



REQUEST FOR APPLICATIONS – FEDERAL FUNDS

The State of Nebraska, Department of Health and Human Services, Division of Children and Family Services, (“DHHS”) Nebraska Homeless Assistance Program (NHAP), is issuing this Request for Applications (“RFA”) for the purposes of entering into grant agreement(s) (“subaward” or “subawards”) and awarding federal funds to an eligible and qualified entity to provide homeless assistance services. A more detailed description may be found in **Project Description, Section 2**.

| | |
|-----------------------------|--|
| RFA # | RELEASE DATE |
| 6032 | January 12, 2024 |
| APPLICATION DUE DATE | POINT OF CONTACT |
| FEBRUARY 19, 2024 | DHHS.Grants@nebraska.gov |

| | |
|--------------------------------------|--------------------------------|
| INITIAL PERIOD OF PERFORMANCE | TOTAL FUNDING AVAILABLE |
| JULY 1, 2024 – JUNE 30, 2025 | \$3,147,208.37 |

The resulting subaward from this RFA is subject to and shall follow federal regulation, as set forth herein. Subrecipients receiving subawards may only be paid up to the actual and allowable costs (as defined herein) of completing the **Project Description, Section 2**. No subawards resulting from this RFA will be fee-for-service contracts, regardless of the method of payment, and no Subrecipient may keep a profit from its subaward. More detail about the terms of this funding is set forth in **Terms, Section 5**, below.

A copy of this RFA may be found online at DHHS’ website at <http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx>. Until final subawards are signed, all other information pertinent to this RFA, including but not limited to any amendments or addenda, will be posted on the DHHS website.

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Please find below the available funding for 2024-2025. NHAP followed its funding formula, identified in the Annual Action Plan submitted to HUD, in determining the amount of funds available per region. If an applicant’s service area spans more than one region, and the applicant plans to provide services with NHAP funds in both regions, the applicant must submit separate applications. This RFA is for Regions 1-5 and 7.

Region 7’s ESG allocation is designated to Bellevue, Sarpy County, and the portion of Douglas County outside of Omaha. Nebraska’s Homeless Shelter Assistance Trust Fund (HSATF) allocation is open to all providers in Region 7, or the Omaha Metro.

| Region | HSATF & ESG Funds Available |
|----------|-----------------------------|
| Region 1 | \$212,906.57 |
| Region 2 | \$351,703.62 |
| Region 3 | \$403,066.23 |
| Region 4 | \$496,546.20 |
| Region 5 | \$366,821.97 |
| Region 7 | \$1,316,163.78 |

1.3. Period of Performance

The Period of Performance is the time during which a successful Applicant may incur costs to carry out the work authorized under this RFA and the resulting subaward. See the definitions in 2 CFR § 200.77 The initial Period of Performance for this RFA is from July 1, 2024, through June 30, 2025. This period may be extended by DHHS as allowable by the Federal Funding Agency. If state funds are involved in the award, this may also determine whether DHHS may extend a Period of Performance. This contract has the option to be renewed for two (2) additional one (1) year periods as mutually agreed upon by the parties. Successful applicants must submit a budget for the 2024-2025 period of performance.

For the initial Period of Performance, all costs must be liquidated (i.e., spent) by June 30, 2025, and invoiced to DHHS by July 31, 2025. These dates are dependent on federal periods of allowability and DHHS’ own ability to timely process payments. They may be subject to change; final dates will be included in the final subaward between the parties. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency, but no extensions are guaranteed. Future Periods of Performance, as allowed by DHHS, may have different obligation and liquidation deadlines.

1.4. Applicable Law

Because the funds to support the activities under this RFA involve federal funds, usage of these funds is subject to federal law, in addition to any applicable state law. The Uniform Grant Guidance, [2 CFR §§ 200 et seq.](#) (“UGG”) applies to subawards funded from the United States Department of Agriculture (USDA), the Department of Housing and Urban Development (HUD), the Department of Labor (DOL), the Environmental Protection Agency (EPA) or other federal agencies. The United States Department of Health and Human Services (HHS) has adopted the UGG, but has implemented and re-codified it at [45 CFR §§ 75 et seq.](#) (“HHS GG”); for awards funded by HHS, those regulations apply. Throughout this RFA, both the UGG and the HHS GG will be cited, although they are substantially similar.

The HHS GG shall apply to this RFA if it awards funds from block grants authorized by the Omnibus Budget Reconciliation Act of 1981, unless Nebraska statute or regulation has established provisions for the payment costs and services; in all other respects, as provided herein, those block grant subawards are governed by [45 CFR §§ 96 et seq.](#)

Additional federal and state statutes and regulations may apply to the funding contained herein. These may be included in **Additional Program Application Requirements and Certifications, Form 6**, as well as in the subaward itself.

Further information about allowable costs and activities may be set forth herein.

1.5. Eligible Entities

Any applicant for this RFA must be (1) units of general purpose local government in the State of Nebraska, which may include metropolitan cities and urban counties that receive ESG funds directly from HUD; or (2) Private nonprofit organizations, provided that for emergency shelter activities the recipient obtains a certification of approval from the unit of general purpose local government for the geographic area in which those activities are to be carried out, per 24 CFR 567.202 (a). Any Application submitted by an ineligible Applicant shall be rejected without scoring.

