

**ST. LOUIS COUNTY
COUNTY HOMELESS SERVICES PROGRAM
OFFICE OF FAMILY AND COMMUNITY SERVICES
DEPARTMENT OF HUMAN SERVICES
REQUEST FOR PROPOSAL**

**HUD CONTINUUM OF CARE GRANT
2015 FUNDING YEAR**

GENERAL AGENCY INFORMATION- Information required in this section is in reference to the agency submitting the proposal.

<p>A. Applying Agency</p> <p>_____</p>	<p>E. Type of Organization</p> <p>_____ Private Non Profit</p>
<p>B. Address</p> <p>_____</p>	<p>_____ Public Non Profit</p>
<p>C. Contact Person, Title, Phone, & E-Mail</p> <p>_____</p> <p>Name Title</p> <p>_____</p> <p>Name, Title & Organization authorized to sign contract</p> <p>_____</p> <p>Name Title</p> <p>_____</p> <p>_____</p> <p>Name Title</p> <p>_____</p> <p>Signature</p>	<p>_____ Private for Profit</p> <p>_____ Public for profit</p> <p>_____ Sole Proprietor</p> <p>_____ Corporation</p> <p>_____ Federal I. D. Number</p>

FOR ST. LOUIS COUNTY HOMELESS SERVICES PROGRAM USE ONLY

Date Received:

Time Received

Received By:

**Return Proposal to: St. Louis County: Attn: Homeless Services Program
9666 Olive Blvd, Suite 510
St. Louis, MO 63132**

TABLE OF CONTENTS

I. General Program Information	Page 5
II. General Instructions for Completing This RFP	Page 7
III. Specifications	Page 9
IV. Application Narratives	Page 11
V. Attachments	
a) Request for Funds-Operations	Page 12
b) Request for Funds-Essentials	Page 13
c) Matching Funds	Page 14
d) Leveraging Summary	Page 15
e) Fiscal Compliance Section	Page 16
f) Programmatic Compliance Section	Page 17
g) Checklist	Page 18

REQUEST FOR PROPOSAL ANNOUNCEMENT

Issued by

**St. Louis Homeless Services Program
Office of Family and Community Services
Department of Human Services**

The Saint Louis County Homeless Services Program, Office of Family and Community Services, Department of Human Services Office is requesting proposals for projects and programs that address the need for permanent housing for Saint Louis County individuals and families. The funds must be used for permanent supportive housing located in Saint Louis County. This is a bonus project under the HUD FY2015 NOFA and has very specific requirements. The Housing First Model must be applied to this project. The total funding available is \$487,426.35. St. Louis County may choose one proposal or multiple proposals.

St. Louis County is seeking a new project(s) under the 2015 HUD Continuum of Care Notice of Funding Availability. Projects should fall into one of two categories:

- The creation of new permanent supportive housing that will serve 100 percent chronically homeless families and individuals;**
- OR--**
- The creation of rapid re-housing that will serve homeless individuals and families coming directly from the streets or emergency shelters, and includes persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.**

Interested applicants should read the 2015 HUD NOFA in its entirety for all application details and stipulations.

St. Louis County Homeless Services Program is seeking interested organizations that demonstrate the objectives listed below:

- Competent and cooperative management with a vision for staffing and support
- A commitment and ability to ensure that customer service oriented staff are available to serve homeless
- A willingness to integrate resources and activities with other organizations
- Flexibility in deploying human resources and an ability to adapt to change as economic conditions and operational needs evolve

St. Louis County Homeless Services Program intends to be as inclusive as possible in the solicitation. The goal is to receive several high quality proposals that articulate clear and aggressive strategies for permanent supportive housing to consumers. The resulting contracts with the successful proposers will be for a one-year period.

Additional Requirements

- A. This RFP is not in itself an offer to work nor does it commit St. Louis County Homeless Services Program to fund any proposals submitted. St. Louis County is not liable for any costs incurred in the preparation or research of proposals. St. Louis County Homeless Services Program reserves the right to make an award to any proposer or to make no awards, if that is deemed to serve the best interest of the St. Louis County Region. In addition, St. Louis County Homeless Services Program reserves the right to:
- 1) Amend or withdraw this RFP at any time
 - 2) Reject any and all proposals
 - 3) Re-issue this RFP

St. Louis County Homeless Services Program may negotiate the proposal with the successful proposer before St. Louis County Homeless Program makes any final commitment. All commitments made by St. Louis County Homeless Program are contingent upon the availability of funds.

