

**Youth Homelessness Demonstration Program**  
 2023-2025 Funding Application  
 RFP No. 6700-N-35



**APPLICANT INFORMATION**

Name of Organization			Licensed to do Business in FL State <b>(REQUIRED)</b>		
			<input type="checkbox"/> Yes <input type="checkbox"/> Will become licensed within 30 days (commitment statement attached)		
Year Incorporated:			Applicant Type		
			Choose an item.		
Mailing Address			Physical Address (if different than mailing address)		
Street:			Street:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Statewide Vendor # (SWV)		Unified Business Identifier # (UBI)		Federal Employer Tax Identification #	

**Contacts**

Primary contact for this application		Other application contact (if needed)	
Name/Title:		Name/Title:	
Phone:		Phone:	
Email:		Email:	
Executive (person who signs grant agreements)		Program Manager (primary contact for grant activities)	
Name/Title:		Name/Title:	
Phone:		Phone:	
Email:		Email:	
Finance (primary contact regarding invoices)		Data Manager (primary contact for HMIS)	
Name/Title:		Name/Title:	
Phone:		Phone:	
Email:		Email:	

**Subgrantee Information (if applicable)**

Name of Organization		Licensed to do Business in FL State <b>(REQUIRED)</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> Will become licensed within 30 days (commitment statement attached)	
Unified Business Identifier Number (UBI)		Subgrantee Contact	
Summary of subgrantee's primary responsibilities (50 words maximum)			

**References (REQUIRED)**

List names, telephone numbers, and e-mail addresses of **up to three** (3) business references for the Proposer and/or the lead staff person for whom work has been accomplished and briefly describe the relationship to the Proposer. Do not include current DOORWAYS staff as references. By submitting a proposal, the Proposer and any partners or agents authorize DOORWAYS to contact these references and others, who from DOORWAYS perspective, may have pertinent information. DOORWAYS may or may not, at DOORWAYS discretion, contact references. DOORWAYS may evaluate references at DOORWAYS discretion.

Applicant Reference 1	
Name:	Title:
Phone:	Email:
Relationship to Applicant:	
Applicant Reference 2	
Name:	Title:
Phone:	Email:
Relationship to Applicant:	
Applicant Reference 3	
Name:	Title:
Phone:	Email:
Relationship to Applicant:	

**Contributors**

Please list those who worked on the development of this proposal.

Name/Role	RFP Section(s)

**Proposal Summary (NOT SCORED)**

Please enter the following information for all program(s) for which you are applying for funding.

Program	Service Area <sup>1</sup>	Funding Request <sup>2</sup>
1 Support Services Only (SSO)		\$
2 Youth Lead Project – (SSO)		\$
3 Transitional Housing (TH)		\$
4 Rapid Re-Housing (RRH)		\$
5 Joint Component (TH-RRH)		\$

<sup>1</sup> Provide county service area(s).

<sup>2</sup> Provide the amount that would be needed to provide services on an annual (one-year) basis. Total requested cannot exceed the county allocations.

