**REQUEST FOR APPLICATIONS**

**RE-POST Project for Assistance in Transition from Homelessness (PATH) RFA –Raleigh Only - 04/07/2017**

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| **Organization/Agency Name** |  |
| **Agency CEO/Director** |  |
| **Address** |  |
| **Name of Agency Contact Person** |  |
| **Telephone No. of Agency Contact Person** |  |
| **E-Mail Address of Agency Contact Person** |  |
| **THE UNDERSIGNED HEREBY SUBMITS THE FOLLOWING APPLICATION AND CERTIFIES THAT:** (1) he or she is authorized to adhere to the terms of this RFA and Application; (2) agency agrees to provide services in the manner and at the costs described in this RFA and Application. | |
| **Signature Agency CEO/Director or Authorized Representative** |  |

Provide the following information. Be specific and use data or other supportive information.

* 1. Describe the agency’s mission and purpose. (1 pt)
  2. Describe the agency’s current and past experience serving individuals who are literally homeless with a serious mental illness or co-occurring disorders. Be specific and provide information to support record of serving this population. (10 pts)
  3. Describe the agency’s community response to ending homelessness. Provide specific strategies and successes using specific evidence and data to support success rate. (5 pts)
  4. Describe the agency’s specific strategies/activities contributing to the community’s success in ending homelessness. Provide specific information as it relates to individuals with mental health and co-occurring substance use and mental health disorder. (10 pts)
  5. Describe the agency’s participation in the HUD Continuum of Care program. Be specific.(1 pts)
  6. Provide a brief description of partnerships the agency has with the local community organizations that provide key services (i.e., primary health, substance abuse, employment, etc.) to target population. Describe the coordination of activities and list any Memorandum of Agreement in place. (10 pts)
  7. Provide a brief description of partnerships the agency has with organizations or agencies that provide mental health support and services to target population. Describe the coordination of activities and list any Memorandum of Agreements. (10 pts)
  8. Provide specific data demonstrating the number of individuals the agency has referred for community mental health services and the number of individuals that attained mental health treatment. (5 pts)
  9. Provide specific data demonstrating the number of individuals the agency has referred for permanent supported housing and the number of individuals that attained permanent supported housing. (5 pts)
  10. Provide a brief description of partnerships the proposed agency has with organization or agencies providing: (1) housing; and (2) housing support and services, to target population. Describe coordination of activities and any Memorandum of Agreement. (1 pts)
  11. Describe how the agency will use PATH funds to meet the PATH goal to provide street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless. (10 pts)
  12. Provide a brief description of the current services the agency provides to the target population who has both a serious mental illness and a substance use disorder. If these services are referred to other agencies or organizations, describe the services and how the proposed agency successfully coordinates these services to the target population. (10 pts)
  13. Describe the evidenced-based practices (EBP) the agency incorporates in the services the agency provides and how the agency supports EBP. Describe and provide dates of the agency’s training provided to staff for each EBP identified between January 2014 and December 2016. Provide the agency’s identified EBP to be incorporated in the PATH service delivery and training plan for the PATH staff. (2 pts)
  14. PATH data must be entered into the NC Homeless Management Information System. Describe the agencies experience with NCHMIS.(1 pts)
  15. Describe the agency’s experience using the SSI/SSDI Outreach, Access, Recovery (SOAR) model. Indicate the number of staff who are trained and utilize the model with the target population. Describe the trained staff’s participation in the NC SOAR Program’s SOAR Case Worker Certification and SOAR Dialogue conference calls. (1 pts)
  16. Describe the demographics of the agency’s staff and how staff providing services to the target population will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. Describe experience with addressing health disparities with the national Culturally and Linguistically Appropriate Services (CLAS) standards found at <https://www.thinkculturalhealth.hhs.gov/>. (1 pt.)
  17. Describe the demographics of the target population in the agency’s location. (1 pts)
  18. Describe how individuals who are homeless and have serious mental illnesses, and family members are involved at the organizational level in the planning, implementation, and evaluation services the agency provides. Indicate whether individuals of the target population are employed as staff or volunteers or serve on governing or formal advisory boards. (1 pts)

s. Budget - The application must include the following documents:

* Budget form (Attachment F)
* Budget Narrative (Attachment G)
* Match Narrative (Attachment H)
* Description of Personal Time Used to Meet Match (Attachment I)
* Description of Fringe Benefits Used to Meet Match (Attachment J) (15 pts)