- B. Proposing organizations should note that under the requirements of the Freedom of Information Act (FOIA), the contents of your proposal or other information submitted to St. Louis County Homeless Services Program is subject to public release upon request, except those items specifically exempt from disclosure. The proposer shall mark as “proprietary” those parts of its proposal that it deems proprietary. However, the proposer is alerted that this marking is advisory only and not binding on St. Louis County Homeless Services Program. If there is a request from the public under FOIA to inspect any part of the proposal so marked, St. Louis County Homeless Services Program will advise the proposer and request further justification in support of the “proprietary” marking. If St. Louis County Homeless Services Program determines, after receipt of the justification, that the material is releasable, the proposer will be notified immediately. Under no circumstances will a proposal or any part of a proposal be released prior to the contract award decision.

- C. The winning proposer must subscribe to and use E-Verify to ensure all staff and potential staff working under this contract meets the illegal immigrant policies set forth by the State of Missouri.
- D. The successful proposer must have all staff that work with CoC funds, participant's files and related information complete a State of Missouri approved Confidentiality Agreement before working with any confidential information, whether verbal or written.
- E. Contractor Status – The contractor staff shall not represent himself/herself to be an employee of the State of Missouri or St. Louis County. Therefore, the contractor shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, workers compensation, employee insurance, minimum wage requirements, overtime, etc., and agrees to indemnify, save, and hold the State of Missouri and St. Louis County, its officers, agents, and employees, harmless from and against, any and all loss; cost (including attorney fees); and damage of any kind related to such matters. The contractor will be responsible for informing their staff of the above statements.
- F. Contractor will submit invoice to St. Louis County Department of Human Service, St. Louis County Homeless Services Program, 9666 Olive Blvd, Suite 510, St. Louis, Missouri 63132.

I. GENERAL PROGRAM INFORMATION

A. Process

St. Louis County Homeless Services Program provides federal funds to agencies for the operation of shelters and transitional living facilities. St. Louis County, Missouri is a designated local area for these funds in St. Louis County and is managed by the St. Louis County Homeless Services Program, Office of Family and Community Services, Department of Human Services, on behalf of the County Executive and the Housing Resource Commission.

The contractor must hold ethics to the highest standard in every aspect of their services.

B. Disclaimers

Submission of a proposal does not commit St. Louis County to approve any proposal or pay any cost incurred in the preparation of a proposal in response to this RFP. Failure to follow the RFP process can result in the outright rejection of a proposal. Any existing contractor with St. Louis County Homeless Services Program is prohibited from utilizing any funds currently awarded to respond to this RFP. Any existing contractor may apply, but must certify that no current funds were utilized to respond to this RFP. St. Louis County reserves the right to accept or reject any or all bids received as a result of the RFP. This RFP may be cancelled in part or in its entirety if it is in the best interest of St. Louis County Homeless Services Program.

In the event it becomes necessary to revise any part of this RFP, a written addendum will be issued. Any amendment to this RFP shall be valid only if in writing and issued by St. Louis County. Verbal

conversations or agreements with any officer, agent, or employee of St. Louis County which may modify any terms or obligations of this RFP shall be invalid.

St. Louis County Homeless Services Program may require proposers selected to participate in negotiations without discussion of an offer with the proposer. Each proposal should be submitted in the most favorable terms from a price and technical standpoint. St. Louis County Homeless Services Program reserves the right to request any additional data or discussion/presentation in support of the written proposal at any time, prior to the execution of a contract.

Once a contract is awarded to a bidding organization, that organization assumes full responsibility for administration of the program activity and expenditures of CoC funds according to Regulations and other policies or regulations established by St. Louis County Homeless Services Program. Each organization will be liable for any disallowed or illegal expenditure of funds or program operation conducted under this contract. Disallowed or illegal costs will be subject to repayment from non-federal funds to St. Louis County Homeless Services Program by the contractor.

C. Type of Contract

The RFP is for a cost-reimbursement contract. CoC Grants require matching funds. Every dollar of grant funding you receive must be matched at 25%, with the exception of leasing, which does not require match. Please note that while leasing does not require match, rental assistance does require a 25% match. Match may be derived from non-federal public sources or private sources, and may include contributions of goods and services. Documentation regarding the required match must be available for review by the Department of Human Services staff.

In addition to match, agencies are asked to demonstrate leveraging. This may be cash or in-kind commitments. It is recommended that applications strive to secure leveraging in the amount of 150% of the requested budget. Please contact DHS to discuss leveraging if you have questions.