**THRESHOLD CERTIFICATIONS (REQUIRED)**

Threshold	Response (REQUIRED)
<p>If selected for YHDP funding, do you agree to consult and collaborate with the Youth Action Board and the CoC’s YHDP workgroup on implementation planning for the YHDP-funded project? This may include:</p> <ol style="list-style-type: none"> <li>1. Meeting with the Youth Action Board (YAB) and/or YHDP workgroup to discuss project design or implementation;</li> <li>2. Revising project design or implementation based on Youth Action Board (YAB) and/or YHDP workgroup input, as feasible within federal funding requirements; and/or</li> <li>3. Reporting on project implementation to the Youth Action Board (YAB)and/or YHDP workgroup</li> </ol>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you agree to only enroll participants through the YAB-developed Youth and Young Adult Coordinated Entry (CE) Tool, and do you agree to enroll all otherwise eligible <b>YYA</b> regardless of: income, disability or medical/behavioral health diagnosis, substance use, history of involvement with the criminal legal system (including felony criminal convictions), language, immigration status, or other circumstances not related to project eligibility?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you agree to participate in and comply with all requirements of the CoC’s Homeless Management Information System (HMIS)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you commit to only enroll participants in the proposed YHDP-funded project that are unaccompanied youth and young adults aged 16-24 and fall within Category 1, 2, or 4 of HUD’s definition of “homeless,” and to document eligibility for each participant?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you understand that you will have to comply with all federal grant requirements, including but not limited to the following?</p> <ol style="list-style-type: none"> <li>1. OMB Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards;</li> <li>2. Compliance with Fair Housing and Civil Rights Laws (see list at 24 C.F.R. Part 5.105(a)(1);</li> <li>3. Equal Access to Housing Regardless of Sexual Orientation or Gender Identity;</li> <li>4. Participation in HUD-Sponsored Program Evaluation;</li> <li>5. Drug-Free Workplace;</li> <li>6. Safeguarding Resident/Client Files;</li> <li>7. Physical Accessibility; and</li> <li>8. Conducting Business in accordance with Ethical Standards/Code of Conduct</li> <li>9. Serve the vulnerable population in accordance with HUD CPD Notice 16-11</li> </ol>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has this application been approved by at least three young people with lived experience of homelessness?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Does the applying organization have homeless or formerly homeless representation on a policy-making entity?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the applying organization provide program participants with their rights? Including, but not limited to, program rules, termination process, written notice of termination, and appeals process.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applying organization commit to implementing a housing first approach with the YHDP project funds, if awarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant organization licensed to do business in the State of Florida?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that CoC staff will conduct a threshold review of your proposal to ensure that the project will serve eligible participants and that all proposed uses of YHDP grant funding are eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you are currently a CoC Program grant recipient, please submit the following with your project proposal:</p> <ul style="list-style-type: none"> <li>• Any HUD Monitoring Letters from the past five (5) years (April 2018 – March 2023) relating to your organization’s CoC grants;</li> <li>• Any correspondence with HUD about monitoring findings or concerns that happened in the past five (5) years (April 2018 – March 2023);</li> </ul>	

## INSTRUCTIONS

Submit the application via email to [rfp@doorwaysnwfl.org](mailto:rfp@doorwaysnwfl.org) no later than **MONDAY, June 19<sup>th</sup>, 2023 at 4:00 PM CDT.**

Applications must be fully completed and written in English or may be not be scored or considered for funding. No late submissions will be accepted.

- Applicant Information
  - Subgrantee Information (if applicable)
  - References (up to three Required)
  - Proposal Summary
  - Threshold Certifications (REQUIRED)
- Universal Questions
  - Must be completed once by all applicants
  - Responses must adhere to **250 word limit** per question.
- Program Questions
  - Complete only the sections for the programs in which you are applying
  - Responses must adhere to **250 word limit** per question.
- All Exhibits (A, B, C, & D)
  - Signatures may be electronic or typed where required.
- [EXHIBIT E Budget](#) (Excel)
  - Budget items are defined on the Overview tab
  - Complete blue cells
  - Complete correlating tab for each program you are applying for
  - Match must be 25% of total grant excluding leasing costs
  - Complete narrative questions on each tab (on right of budget table)

For any questions or assistance, please contact [RFP@Doorways.org](mailto:RFP@Doorways.org) with subject line indicating which project the question is regarding. Ex: YHDP RFP – SSO; YHDP RFP – TH; YHDP RFP – General; etc.

Emailing [rfp@doorwaysnwfl.org](mailto:rfp@doorwaysnwfl.org) is the sole point of contact in DOORWAYS for this procurement. Any other communication will be considered unofficial and non-binding on DOORWAYS. Applicants are to rely on written statements issued on the Q&A Document. Communication directed to other parties may result in the disqualification of your application.

### Recommendations

- Under “View” in Word, select “Navigation Pane” to more easily read through the application.
- Provide specific examples to illustrate the organization’s capacity to do what is described in each response. Avoid generalized responses (for example, if you say your agency respects all youth in the program, then provide examples that demonstrate how respect is given to youth in the program).
- Engage with youth and young adults with lived experience of homelessness or housing instability for your program design and implementation.

