Addenda II

Miami-Dade County Homeless Trust
Request for Applications
Response to written questions

RRH 2.0 is for move-in assistance only correct? Also, does not need to be in coordination with healthcare? Does this program require the subgrantee to assist the referrals received through Coordinated Entry only?

The RRH 2.0 program is mainly designed to pay for deposit assistance for persons referred to units leveraged from a public housing agency that does not cover those costs. This program is meant to be administrative in nature and does not need to partner with a healthcare organization. The CoC Housing Coordinator will be referring eligible persons for this assistance.

RRH = usual move-in/subsidy up to 24 months but with coordination to health care and employment? Does it have to have a coordination with health care? Not sure if I can find a health provider that will pony up 25% of $ funds I intend to apply for. Does this program only require the grantee to assist the referrals received only, or also those clients the grantee is able to find through its own?

The RRH will be expected to follow the CoC's Standards of Care: https://www.homelesstrust.org/resources-homeless/library/providers/standards-of-care/rapid-rehousing.pdf. The RRH program is expected to prepare clients to pay market rent, unless it is being used as a bridge to other Permanent Housing; it is for this reason that a robust supportive employment and SOAR program can expect to increase participant income and promote housing stability beyond the term of assistance. The NOFO traditionally awards bonus points to applicants that leverage housing and healthcare. We are anticipating leveraging housing through the PSH project. We will need at least one other proposal to leverage healthcare. Proposals that leverage healthcare will have a competitive advantage. The CoC Housing Coordinator will be referring eligible persons for this assistance.

During the preapplication workshop, you mentioned that this NOFO was not looking for regular RRH, but rather rental assistance in coordination with healthcare and employment organizations who prioritize households with minor children. The addenda removed all the previous language (full text noted below), and replaced with RRH assistance is limited to 24 months. Individuals should also be assisted to increase income to ensure housing stability. Providers must demonstrate the ability to obtain public benefits quickly, and include supportive employment or have a MOU with an employment-focused provider or program.

There are two RRH opportunities in the NOFO RFA. The one titled RRH 2.0 is mainly designed to pay for deposit assistance for persons referred to units leveraged from a public housing agency that does not cover those costs; while the other is regular RRH that will be expected to follow the CoC's Standards of Care:

https://www.homelesstrust.org/resources-homeless/library/providers/standards-of-care/rapid-rehousing.pdf. The RRH program is expected to prepare clients to pay market rent, unless it is being used as a bridge to other Permanent Housing; it is for this reason that a robust supportive employment and SOAR program can expect to increase participant income and promote housing stability beyond the term of assistance. The NOFO traditionally awards bonus points to applicants that leverage housing and healthcare. We are anticipating leveraging housing through the PSH project. We will need at least one other proposal to leverage healthcare. Proposals that leverage healthcare will have a competitive advantage. The CoC Housing Coordinator will be referring eligible persons for this assistance. Rapid Re-Housing (RRH) demonstrating coordination with healthcare:
In the case of a Substance Abuse treatment, leveraging must provide access to treatment or recovery services for all program participants who qualify and choose those services. For health and behavioral health care leveraging through the public hospital, Federally Qualified Health Center (FQHC), or community Mental Health provider, the value of the healthcare should total an amount that is equivalent to 25 percent of the funding being requested for the project. Acceptable forms of commitment are formal written agreements and must include: (1) value of the commitment, (2) dates the healthcare resources will be provided.

Where is the RFA located?

The RFA, forms and addenda can be found on our website:
https://www.homelesstrust.org/homeless-trust/providers/home.page

For a renewal application, do we submit an amendment to include additional Supportive Services and staff positions previously allocated, or is a new application is required? For the next fiscal year, our budget includes funding for five new positions to support these activities. Could you kindly advise on the appropriate course of action?

You must submit Attachment 6 Renewal project application if you intent on renewing your project. Please follow the instructions on Attachment 2 for submitting a renewal application as you may have additional requirements such as match commitment. If you are not seeking additional funding, you can work with your Contract Officer to amend your budget. If you are seeking additional funding, you can submit a new project application.

There seems to be a discrepancy in the RFA Checklist: Attachment 4 is the New HUD Project Application and it applies to ALL, and the same appears for Attachment 5. To add, the attachments for the Renewal Project Applications, which are attachments 6, 15, 3, does not appear on the RFA Checklist. Please confirm if this is correct.

You are mostly correct and I will amend the RFA Checklist to not just reflect “ALL” but to specify “ALL Renewal apps” for agencies submitting renewal project applications, and

ALL New apps" for agencies submitting new project applications. I will add attachments 3 and 6 to the checklist. There is no attachment 15 this year.

Would a grantee be able to request referrals from the Trust for assisting clients if a client is registered? For example, if a client is not necessarily in shelter but homeless and registered in HMIS, can a grantee ask the Trust for a referral to assist them or is it specifically just the referrals the agency will be getting from the Trust without any input on referrals?

Referrals to RRH and PSH are made pursuant to the CoC Orders of Priority for Referral. The policy can be found here: https://www.homelesstrust.org/resources-homeless/library/providers/standards-of-care/order-of-priority-for-referral-to-ph.pdf. Orders of priority for referral to RRH can be found on the bottom of page 4.

Regarding the match criteria it states the usual 24 CFR 578.73 requirements wherein "The recipient or subrecipient must match all grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources. For Continuum of Care geographic areas in which there is more than one grant agreement, the 25 percent match must be provided on a grant-by-grant basis". Does the CoC impose a limit on In-Kind match?

The CoC does not impose a cap of the source of match, a respondent can have a combination of cash and in-kind match, or they can propose to do all cash, or all in-kind. Match must be at least 25% of the request for all budget line items except leasing, while we discourage it, you can propose more than 25% match. If you have match in excess of 25% consider showing it as leveraging. The value of your match should be reasonable, but the CoC doesn't have an imposed cap on the value of your match.