Conflict of Interest policies issued by St. Louis County will be effective throughout all phases of this procurement process.

II. GENERAL INSTRUCTIONS FOR COMPLETING THIS RFP

Organizations should read all contents of the RFP before beginning their response.

All requested information should be typed in 12-point font, double spaced and answered completely, honestly, and to the best of your organization's ability. Fancy bindings and other presentations beyond that required by the RFP should not be included.

Applications received by St. Louis County Homeless Services Program will be screened to ensure that all basic information has been provided and minimum requirements are met. The St. Louis County Homeless Services Program review committee will certify proposals for the Continuum of Care review process which will follow the evaluation criteria.

Four (4) copies of the completed proposal must be submitted. One (1) copy must bear the original signature of the agency official authorized to enter into a contract with St. Louis County Homeless Services Program.

Completed proposals should be submitted to:

St. Louis County Department of Human Services
Office of Family and Community Services
ATTN: Homeless Services Program
CoC Grant Application
9666 Olive Blvd, Suite 510
St. Louis, MO 63132

- **Deadline for submission is: 5:00 p.m. Monday, October 19, 2015.**
- All copies must be received in sealed envelopes.
- Hand delivered or courier delivered proposals will be dated and time stamped with a receipt issued.
- Proposals mailed in will be dated and time stamped at time of receipt.
- Faxed proposals will not be accepted.

Organize application pages as followed, numbering sequentially starting with the front page of this application.

The items to be included in all proposals are as follows:

- Proposal Cover Sheet (front page)
- Table of Content for the proposal
- Purpose, experience, accomplishment, follow up services
- Scope of Services
- Director of Project
- Request for Funds - Operations (Attachment A)

- Request for Funds – Essential (Attachment B)
- Match Sheet (Attachment C)
- Fiscal Compliance Section (Attachment D)
- Programmatic Compliance Section (Attachment E)

The following documents should be attached to the original only in the order given below; it is not necessary to number these documents:

- Evidence of 501c (3) status
- Articles of Incorporation
- Organization’s By-Laws
- List of Board of Directors and Officers
- Authorized Signature Page
- 2016 Agency Budget, including Financial Sources and Uses
- 2014 Audit (or April-June 2015 Financial Statements and Balance Sheet if 2014 Audit is not complete)
- Leveraging Commitment Letters
- Proof of General Liability Insurance

Definitions: The following definitions shall apply to this Request for Proposal process:

- Contract means a legal and binding agreement between two or more competent parties, for a consideration for the procurement of services identified by and resulting from this RFP process.
- Contractor means a person or organization who is a successful proposer as a result of the RFP and who enters into a contract with St. Louis County for such services.
- Proposer means the person or organization that responds to this RFP by submitting a proposal for services as required in the RFP document.
- Request for Proposals (RFP) means the solicitation document issued by St. Louis County through its Department of Human Services, Homeless Services Program

III. SPECIFICATIONS:

A. Background and General RFP Information

The funds available through this Request for Proposal are governed by applicable Federal, state, and local laws, regulations and requirements, and by policies and expectations of the Saint Louis County Department of Human Services. In applying for and agreeing to accept funds administered by the Department of Human Services, applicants agree to comply with:

The Fair Housing Act, as amended 1988; the Americans with Disabilities Act of 1990; the 1964 Civil Rights Act, as amended, Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Omnibus Reconciliation Act of 1981; and, all other applicable Federal and State laws which prohibit discrimination in the delivery of services on the basis of familial status, handicap/disability, race, color, national origin, age, sex or religious beliefs.

St. Louis County Homeless Services Program is issuing the Request For Proposals (RFP) to procure a contractor that will provide permanent supportive housing for chronically homeless persons.

B. Respective Functions

St. Louis County Homeless Services Program will be responsible for administrative functions and program oversight of the contract. The contractor must have the management capacity to administer a complicated Federal Grant Program and will be responsible for intake, eligibility determination, and follow-up services. The agency or organization administering that activity will be subject to an extensive set of reporting and monitoring requirements as developed by St. Louis County Homeless Services Program. These reports will be required as necessary to carry out monitoring and evaluation of activities as mandated by the regulations. Detailed reports will be expected on a monthly basis. Agencies and organizations submitting a proposal should be familiar with the basic requirements outlined in the regulations and should provide necessary staff in their proposal to see that these requirements are met.