## UNIVERSAL QUESTIONS

Must be completed once for all applications. **250 word limit each.**

1. Describe the need in your community for your organization to serve unaccompanied youth and/or young adults who are experiencing homelessness or unstably housed.

Click or tap here to enter text.

2. Black, Indigenous, People of Color and LGBTQ2IA+ young people are overrepresented and underserved in homelessness. How would you use this funding to serve each of these communities equitably?

Click or tap here to enter text.

3. What strategies and actions do you currently utilize to advance racial equity within your organization?

Click or tap here to enter text.

4. How have you incorporated youth voice throughout your development and implementation of services, including but not limited to current/former participants, staff with lived experience, and Youth Action Boards? How do you avoid tokenizing lived experts?

Click or tap here to enter text.

5. Describe a time that you received feedback from a young person in your program, how and when you responded, and any changes to policies, procedures, or practices that occurred because of it?

Click or tap here to enter text.

6. How does your program adapt and accommodate to ensure holistic services are provided to young people, especially those who experience barriers due to disabilities, behavioral health, limited English proficiency, surviving domestic, sexual, or family violence, or juvenile justice system involvement?

Click or tap here to enter text.

7. What actions are you taking to hire, invest in, and retain staff at all levels that are reflective of the population(s) you serve?

Click or tap here to enter text.

## PROGRAM SPECIFIC QUESTIONS

Complete sections for the programs you are applying for. **250-word limit each.**

### 1. Support Services Only

1. Describe your proposed project including staffing structure, hours of operation, service model, etc.  
Click or tap here to enter text.

*Also check all that apply*

- Street Outreach     Drop-in Center     Host Homes (unlicensed)

	Point-In-Time Capacity
Number of Households	Click or tap here to enter text.
Number of Individuals in Those Households	Click or tap here to enter text.

2. What outreach strategies will you implement in supporting both youth (12-17 years old) and young adults (18-24 years old)? Please specify how you will outreach to overrepresented, underserved communities.  
Click or tap here to enter text.

3. How will your program be innovative in outreaching in a culturally competent and mindful way across a wide variety of demographics?  
Click or tap here to enter text.

4. Describe how diversion services are implemented in your program?  
Click or tap here to enter text.

5. What supervision and safety protocols will be used to prepare and support staff, hosts and volunteers for street-based outreach, drop-in services, and/or host home services? Specifically, address personal safety, professional boundaries for all services types and host recruitment if applying for a host home intervention.  
Click or tap here to enter text.

6. How does this proposed project align with the goals of the Coordinated Community Plan as stated in section 1.1 of the RFP?  
Click or tap here to enter text.

7. Please list any waivers this project would like to access:  
Click or tap here to enter text.

1. SUPPORTIVE SERVICES ONLY (SSO)

## 2. Youth Lead Project

1. Describe your proposed project including staffing structure, hours of operation, service model, etc.  
Click or tap here to enter text.
2. If you currently conduct outreach, what methodology do you use and how will the Youth Lead Project be incorporated? Include your training and on-boarding plans.  
If you do not currently have an outreach program how do you imagine it will look if you are awarded this grant? Please outline what training and onboarding will be if awarded.  
Click or tap here to enter text.
3. Describe your organization's culture and how you plan to acclimate youth into the current culture? What steps will you take to prepare your organization to host a young professional with lived expertise?  
Click or tap here to enter text.
4. Describe how your organization partners with community resources. Outline the types of services available in the community that young people experiencing housing instability and homelessness will be connected to.  
Click or tap here to enter text.
5. What supervision and safety protocols will be used to prepare and support outreach staff and volunteers for street-based outreach? Specifically, address personal safety and professional boundaries.  
Click or tap here to enter text.
6. Please list any waivers this project would like to access:  
Click or tap here to enter text.

2. YOUTH LEAD PROJECT (YLP\_SSO)



### 3. Transitional Housing (TH)

1. Describe your proposed project including staffing structure, hours of operation, service model, length of stay, physical layout (congregate vs. private rooms), etc.  
Click or tap here to enter text.

	Point-In-Time Capacity
Number of Households	Click or tap here to enter text.
Number of Individuals in Those Households	Click or tap here to enter text.

