



FY 2024



REQUEST FOR PROPOSAL
ARP SUPPORTIVE SERVICES

Capacity Building Grant

Purpose

The Metropolitan Government of Nashville and Davidson County Office of Homeless Services is soliciting proposals from qualified applicant(s). The goal of this RFP is to increase the capacity of the Metro Continuum of Care (CoC) as a whole and to assist agencies in building their capacity within the CoC. Grants can focus on creating new Housing First programs or on adding capacity to existing programs. Additionally, given this year's increase in first time homelessness, programs focusing on prevention, diversion, and respite housing, are encouraged to apply. All applicants will be required to utilize the Housing First philosophy and focus on building capacity to support programs focused on preventing and ending homelessness in the Nashville Davidson County area.

All programs must:

1. Utilize the Housing First philosophy. For further information about Housing First programs providing Permanent Supportive Housing for chronically homeless persons, the following websites may offer useful information: www.pathwaystohousing.org; www.csh.org; www.naeh.org
2. Emphasize rapid exits from homelessness
3. Emphasize stable, permanent housing as a primary strategy for ending and preventing homelessness. Prevention programs can include respite care with exits to permanent housing and rental assistance and case management to those being discharged from prisons and institutions
4. Commit to moving the Metro CoC forward, working toward a future when no one experiences homelessness, and everyone has a safe, stable, accessible, and affordable home

Objective

Programs and services supported through this RFP increase the capacity of the Metro CoC and will assist agencies in building their capacity as elements of the CoC. Grants may focus on creating new Housing First programs or on adding capacity to existing programs. Creation or expansion of capacity-building within prevention and respite programs are also eligible given the rise in chronic homelessness in the Metro area and across the nation. Funds may be used to:

1. Improve performance measures in existing agencies. HUD performance measures include:
 - Length of time homeless

- Extent to which persons who exit to permanent housing return to homelessness
 - Number of homeless persons
 - Employment and income growth
 - First time homeless
 - Exits to or retention of permanent housing
2. Creation of new programs, modeled using the Housing First tenants, including Permanent Supportive Housing, prevention programs, diversion efforts, or respite care

Scope of Services

The selected provider(s) will demonstrate commitment to Housing First principles and will participate in the CoC. Provider(s) will use funding to build organizational capacity to address those individuals experiencing chronic homelessness, literal homelessness, and those who were assessed through the Coordinated Entry system as having high acuity levels and needs to prevent or divert individuals from becoming involuntarily homeless. These funds will be utilized in order to further a Housing First model for those experiencing homelessness and will contribute to the community-wide effort to address homelessness in Nashville.

Funding is intended to increase the organization's capacity to meet the needs of the population served, and to enhance the effectiveness of the CoC. As a result of this capacity-building, the provider(s) will improve their performance measures through the Homeless Management Information System (HMIS) platform and improve the community's overall systems performance measures as reviewed by HUD.

Funds may be used for a variety of purposes aimed at capacity-building. Funds may be utilized for:

- Training on critical topics in the field of service delivery, (such as trauma-informed care or the Housing First model) and/or evidence-based practices (such as a Strengths-Based model or Vulnerability Index)
- Development of an overall strategic plan to enhance the provider's capacity for service delivery
- Upgrading technology
- Hiring staff to improve the quality of data collection, performance metrics, or utilization of the HMIS platform
- Development of new evidence-based programming targeting individuals experiencing, or at high risk of, homelessness.

Provider(s) will outline the ways in which this funding will strengthen the organization's service delivery capacity and contribute to the goals of the CoC. Providers must:

1. Provide new or additional evidence-based, best practices programs and/or services to those experiencing or at risk of homelessness
2. Increase current capacity
3. Demonstrate the long-term sustainability for any new programming and document expected and measurable increases in positive outcomes for participants