C. Staff Salary

1. Staff Job Summary - should state the position name and a brief job description of each job title.
2. Staff Turn Over Rate - what is the average duration of your employees' tenure?
3. Include all Staff Salary – this should be included for all employees working for the agency.

D. Selection Process

The Department of Human Services staff will review all applications. Staff members may request a site visit, or ask that the applicant provide additional information.

The following criteria are considered during the review and award process:

1. Responsiveness to Performance Requirements.
2. Experience of the agency Executive Director and experience of the applicant agency in providing homeless services.
3. Track record of current applicants regarding compliance with contract requirements, the timely submission of requests for reimbursement, and attendance at required meetings.
4. Ability of the applicant to work cooperatively with other community agencies and organizations.
5. Evidence that the composition of the Board reflects the socioeconomic diversity of clientele served, and that the Board of Directors or Advisory Board includes a person who is homeless or formerly homeless.
6. Current financial status of the agency and the management of the agency's fiscal obligations, including the status of the most recent annual audit.
7. Appropriateness and relative cost effectiveness of the proposed services; financial feasibility of the proposed project or program; adequate operational support for the agency to expand or provide new services if necessary without negatively impacting program delivery.
8. Thoroughness in which the application is completed.

IV. APPLICATION NARRATIVES

For each question below, narratives should be at least one page long.

1. Describe your organization's primary purpose, current program(s) and the clients you serve.
2. Describe in detail your agency's experience in addressing the needs of residents who are homeless.

PROJECT NARRATIVE

PERMANENT SUPPORTIVE HOUSING or RAPID REHOUSING, USING THE HOUSING FIRST MODEL

The PERMANENT SUPPORTIVE HOUSING or RAPID REHOUSING project narrative, must include the following details in the order they are given: A description of the proposed program; whether the program is new, existing, or expanding; the number of individuals the program will serve; the average number of beds available to serve County clients; a description of other resident services provided on site; and personnel requirements. As project requires the use of the Housing First model, please describe the level of case management that will be provided, including guidance on the staff needed to administer this program. Limit narrative to this page and two additional pages, numbered.

DIRECTOR OF PROJECT NARRATIVE

Identify the person primarily responsible for directing/managing the project described in the narrative. Include detailed information pertinent to her/his experience and expertise. Limit narrative to one page.

V. ATTACHMENTS

Attachments A and B must be completed in full and returned with the completed Proposal.

ATTACHMENT- A

The following expenses are eligible for reimbursement under the category of Operations. Please indicate the amount being requested in the right hand column.

Request for Funds –Operations

Line Item	Amount Requested
Leasing	
Rental Assistance	
Operations Costs (detail below)	
<u>TOTAL of Operations Funds Requested</u>	

ATTACHMENT- B

REQUEST FOR FUNDS - SUPPORTIVE SERVICES

The following staff salaries for direct client services are eligible for reimbursement under the category of Supportive Services. Reimbursement can be made to a contracted provider, or staff salaries can be reimbursed if a staff member provides these direct services. Please indicate the amount being requested for the contract provider costs or salaries in the right hand column. If using a contract provider, also indicate (this time in the left-hand column, under the position you wish funded) the cost per client served. If salary funds are awarded, a list of names, position, percentages of time spent on the grant and salaries will be required.

Line Item	Amount Requested
Case Management	
Assistance with Moving Costs	
Food	
Housing Search and Counseling Services	
Life Skills	
Outreach Services	
Transportation	
Utility Deposits	
<u>TOTAL of Essential Services Funds Requested</u>	

ATTACHMENT- C

MATCH

Recipients must match grant amount with 25% with funds or from the sources listed. All matching funds must be used for eligible service cost identified in the budget and included in the application. Please note, Leasing Funds do not require match.

Line Item	Amount Requested
In-Kind Sources	
Staff	
Value of lease on a Building	
Donation of Materials	
Volunteer Hours	
Cash	
TOTAL - Matching Funds	

ATTACHMENT- D

LEVERAGING SUMMARY

Describe the sources in which this project intends to leverage outside resources. This may be cash or in-kind commitments. The minimum must be 100% of your requested budget. A strong application will have 150%+ in leveraging secured. Please read the NOFA for details on leveraging.