2. What outreach strategies will you implement in supporting young adults? Please specify how you will outreach to overrepresented, underserved communities.  
Click or tap here to enter text.

3. How will beds/units be assigned to transgender, gender-queer, and gender non-binary young adults?  
Click or tap here to enter text.

4. Describe your approach and practices to mitigate and respond equitably to critical incidents and emergencies, for example: fights, verbal altercations, and when rules/or participant guidelines are challenged.  
Click or tap here to enter text.

5. How will your Transitional Housing program prioritize the needs of YYA who are disproportionately impacted by homelessness?  
Click or tap here to enter text.

6. How does this proposed project align with the goals of the Coordinated Community Plan as stated in section 1.1 of the RFP?  
  
Click or tap here to enter text.

7. Please list any waivers this project would like to access:  
Click or tap here to enter text.

3. TRANSITIONAL HOUSING (TH)

#### 4. Rapid Rehousing (RRH)

1. Describe your proposed project including staffing structure, supports and community referrals, program activities, bedroom occupancy, etc.  
Click or tap here to enter text.

	Point-In-Time Capacity
Number of Households	Click or tap here to enter text.
Number of Individuals in Those Households	Click or tap here to enter text.

2. What outreach strategies will you implement in supporting young adults (18-24 years old)? Please specify how you will outreach to overrepresented, underserved communities.  
Click or tap here to enter text.

3. What efforts does the program make to engage property owners to secure affordable housing for young people while receiving services and as they transition out of the program?  
Click or tap here to enter text.

4. Describe what case management will be provided in conjunction with housing assistance, specifically the supports or referrals provided, staff caseloads, frequency of required communication, and how service plans are developed to improve the well-being and maintain housing of the young people.  
Click or tap here to enter text.

5. How does this proposed project align with the goals of the Coordinated Community Plan as stated in section 1.1 of the RFP?  
Click or tap here to enter text.

6. Please list any waivers this project would like to access:  
Click or tap here to enter text.

4. RAPID REHOUSING

**5. Joint Component (TH-RRH)**

5. JOINT COMPONENT (TH-RRH)

7. Describe your proposed project including staffing structure, service model, housing unit description, length of services, etc.  
Click or tap here to enter text.

	Point-In-Time Capacity
Number of Households	Click or tap here to enter text.
Number of Individuals in Those Households	Click or tap here to enter text.

8. What outreach methods will be used to identify eligible young people throughout your service area? Please specify how you will outreach to overrepresented, underserved communities.  
Click or tap here to enter text.

9. What efforts does the program make to engage property owners to secure affordable housing for young people while receiving services and as they transition out of the program?  
Click or tap here to enter text.

10. Describe what case management will be provided in conjunction with housing assistance, specifically the supports or referrals provided, staff caseloads, frequency of required communication, and how service plans are developed to improve the well-being and maintain housing of the young people.  
Click or tap here to enter text.

11. How does this proposed project align with the goals of the Coordinated Community Plan as stated in section 1.1 of the RFP?  
Click or tap here to enter text.

12. Please list any waivers this project would like to access:  
Click or tap here to enter text.

## EXHIBITS

Additional required forms, Exhibits A-D are below. Electronic signatures allowed.

### A- CERTIFICATIONS AND ASSURANCES (REQUIRED)

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of 60 days following receipt, and it may be accepted by DOORWAYS without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 60-day period.
4. In preparing this proposal, I/we have not been assisted by any current or former employee of DOORWAYS whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that DOORWAYS will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of DOORWAYS, and I/we claim no proprietary right to the ideas, writings, items, or samples unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data that have been submitted have not been knowingly disclosed by the Proposer and will not be knowingly disclosed by him/her prior to opening, directly or indirectly, to any other Proposer or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant DOORWAYS the right to contact references and others who may have pertinent information regarding the ability of the Proposer and the lead staff person to perform the services contemplated by this RFP.

On behalf of the Proposer submitting this proposal, my signature below attests to the accuracy of the above statement as well as my authority to bind the submitting organization.

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Signature of Proposer

Date

---

Printed Name

Title

***Must*** be signed and dated by a person authorized to legally bind the applicant to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship.

