices submitted on time and were they accurate?
- b. Did payments need to be expedited due to cash flow problems?
- c. Has management and staff been stable (i.e., high or low turnover rate)?
- d. Would you continue to contract with the applicant?

Are there any issues Miami-Dade County should be aware of (attach additional pages if necessary)?

By: _____
SIGNATURE OF AFFIANT

_____ 20____
DATE

PRINTED NAME AND TITLE OF AFFIANT

FEDERAL EMPLOYER IDENTIFICATION NO.

PRINTED NAME OF FIRM

PRINT ADDRESS OF FIRM

IN WITNESS WHEREOF, County and Owner have caused this Affidavit to be executed on the date first above written.

OWNER:

By: _____
NAME AND TITLE



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

DUE DILIGENCE AFFIDAVIT

Applicant Name:	
Address:	
Telephone Number:	

Pursuant to Miami-Dade County Resolution No. R-630-13, the undersigned certifies, to the best of his or her knowledge and belief, that:

1. Within the past five (5) years, neither the Entity nor its directors, partners, principals, members or board members:
 - Have been sued by a funding source for breach of contract or failure to perform obligations under a contract;
 - Have been cited by a funding source for non-compliance or default under a contract;
 - Have been a defendant in a lawsuit based upon a contract with a funding source;
 - Have been charged with a crime that is unresolved at the time of signing this document; have been convicted at any time of a crime of fraud or bribery; or have been convicted at any time of a criminal act in connection with any County program.

Please list any matters which prohibit the Entity from making certifications required and explain how the matters are being resolved (use separate sheet if necessary):

This is certified by my signature:

Applicant's Signature Print Name Date



This material is available in an accessible

IN WITNESS WHEREOF, County and Owner have caused this Affidavit to be executed on the date first above written.

OWNER:

By: _____
NAME AND TITLE

STATE OF FLORIDA)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 2024, by _____, the Executive Director of _____, a Florida _____ company, He/She is personally known to me or has produced _____ as identification.

WITNESS my hand and official seal.

Notary Signature

My commission expires: _____

[SEAL]

ESG HOMELESS PREVENTION/RAPID REHOUSING

FORM 1

**ESG EMERGENCY SHELTER
APPLICATION AND SCORING CRITERIA
PAGE 1 OF 6
(Attachment ESG-1)**

APPLICANT'S LEGAL NAME: _____

ADDRESS (MAIN OFFICE): _____

EXECUTIVE DIRECTOR: _____

CONTACT PERSON: _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

PROJECT NAME: _____

PROPOSED PROJECT ADDRESS: _____

SECTION A. ORGANIZATIONAL QUALIFICATIONS, HISTORY, AND STRUCTURE – UP TO 40 POINTS

1. In narrative form, please briefly describe your organization's main purpose/mission, and its history of providing services and/or housing in this community, including specifically the types of services (e.g., prevention, educational, employment, etc.), the number of locations, and the number of persons served.
2. Describe your entity's experience in providing services specifically to the population to be served by the proposed project, including past experience in operating housing/providing services similar to that proposed. Describe past experience of applicant in maximizing partnerships with partners/providers both a) inside and b) outside of the Continuum of Care (CoC) to stably house and/or ensure housing retention for clients. Please attach evidence of formal partnerships, such as a Memorandums of Understanding.
3. Describe the experience of staff providing substantive supportive services, including experience of applicant in linking clients to mainstream benefits and services (Food Stamps, SSI/SSDI, Medicaid, TANF, Substance Abuse and Mental Health Services, Employment, etc.).
4. Describe your entity's specific experience serving homeless persons.
Indicate what types housing/services you currently provide:

Type	#Of Beds/Units	Years of Experience	Type of Project (Leased or Owned Building, etc.)
Emergency Housing			
Transitional Housing			
Permanent Housing			
Rapid Re-housing			
Homeless Prevention			
Support Services Only	N/A		

5. Indicate the total number of persons served by your program in the last year.
6. Indicate the average daily population for all programs and for homeless programs.

**ESG EMERGENCY SHELTER
PAGE 2 OF 6
(Attachment ESG-1)**

7. What are the organization's total sources of funding (provide source as well as amounts)?
8. What is the organization's total annual operating budget? What is the entity's fiscal year?
9. Describe how the proposed project will supplement your current programs and the Organization's capacity to administer this additional program.
10. For ES projects, describe and enclose any licensure requirements that have been met by your entity and/or key members of your proposed/current program staff including building occupational licenses, professional licenses, and state licenses, etc.
11. Provide resumes and/or job descriptions for principal staff.
12. Describe your entity's procedures for assuring that all individuals (including formerly homeless/homeless persons) are encouraged to accept employment in your entity regardless of race, ethnicity, gender, disability, or sexual orientation.
13. Describe your entity's experience in entering and maintaining client level and performance data in a management information system.
14. Describe your agencies racial equity plan and efforts to promote equity in services provided.
15. Describe how your agency adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

SECTION B. TARGET POPULATION – UP TO 20 POINTS

Describe the targeted population (families or singles; if singles: men, women, coed, etc.; chronically homeless). Maximum points awarded for projects serving homeless households meeting HUD's definition for chronic homeless.

SECTION C. PROJECT NARRATIVE – UP TO 30 POINTS

1. Describe the project proposed for funding. Answer the following questions in narrative form, in no more than four (4) single-spaced pages. The narrative must include a service coordination component which describes how your project facilitates the availability of and access to an appropriate array of services and resources that promote quality of life for and housing retention of homeless residents. The narrative should fully describe how service coordination would be provided from the project. ESG applicants must specify how many beds will be offered based on the available funding and the target population to be served (e.g., men, women). Include the following information:
 - a. Describe the type of housing program. Type of service (emergency shelter, permanent housing and model/approach, i.e., Housing First, safe haven).

ESG EMERGENCY SHELTER
PAGE 3 OF 6
(Attachment ESG-1)

- b. Describe how client housing plans are created and the services to be provided (housing navigation, case management, substance abuse treatment, and/or mental health services, etc.) both on-site and off-site. Describe who will be providing the services (e.g., your entity, sub-contracted to other providers, etc.) including specifically how the following services are provided (as applicable): education, independent living skills, vocational/employment training, and permanent housing placement assistance or retention. Please describe in detail the model that you will apply to the project and expected outcomes based on existing evidence-based evaluation(s) of the model. Describe case management services provided to help households address barriers that prevent access to or stability in housing including obtaining essential documentation such as a Birth Certificate, State ID/Driver's License, addressing credit history, debt issues, explaining lease agreements, navigating transportation issues and family conflicts).
 - c. Describe how such services will be funded for the period of restricted use as homeless housing (if applicable).
 - d. Describe the referral, intake, and orientation process and how it is linked with the coordinated intake and assessment process including eligibility criteria for your program (as well as restrictions such as family size, age, etc.). Fully describe the case management services offered in the narrative including client-centered strength-based approach; frequency/duration of case management (one-on-one, daily, etc.); links to other services; how clients are prepared for independent living; how clients are assisted in obtaining employment; and permanent housing or retention, etc. Describe how intake and on-going services are low barrier following the Housing First approach.
 - e. Describe the schedule of hours for the proposed/currently provided services and the level of site supervision and client interaction.
 - f. Describe the amount of staff that will be/are providing services including the staff to client ratio and whether staff is already on board or if recruitment is required. Provide a gender/ethnic breakdown of staff including languages spoken.
 - g. For projects participating in HMIS or equivalent database: Provide an Annual Progress Report for similar projects between January 1, 2024 and December 31, 2024 to reflect achievement of HUD priorities (1) expedited access to housing; (2) exits to permanent housing; (3) employment and income growth; (4) program fiscal utilization. For proposals that are new to the CoC and do not have an HMIS record or equivalent, respondents may submit: (1) a record of system performance from an equivalent database that is validated by a third party payer, and (2) a compelling explanation of the agency's connections to this community which positions them to serve homeless households considering the HUD priorities and achievement of HUD System Performance Measures.
2. Describe how you will ensure the participation of program participants in program design and the manner in which you will/currently ensure a client's right to courteous, fair, and respectful treatment.

**ESG EMERGENCY SHELTER
PAGE 4 OF 6
(Attachment ESG-1A)**

Section D. Budget and Budget Narrative

1. Complete the budget and narrative provided as Attachment ESG-1A. The template has three (3) tabs.
2. The budget narrative must describe the amount of match provided and sources.

RRH Tab

Rental Assistance				
Unit Size	# of Units	HUD Paid Rent	Months	Total Request
0				\$ -
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
	0			\$ -
Support Services				
Activity	Description			Item Total
Application Fees	___ # of Rental Application Fees			
Security Deposits and Last Month's	___ # of households calculated at \$___ per household			
Moving Costs	truck rental or hiring a moving company calculated at \$___ & temporary storage fees for up to 3			
Utility Deposits	gas, electric, water, and sewage			
Recurring Utilities	24 months, including up to 6 months of utility payments in arrears calculated at \$___ for ___ # of			
Housing Stability Case Management	calculated at \$_____ base salary + \$_____ Fringe			
Housing Search & placement	calculated at \$_____ base salary + \$_____ Fringe			
Legal Services	___ # of households calculated at \$___ per household			
Mediation	___ # of households calculated at \$___ per household			
Credit Repair	Credit counseling, household budgeting, accessing a free personal credit report & resolving credit			
Staff Costs	supplies calculated at \$___ + work-related cell phone calculated at \$___ + staff mileage calculated at \$___			
Inspections	& Habitability Inspection calculated at \$___ per household			
	Total			\$ -
Total Request				
				\$ -

**ESG EMERGENCY SHELTER
PAGE 5 OF 6
(Attachment ESG-1A)**

ES Tab

Support Services		
Activity	Description	Item Total
Case Management	___ FTE _____ Position calculated at \$ _____ base salary + \$ _____ Fringe	
Child Care	Add a detailed explanation of how you came up with the item total	
Education Services and Job Training	Add a detailed explanation of how you came up with the item total	
Out-patient Health Services	Add a detailed explanation of how you came up with the item total	
Legal Services	Add a detailed explanation of how you came up with the item total	
Life Skills Training	Add a detailed explanation of how you came up with the item total	
Mental Health Services	Add a detailed explanation of how you came up with the item total	
Substance Abuse Treatment Services	Add a detailed explanation of how you came up with the item total	
Transportation	Add a detailed explanation of how you came up with the item total	
Services for Special Populations	Add a detailed explanation of how you came up with the item total	
	Total	\$ -

Operations		
Activity	Description	Item Total
Maintenance	Add a detailed explanation of how you came up with the item total	
Rent	Add a detailed explanation of how you came up with the item total	
Repair	Add a detailed explanation of how you came up with the item total	
Security	Add a detailed explanation of how you came up with the item total	
Fuel	Add a detailed explanation of how you came up with the item total	
Equipment	Add a detailed explanation of how you came up with the item total	
Insurance	Add a detailed explanation of how you came up with the item total	
Utilities	Add a detailed explanation of how you came up with the item total	
Food	Add a detailed explanation of how you came up with the item total	
Furnishings	Add a detailed explanation of how you came up with the item total	
Supplies needed to operate shelter	Add a detailed explanation of how you came up with the item total	
	Total	\$ -

Total Request		
		\$ -

**ESG EMERGENCY SHELTER
PAGE 6 OF 6
(Attachment ESG-1A)**

Narrative Tab

In 5000 characters or less, provide a narrative describing your budget. Include the amount of match provided and sources.

The following section applies only to ESG Shelter proposals:

Funding awarded for ESG shelter services must be utilized by eligible program participants residing in Miami-Dade County.

SECTION E. MATCH REQUIREMENT FOR ESG PROPOSALS – UP TO 10 POINTS

The proposal must describe and document committed sources for the mandatory dollar for dollar match requirement. PHCD will not be providing additional points for exceeding the mandatory match requirements.

If a proposal is requesting funds as match for another source of homeless funding, please identify the source of such funding and describe the need for such match. If proposal is requesting funds for any other development that will serve the priority sub-population described herein, the applicant must submit documentation of firm funding commitments.

TOTAL POINTS AVAILABLE FOR ESG EMERGENCY SHELTER PROJECTS: 100

ESG HOMELESS PREVENTION/RAPID REHOUSING

FORM 2

**ESG HOMELESS PREVENTION/RAPID REHOUSING
APPLICATION AND SCORING CRITERIA
PAGE 1 OF 2
(ATTACHMENT ESG-2)**

Agency: _____
 Director: _____
 Address: _____
 Phone: _____
 Email: _____
 Project Name: _____
 Project Address: _____

Type of Project: **ESG HOMELESS PREVENTION/RAPID REHOUSING**

Proposed number of households to be served:

- Homeless #_____
- At-Risk of Homelessness #_____ (no more than 25% of total allocation proposed)

A. APPLICANT EXPERIENCE AND PERFORMANCE - UP TO 40 POINTS

<p>1. Past experience of applicant, its employees, or its partners/subcontractors in providing the solicited service, including experience with contract administration, inspection of units, comprehensive case management, and work with subsidized housing.</p>	<p>5 Points</p>
<p>2. Past experience of applicant in linking clients to mainstream benefits and services (Food Stamps, SSI/SSDI, Medicaid, TANF, Substance Abuse and Mental Health Services, Employment, etc.).</p>	<p>5 Points</p>
<p>3. Past experience of applicant in maximizing partnerships with partners/providers both a) inside and b) outside of the Continuum of Care (CoC) to stably house and/or ensure housing retention for clients. To receive full points the respondent must attach evidence of formal partnerships, such as a Memorandums of Understanding.</p>	<p>5 Points</p>
<p>4. For projects participating in HMIS or equivalent database: Provide an Annual Progress Report for similar projects between January 1, 2022 and December 31, 2022 to reflect achievement of HUD priorities (1) expedited access to housing; (2) exits to permanent housing; (3) employment and income growth; (4) program fiscal utilization. For proposals that are new to the CoC and do not have an HMIS record or equivalent, respondents may submit: (1) a record of system performance from an equivalent database that is validated by a third party payer, and (2) a compelling explanation of the agency's connections to this community which positions them to serve homeless households considering the HUD priorities and achievement of HUD System Performance Measures.</p>	<p>20 Points</p>

ESG HOMELESS PREVENTION/RAPID REHOUSING

PAGE 2 OF 2

(ATTACHMENT ESG-2)

5. Minority groups are overrepresented as a portion of the homeless population. What steps has your agency taken to address racial equity to prevent and end homelessness?	5 Points
--	----------

B. SCOPE OF SERVICES – UP TO 35 POINTS

1. Describe how project will comply with the CoC's Coordinated Entry process and Rapid Rehousing Standards of Care.	5 Points
3. Describe how housing plans are developed and strategies for serving populations including chronic homeless adults; non-chronic long-term homeless households; highly vulnerable families, survivors of domestic violence or unaccompanied youth experiencing homelessness.	5 Points
4. Describe resources dedicated to housing identification (navigation), how projects will remove barriers to program entry (history of homelessness, poor credit, past evictions, lack of income), and assistance provided with move-ins.	5 Points
5. Describe case management services provided to help households address barriers that prevent access to or stability in housing including obtaining essential documentation such as a Birth Certificate, State ID/Driver's License, addressing credit history, debt issues, explaining lease agreements, navigating transportation issues and family conflicts).	5 Points
6. Describe how your agency adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.	15 points

C. DETAILED BUDGET AND JUSTIFICATION – UP TO 25 POINTS

1. Proposed project budget and narrative (Attachment ESG-2) are: a. clear, easily understandable to raters b. detailed, as evidenced by a comprehensive budget narrative c. reasonable, as evidenced by including only allowable activities, and d. cost effective, as compared to other projects providing the same component	10 Points
2. Did provider fully expend previous year's funds?	10 Points
3. Describe sources and extent of match provided for the proposed project.	5 Points

TOTAL POINTS AVAILABLE FOR ESG HP/RRH PROJECTS: 100

Miami-Dade County
Mayor Daniella Levine Cava

BOARD OF COUNTY COMMISSIONERS

Oliver G. Gilbert III
Chairman

Anthony Rodriguez
Vice Chairperson

Oliver G. Gilbert III
District 1

Danielle Cohen- Higgins
District 8

Marleine Bastien
District 2

Kionne L. McGhee
District 9

Keon Hardemon
District 3

Anthony Rodriguez
District 10

Micky Steinberg
District 4

Roberto J. Gonzalez
District 11

Eileen Higgins
District 5

Juan Carlos Bermudez
District 12

Kevin Marino Cabrera
District 6

Senator Rene Garcia
District 13

Raquel A. Regalado
District 7

Juan Fernandez-Barquin
Clerk of the Court

Pedro J. Garcia
Property Appraiser

Geri Bonzon Keenan
County Attorney