Requirements

1. Applicant(s) will demonstrate commitment to the Housing First model, develop and implement services and supports designed to reduce homelessness and to offer treatment and recovery-oriented care for substance use and mental health disorders, when needed.
2. Applicant(s), where applicable, will document currently established contracts or MOU agreements with one of the three statewide Managed Care Organizations (MCOs) and/or be a qualified TennCare provider to streamline the Medicaid application process. Successful applicant(s) are required to be eligible to bill Medicaid providers or have a Memorandum of Understanding with one of these providers for billable health/behavioral health services.
3. Applicant(s) must ensure that services observe the Housing First, low-barrier practice, where there are minimal barriers to entry and sobriety is not a condition for eligibility nor excludes one from housing opportunities. Provider(s) cannot require sobriety or mental health treatment or compliance to enroll participants in programming.
4. Applicant(s) must use an evidence-based approach to the provision of services, such as Intensive Case Management, a Strengths-Based approach Clinical Case Management, or another evidenced practice as the model of case management used.
5. Applicant(s) may utilize an alternative case management model for up to 20% of all referred individuals, as some participants may require a spectrum of case management services based upon their specific needs. Documentation of the clinical rationale for an alternative case management plan and the expected frequency of case management contact shall be included in the client record and made available for review during program monitoring and/or quarterly meetings.



6. Applicant(s) are required to use the Nashville/Davidson County Coordinated Entry system for all referrals for this program and for all homeless beds within their organization.
7. Applicant(s) must have relationships with organizations providing housing navigation services to establish a warm hand-off procedure and to assist with lease signing and move-in when appropriate.
8. Applicant(s) will be required to participate in on-site monitoring visits as well as quarterly face-to-face meetings with the Metro Office of Homeless Services staff to assess performance, program service delivery data, overall goal progression, adherence to the established policies and procedures, and fidelity to an evidence-based service delivery model.
9. **All participants must be entered in the Homeless Management Information System and all services provided to those experiencing homelessness or at risk of homelessness, not funded by this grant must also be documented in the Homeless Management Information System (HMIS).**
10. Applicant(s) must have and show proof of a sustainability plan for continued funding to cover costs for any, or all, of the supportive services that were identified as a need for each potential program participant during the initial assessment, in order to maximize treatment and support services available within the community.
11. Applicant(s) are required to hire and engage a Certified Recovery Peer Specialist or an individual that is formally engaged in the certification process. Certification qualification can be found at www.tn.gov/behavioral-health.
12. Applicant(s) will be required to submit a monthly financial report, invoice, and detailed documents to the Office of Homeless Services for a timely reimbursement. Applicant(s) will also submit a quarterly program report to the Office of Homeless Services.
13. Applicant(s) will be required to have staff hired and be delivering services by **December 1, 2023**.



Deadline for Submission

The deadline for submission of applications is **3:00pm on Friday, October 13, 2023**. Applications submitted after **3:00pm on Friday, October 13** will not be accepted.

Additional copies of this request may be obtained by viewing the Metro Office of Homeless Services website (Nashville.gov/homeless) or by emailing **Allison Malone** at Allison.Malone@Nashville.gov.

Submission Instructions

The original, plus four (4) copies of the application, must be submitted to the sole point of contact, **Allison Malone**. Applications should be delivered to **Attn: Allison Malone, Office of Homeless Services, Clifford Allen Building, 800 2nd Ave North, Nashville, TN 37203**. All applications must be clearly typed on one side of 8 ½ x 11 paper in 10-point Times New Roman font. All narrative applications are limited to a maximum of 4 pages. As a courtesy, please also email a digital PDF version to Allison.Malone@Nashville.gov.

Applicants must provide proof of their agency board approval to enter into said contract. Applications must be signed by an official who is authorized to bind the applicant to the provisions contained in the application. The contents of successful applications will become contractual provisions. Applications submitted after **3:00pm on Friday, October 13, 2023** will not be accepted.

Failure to comply with any of the provisions of this RFP may result in the rejection of the application. Any omission of required information, fraudulent or misleading statements, or vague or non-specific responses to required information shall be grounds for rejection of an application.

The Metro Office of Homeless Services may determine, at its sole discretion, whether the requirements are reasonably met. A cover letter should be submitted on the applicant's official business letterhead explaining the intent of the applicant and to the specific announcement the applicant is responding. Faxed copies of the application cannot be accepted; physical copies must be delivered to the Office of Homeless Services.

Schedule of Events/Deadlines

Important Dates	Important Dates
Submission Deadline Date	October 13, 2023
Notification of Awards	November 1, 2023
Service Delivery Begins	December 1, 2023

* Dates are subject to change.

EVALUATION CRITERIA

Experience, Qualifications and References: Max 30 points

- Describe your agency's (and all sub-contractors') experience in providing mainstream service linkage and housing retention and self-sufficiency services (case management) to people experiencing homelessness.
 - o Include any experience providing employment search services, disability application assistance, planning for financial self-sufficiency, and direct financial assistance
 - o Include performance on projects of similar size and scope including, but not limited to, the ability of the organization to deliver projects within the established schedules and budgets
- List at least one contract with one of the three statewide Managed Care Organizations
- Confirm your status as a qualified TennCare provider, a TDMHSAS Behavioral Health Safety Net (BHSN) provider, or partnership with such provider
- Demonstrate relevant experience of proposed team members. Resumes of key staff members should be submitted as attachments.
- Attach the resume of the person who will provide supervision and the case managers, if known
- Describe how you will hire or engage a Certified Recovery Peer Specialist
- Describe the experience and training requirements of the employees you will hire to provide services to ensure a program participant's ability to retain housing and improve financial self-sufficiency
- Describe the duties of the employees you will hire to provide the services and how they will be supervised
- Estimate the number of hours each person will contribute to the project/contract and the schedule for completing the project
- Explain your agency's approach to fostering the most productive and collaborative relationship with Metro, including participation in quarterly in-person meetings and weekly virtual meetings for case referrals
- List all current litigation(s) in which your organization is a defendant (not the legal details)
- List all employee licensing violations during the past five (5) years
- Please attach your relevant experience, qualifications and references.

Project Approach and Process: Max 40 points

- Describe how you will utilize a low-barrier, Housing First approach in which housing assistance is offered without requiring compliance with treatment or medication.
- If your organization will provide housing directly, explain potential benefits and drawbacks to co-location of housing and services as it relates to fidelity to the Housing First model.
- If transitional or respite housing is included in the proposal, explain how its provision will lead to tenancy in permanent housing (and include timelines for permanent housing placement).
- Describe the unique needs and challenges presented by those experiencing chronic homelessness who have been living on the streets and/or in emergency shelters, including at least one example of how you would address a participant with challenging behaviors to help retain housing stability. Explain why your agency is interested in and committed to serving this population.
- Specify the number of individuals/families to be served.
- Describe your plan for assisting participants with obtaining and retaining housing and financial self-sufficiency in this program.
- Describe your experience with Nashville's Homeless Management Information System (HMIS) database. OHS staff will also provide input on agencies' data quality, accuracy and participation. **All successful awardees are required to use HMIS for all programs that serve those experiencing or at risk of homelessness.**
- Describe your agency's participation in the Coordinated Entry system. **All successful awardees are required to use Coordinated Entry for all programs that serve those experiencing or at risk of homelessness.**

Equity and Cultural Competence: Max 10 points

1. Describe your agency's cultural competence. Include experience in serving with cultural sensitivity people who are racially, ethnically and religiously diverse; who speak languages other than English; who have a range of physical and mental disabilities; who are Lesbian, Gay, Bisexual or Transgender; and who are extremely low-income.
2. Describe the training you provided to staff and board members to ensure that your staff meets the needs of clients with sensitivity toward clients' varied cultural and life experiences.
1. Describe your organization's process which evaluates the accessibility, delivery and outcome of services to ensure there are no disparities by client race or LGBTQ identity.

3. Describe how your agency includes consumers in the development of strategy, programming, and service delivery.
4. Describe the diversity of your board and staff. Do they include people with lived experience and/or reflect the population being served?
5. Attach your agency's non-discrimination policies.