Description	Amount Committed
<u>TOTAL LEVERAGING COMMITTED</u>	

ATTACHMENT- E

FISCAL COMPLIANCE

1. Is your agency not-for-profit? _____ If the answer is “no”, stop here. You are not eligible to apply.
2. Does your agency have a Fiscal Policy and Procedures Manual in place? _____
3. Are the accounting systems computerized or manual? _____
If computerized, are they mainframe or software such as Quick Books? _____
4. Do you have an audited financial statement for the last completed fiscal year? _____ if yes, attach as per the checklist on the last page. If not, please explain.
5. How many people are on your accounting staff? _____ Please list the title and the amount of time spent on accounting for the grant funds, particularly if they perform other non-accounting functions. Attach a separate page if necessary.
6. What approximate percentage of your total budgeted revenue is from Federal Funds ____ State Funds ____ Local Funds _____ Donations ____ Contributions _____
7. Does your agency have a written cost allocation plan in place? _____ If yes, how often is the cost allocation plan updated? _____
8. If your agency has multiple funding sources, do you have time sheets that reflect these various sources? _____ Are payroll costs allocated based on actual hours and not budgeted hours to the various funding sources? _____
9. Please list your sources for match and attach to this sheet award letters or letters of intent.
10. Please describe the projected rate at which awarded funds will be expended.
11. Do you have an inventory system? _____
12. Is your payroll done internally or by an outside agency? _____

When you have attachments, please attach and identify by page number.

ATTACHMENT -F

PROGRAMMATIC COMPLIANCE

1. Are your agency's services accessible to persons with disabilities?

Yes [] No []

Is your facility accessible to persons with disabilities?

Yes [] No []

If your facility or services are **not** accessible, you must explain how you will serve persons with disabilities. Limit narrative to one page, and attach as **13a**.

2. Has your agency adopted a formal process for termination of assistance, including a grievance procedure?

Yes [] No []

If **yes**, attach the grievance procedure as page **13b**. Note: before entering into a contract with the Department of Human Services, you must have a formal process for termination of assistance and a grievance procedure in place.

3. Do you provide services to victims of family violence?

Yes [] No []

If yes, please discuss the procedures your agency has in place to ensure the confidentiality of client records and client location. Limit narrative to one page, and attach as **13c**.

4. Does your agency have any persons who are homeless or formerly homeless currently serving as board members or advisors in any of the programs operated by your agency? Do you have any current employees who are formerly homeless?

Yes [] No []

If **yes**, indicate their position as **board member** [] **advisor** [] employee [].

If No, you must have a formal plan in place indicating how you will involve them in your agency's program(s) before entering into a contract with the Department of Human Services. Attach narrative as page **13d**.

5. Please attach you agency's Board-approved Client Confidentiality Policy and **all** client Release of Information Forms. Attach as pages **11 a, b, c, etc**.

ATTACHMENT -G

CHECKLIST

Organize application pages as follows, numbering sequentially starting with the front page of this application as page 1:

- ___ Front page of the application
- ___ Table of Contents
- ___ Purpose, experience, accomplishment, follow up services.
- ___ Scope of Services
- ___ Director of Project
- ___ Request for Funds, Operations
- ___ Request for Funds, Essential Services
- ___ Match Budget
- ___ Leveraging Summary
- ___ Fiscal Compliance section
- ___ Programmatic Compliance section

Please attach the following to the original only in the order given below; do not number.

- ___ Evidence of 501(c) (3) status
- ___ Articles of Incorporation
- ___ By-Laws
- ___ List of Board of Directors and Officers
- ___ Authorized Signature Form
- ___ Most Recent Agency Budget, including Financial Sources and Uses
- ___ 2014 Audit or April-June 2015 Financial Statements and Balance Sheet if 2014 Audit is not complete.
- ___ Proof of Leveraging
- ___ Proof of General Liability Insurance



Authorized Signature Form

Purpose: To designate at an agency who can process required grant documents to ensure proper authorization.

Agency:	
Address:	
Phone Number:	
Date:	

Authorized Signatures:

Authorized Official (Name):	
Signature:	
Title:	

Authorized to Sign Requests for Proposals (Name):	
Signature:	
Title:	

Authorized to Sign Contracts (Name):	
Signature:	
Title:	

Authorized to Sign Reimbursements (Name):	
Signature:	
Title:	

All documents requiring a signature must be signed only by the persons designated above. Documents requiring two signatures must be signed by two authorized signatories above. Signatures will remain in effect until revoked by the agency in writing.

I hereby certify that the above signatures are of the individuals authorized to sign documents for Responses to RFPs, Contracts, and Reimbursement Requests.

Signature (Authorizing Board Official): Title:

Print: Date: