

GRANTS



Ready

Set

Go

The logo features the text "CHALLENGE GRANT" in a bold, black, sans-serif font. The text is centered within a white, scalloped-edged shape that resembles a seal or a badge. This white shape is set against a solid yellow background. The word "CHALLENGE" is on the top line, and "GRANT" is on the bottom line.

**CHALLENGE
GRANT**

2016 - 2017

STATEMENT OF NEED AND PURPOSE

- The Challenge Grant program is authorized by section 420.622(4), Florida Statutes, to provide annual “Challenge Grants” to lead agencies of homeless assistance continuums of care designated by the State Office on Homelessness pursuant to Statute 420.624.
- The CoC must implement a coordinated assessment or central intake system to screen, assess, and refer persons seeking assistance to the appropriate service provider. The lead agencies may allocate the grant funds to the programs, services, or housing providers that support the implementation of the local CoC plan.
- *It is the intent of Mid Florida Homeless Coalition to allocate grant funds to sub-recipients as well as to apply for Coordinated Intake funding. **The projects submitted via this request for proposals must appear in the Mid Florida Homeless Coalition’s CoC plan dated June 24, 2016 – www.midfloridahomeless.org***

STATEMENT OF NEED AND PURPOSE

- The request for proposal will describes the Mid Florida Homeless Coalition's instructions that govern the proposal process.
- The Challenge Grant funding shall be used locally to assist those individuals or households who are homeless, or those at risk of becoming homeless. The funds may be used to assist those clients defined as homeless in section 420.621(5), Florida Statutes. The intent of the grant is to help implement the local homeless assistance plan, and to help the community reach the goals and objectives outlined in our CoC plan. **The MFHC focus is on projects that will end homelessness.**
- It is also intended to be used in concert with the private funding contributed to local homeless service agencies to address the needs of the persons who are homeless.

ELIGIBILITY FOR FUNDS

- Public and private non-profit organizations, local governments and public or private schools
- **Paid Member of Mid Florida Homeless Coalition, Inc.**
- Organization participated in at least one CoC Stakeholder meeting in 2016
- Organization participated in at least two CoC committee meetings in 2016
- Applicants must demonstrate a sufficient level of administrative capacity to effectively manage funds received.
- Must sign Challenge Grantee Certification Form
- Participate in the CoC Coordinated Intake
- Participate in the Homeless Management Information System

SCHEDULES AND DEADLINES

- July 15, 2016- Mandatory Meeting for potential applicants
- **July 19, 2016 - Release of 2016 MFHC Challenge Grant Request for Proposal**
- Questions must be sent to mfhcopeningdoors@gmail.com.
- **Friday, July 29, 2015 by 5:00 PM - Proposals must be received by Mid Florida Homeless Coalition at 104 E Dampier Street, Inverness 34450**
 - **One Original – marked as original & One copy**
- August 1, 2016 - **Selection of Proposals:** Performance Measurement and Grant Review Committee

- **8/10/2016 - MFHC Funding Recommendations to the Office on Homelessness**
- **9/2/2016 - Anticipated Date the Office of Homelessness to Post Notice of Award**
- **9/26/2016 - Anticipated effective date of grant agreement between DCF and MFHC**
- **10/3/2016 - Anticipated effective date of grant agreement between MFHC and Sub-recipients**

ANY PROPOSALS SUBMITTED AFTER THE DEADLINE OF FRIDAY, JULY 29, 2016, AT 5:00 PM WILL NOT BE CONSIDERED FOR FUNDING.

FUND AVAILABILITY

- Mid Florida Homeless Coalition (MFHC) is eligible to apply for projects totaling **\$300,000**. **\$24,000 will be for administration; \$261,000 for projects.**
- The application may contain one or more activities to be funded, provided each and every one of the activities proposed for funding is identified as a priority and specifically identified in the CoC plan.
- All grant funds shall go to activities that directly benefit homeless persons or persons at risk of homelessness.
- Homeless Management Information Systems (HMIS) may be claimed to be a direct benefit used only to the extent that the system is used as a case management tool to coordinate services among two or more local agencies serving the homeless person.

FUND AVAILABILITY

- A maximum grant amount has not been established for this year's RFP.
- Depending on the proposals received:
 - multiple proposals may be chosen,
 - some proposals may be funded for less than requested, and
 - Some proposals may not be funded at all
- Organizations that are awarded funding shall demonstrate the ability and capacity to deliver services through identified goals and objectives.
- Funds will be available on a competitive basis. Applications will be scored which will include HMIS data for programs that you are currently operating.
- **Performance Measurement and Grant Review Committee will make the final determination, and there will not be an appeals process.**

FUNDING CRITERIA

MFHC seeks proposals which address enhancement and improvement of homeless services within its Continuum of Care (Citrus, Hernando, Lake, and Sumter). Innovative effective collaborations addressing ending homelessness, prevention, increasing self-sufficiency, and the Coordinated Intake Assessment are the highest priority to MFHC. The CoC has established the following priorities for this year grant.

FUNDING CRITERIA

- ✓ **First Priority – Rapid Re-Housing & Prevention projects using the housing first model and the wrap-around services that are needed to keep them in housing.**
- ✓ **Second Priority - Coordinated Intake – Mid Florida Homeless Coalition can apply for up to \$15,000 to support CI.**
- ✓ **Third Priority - Affordable Housing - The Challenge Grant can be used for the purchase of property or renovation. However, it requires a lien be completed naming the Department and the amount of time can depend on the type of renovation and the purchase has stipulations about the use of the property—homeless persons or to benefit homeless persons.**
- ✓ **Fourth Priority - Outreach projects that are true outreach (not in-reach) that can include services not available or eligible under the Emergency Solutions Grant.**

ADMINISTRATIVE REQUIREMENTS

- **Progress Reports** - Will be in a format that will be provided with the grant agreement. Expect to produce reports from Mid Florida Information Network (HMIS) to provide backup to the numbers provided on the progress reports.
- **Expenditure Reports/Accountability** - Will detail actual expenditures of the program by budget line item or performance outcome as applicable, and spreadsheets itemizing expenditures will be a requirement. Source documentation will be required to track expenditures (purchase receipts, invoices, time sheets, proof of payment, and other documentation). This is a reimbursement grant, and proof that funds have been expended must be provided.
- **Method of Payment** – This is a reimbursement grant. Funds must be expended before an invoice is sent to MFHC. Items paid by credit card cannot be submitted until the credit card company is paid. Further details will be defined through the award contract.

GRANTS MAY BE USED FOR ACTIVITIES THAT COULD INCLUDE:

- new programs
- program expansions
- community collaborations
- direct assistance to targeted groups

GRANTS MAY NOT BE USED:

- For any indirect costs of administration, inclusive of administrative fees, non-program specific expenditures, etc.
- To benefit for-profit individuals or entities
- To purchase goods or services that provide no benefit to the focus of the program
- To limit public access
- For the cost of food or entertainment expenses that do not directly benefit service recipients identified in the proposal
- For anything not allowed as indicated in the Florida State Department of Financial Services Reference Guide for State Expenditures.
- Depreciation

SUBMISSION REQUIREMENTS

- **All proposals must:**
- be on 8 1/2 X 11 size paper, with a font size of 12 (*no parts of the proposal shall be handwritten*);
- be bound with a table of contents clearly showing the order of the material with pages clearly numbered;
- have a coversheet indicating the name of the organization;
- have an original signed application (**in BLUE**) with the cover sheet clearly labeled "ORIGINAL", and one copy;
- provide the proposal in the order based on the Completeness checklist;
- have the completed Completeness checklist as the first page after the cover sheet;

SUBMISSION REQUIREMENTS

- All proposals must:
 - Have the following attachments in the Original application
 - IRS Letter (if not been submitted this year)
 - Certification Regarding Lobbying
 - Current Audit OR if no audit latest IRS 990 (unless most current on file)
 - Leverage Letter on Agency Letterhead

SUBMISSION REQUIREMENTS

HMIS report as July 1, 2015 through June 30, 2016

Element	Report/Q	RRH	SO	AH
• Data Quality	CAPER Q5a	x	x	x
• Households Served	CAPER Q7a	x	x	x
• Number of Persons Contacted	CAPER Q9a	x		
• Residence Prior to Program Entry	CAPER Q15	x	x	x
• Length of Participation	CAPER Q22a2	x	x	
• Time Between Entry & Move-In Date	CAPER Q22c	x		
• Exit Destination	CAPER Q23a	x	x	x
• Chronically Homeless	CAPER Q26b	x	x	x
• Income Growth	APR 2015 Q19a3	x		x
• Utilization Rate	Housing Census*			x

• Housing Census* Include first and last page of each Location type (will include name of agency, date range, and housing project name, total clients served and total services provided)

SUBMISSION REQUIREMENTS

- ✍ Administrative and Operational Capacity
 - Describe the organization's history and previous experience in program design, development and delivery, including administrative capacity. List similar programs that were successfully operated and the types of funds used for its operation.
- ✍ Description of Target Population and Community Need
 - Describe **target population** (at-risk, imminently at-risk, homeless, chronically homeless, etc.), specific persons (youth, families only, domestic violence), and community (City, County, etc.) List the **number of individuals** to be served by the program – both **duplicated and unduplicated**. Describe the need being addressed using documented statistics. How will the creation or expansion benefit the target population? What purpose does the program serve in the community, and how it will further the implementation of the CoC plan and help reduce homelessness? Identify where in the CoC Plan this need is identified.

SUBMISSION REQUIREMENTS

- ✍ Program Narrative
 - Describe the program and all of the activities to be funded, the implementation process, the person who will be responsible for the program and their experience, collaborative partnerships, when and where the activity will occur, and why this is significant to this target population and the community.
- ✍ Measurable Outcomes and Evaluation
 - Describe the specific measurable objectives/outcomes to be achieved for each activity to be funded and how they will be measured. (Entering into HMIS is not an outcome)
- ✍ Program Sustainability/Maintenance
 - Describe how your program will be continued/ maintained or sustained at the end of this grant period.

SUBMISSION REQUIREMENTS

- ✍ Budget & Budget Narrative
 - Complete a line-item budget using the “Budget” form attached. **A budget narrative is required.** This should be an explanation of expenses and how the budget relates back to the program and activities to be funded. Please itemize program revenues and expenses. If your total program costs exceed the amount of grant funds requested, list other sources of funding support for your program.

SUBMISSION REQUIREMENTS

- ✍ Budget & Budget Narrative
 - All grant funded activity or project services should be completed or provided by **June 30, 2017.**
 - *Section 420.622(4)(a), Florida Statutes, requires grant recipients to provide matching funds or in-kind support in an amount equal to the grant requested. This is match and not leverage.*

REVIEW

Points	Guidance
Maximum points	Fully meets the Scoring Criteria.
Middle points	Partially meets the Scoring Criteria.
No points	Does not meet the Scoring Criteria.

REVIEW

- ✍ Participation in the Homeless Management Information System
 - Following HMIS Policies and maintaining good data quality
- ✍ Participation in the Continuum of Care
 - Provide an explanation of the organization's participation in the CoC.
- ✍ Outcomes of current program(s) based on HMIS data



Questions?

Thank You for Attending



Happy Grant Writing!