Mandatory Attachments

- Attach a copy of your most recent annual Independent Financial Audit.
- Attach proof of nonprofit tax-exempt status, if your agency is a non-profit organization.
- Job Description(s) of Project Staff
- Letters of commitment from project partners included in your proposal
- Resolution of Signing Authority from the Agency Board of Directors



CONTRACT BUDGET

Max 20 points

Summary Budget for
December 1, 2023 – November 30, 2024

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
 GRANT SPENDING PLAN**

RECIPIENT NAME:	
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THE FOLLOWING IS APPLICABLE TO EXPENSES PLANNED TO BE INCURRED DURING THE CONTRACT GRANT PERIOD: December 1, 2023 – November 30, 2024						
	EXPENSE OBJECT LINE-ITEM CATEGORY	METRO FUNDS	GRANT	RECIPIENT MATCH	TOTAL PROJECT	
	Salaries and Wages				\$0.00	
	Benefits and Taxes				\$0.00	
	Professional Fees				\$0.00	
	Supplies				\$0.00	
	Communications				\$0.00	
	Postage and Shipping				\$0.00	
	Occupancy				\$0.00	
	Equipment Rental and Maintenance				\$0.00	
	Printing and Publications				\$0.00	
	Travel/ Conferences and Meetings				\$0.00	
	Insurance				\$0.00	
	Specific Assistance to Individuals				\$0.00	
	Other Non-Personnel				\$0.00	

GRAND TOTAL	\$0.00	\$0.00	\$0.00
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DETAILED BUDGET (Salaries and Wages)

INSTRUCTIONS: List all positions for which salaries will be paid from this contract. Enter in Column 1 the annual (12 months) salary rate for each position which will be filled for all or any part of the year. Enter in Column 2 the number of months for which the positions will be staffed. Enter in Column 3 the percent of time or effort the staff person will devote to the project during the number of months shown in column 2.

Direct Cost Only	Column 1 Annual Salary Rate	Column 2 # of MOS. BUDG.	Column 3 Time
1. Position / Name / Credentials			

Category Total	\$		

Instructions: Show justification for specific items or categories listed. In Column 1, indicate requested personnel items - benefits and fringe - in relation to the program. In Column 2, enter the total amount required for each category.

Column 1 Detailed Budget for This Period (Continued)	Column 2 Total Amount Required
2. Related Benefits (List Benefits and Amounts):	
Category Total	\$
3. Travel	

Category Total	\$

Detailed Budget for This Period (Continued)	Total Amount Required
Category Total	\$
4. Operating Costs	
Category Total	\$
5. Supplies	
Category Total	\$

Please detail your financial sustainability plan below:

Budget

Submit an itemized operating budget for the period **December 1, 2023 – November 30, 2024**, in the attached budget worksheets. Specify positions, salary, and a detailed budget narrative. Provide budget justification.

Organizational Structure/Administrative Capacity

Please provide the following information:

- A. Names/addresses of Board of Directors.
- B. Names/addresses of owners or organizations, if applicable, or anyone with financial interest.
- C. Documentation of tax-exempt status.
- D. Applicants must supply:
 - Employer ID Number
 - Certificate of Authority to do business in Tennessee
 - Name and address of principal officer
 - Unique Entity Identifier
- E. If applicant's headquarters is located out of state, with a local office in Nashville, the applicant must provide the name and address of the local representative.
- F. Name and address of entity to which payments will be made if applicant is the successful bidder
- G. Disclose if the proposer was under contract with OHS, or as it was formerly known, the Metro Homeless Impact Division, within the past twenty-four (24) months and indicate the contract number and/or any other information available to identify the engagement; if none, so state.
- H. Applicant's State and Federal Tax Identification Numbers
- I. For each of the last three (3) years, copies of financial statements and/or audits or other appropriate documentation which would demonstrate to OHS that the organization's financial resources are sufficient.
- J. When an organizational entity is part of a larger organizational structure, the applicant should determine and indicate which entity will manage the contract and fiscal structures and submit documentation based on the determination.

***All information must be submitted on any subcontract, collaborations, and partnerships.**