- 1.5.1. NHAP adopted a three-year funding cycle in 2024. The first year involves a competitive application process that is open to any eligible applicant. The second and third years will be an optional renewal process open only to existing NHAP recipients in good standing. Grant year 2024-2025 is open to any eligible applicant.
- 1.5.2. To be eligible for NHAP funding, Applicants must meet **one or more** of the following provisions:
 1. Provide transitional living services for at least eight hours of every twenty-four-hour period, as defined by the state and federal rules and regulations governing HUD's ESG program and Nebraska's HSATF. To receive NHAP funding for transitional living, an applicant must be an existing NHAP recipient of funding for transitional living services; or,
 2. Provide homelessness prevention, rapid rehousing, street outreach, or shelter services for individuals and families who are homeless or at risk of homelessness in compliance with the state and federal rules and regulations governing HUD's ESG program and Nebraska's HSATF.
- 1.5.3. To be eligible for NHAP funding, Applicants must satisfy **all** of the following:
 1. Have at least two (2) years of experience successfully providing homeless assistance services using a Continuum of Care approach.
 2. Provide evidence of participation in one of the three (3) Continuums of Care in the State via Form 5, attached.
 3. Provide documentation from one of the three Continuums of Care in the State for the need for the proposed services identified in their application.
 4. Be exempt from taxation under section 501(c) of the Internal Revenue Code of 1986 or represent a number of eligible applicants.
 5. Not discriminate based on race, color, national origin, disability, sex (including gender identity and sexual orientation), familial status, and disability per 24 CFR 5.105(a).
 6. Operate drug-free premises.
 7. Have conducted an annual, certified, external financial audit/financial report within the last twelve (12) months.
- 1.5.4. To be eligible for funding for the emergency shelter component, Applicants must maintain shelter facilities in compliance with HUD's minimum standards at 24 CFR 576.403. Applicants that have not received funding from NHAP, beginning in the 2021-22 program year, must obtain approval from local governments for all cities or counties where the shelter will occur, as indicated in Section 1.4. Local government approval is required even for Applicants providing motel/hotel vouchers via Form 7 – Certification of Local Governmental Approval attached.
- 1.5.5. To be eligible for funding for a new shelter, Applicants must obtain approval from NHAP. Before funding a new shelter, NHAP must conduct environmental reviews and ensure the shelter is in compliance with HUD's minimum standards at 24 CFR 576.403.

Additional requirements for determining the eligibility of Applicants may also be included in the Project Description.

1.6. Award of Funding

DHHS will evaluate Applications in the manner set forth herein. An Intent to subaward will be posted on the DHHS Website with selected Applicants. Funds will be awarded through a written agreement, termed a subaward, which will incorporate this RFA by reference. No promise for funds is binding on DHHS, and no funds will be paid to any Applicant until a subaward has been executed by both the Applicant and DHHS.

2. PROJECT DESCRIPTION

2.1. Background and Purpose

PURPOSE

The purpose of the NHAP grant funds is to address the needs of individuals and families experiencing, or at risk of experiencing, homelessness in Nebraska by assisting in the alleviation and prevention of homelessness, providing temporary or permanent housing for persons who are homeless, and encouraging the development of projects that link housing assistance programs with efforts to promote self-sufficiency. DHHS, Division of Children and Family Services is issuing this RFA for the purposes of serving the needs of people who are homeless or near homeless.

BACKGROUND

DHHS has combined the HSATF and the HUD ESG application process into one single application. The combined process and application will be referred to as the NHAP application. NHAP will provide technical assistance, as needed or requested, to assist successful NHAP applicants in the appropriate use and administration of NHAP funds.

The Act to Prevent Mortgage Foreclosures and Enhance Mortgage Credit Availability Act was signed into law on May 20, 2009 (Public Law 111-22). Division B of this law is the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act). The HEARTH Act amends Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371-11378) to rename the program the ESG program, expand the range of eligible activities under the program, and add or change certain program requirements. The expanded activities include homelessness prevention and rapid rehousing components. The purpose of the ESG program is to assist individuals and families to quickly regain stability in permanent housing after experiencing a housing crisis or homelessness.

In 2001, the Nebraska Legislature passed LB516, which transferred the administration of the HSATF to the Nebraska Health and Human Services System. At the same time, Governor Johanns requested that HUD transfer the administration of the ESG Program to the Health and Human Services System. HUD granted this request, and on September 1, 2001, the administration of both Nebraska's HSATF and HUD's ESG Program became the responsibility of DHHS.

2.2. Scope of Work

Agencies awarded this funding will be responsible for providing homeless assistance services within their respective service areas. Agencies may apply for funding for the following service components: street outreach, emergency shelter, homelessness prevention, rapid rehousing, and Homeless Management Information System (HMIS).

2.2.1. **Required Activities by All Funded Agencies.** Agencies awarded annual NHAP funding must:

1. Comply with federal ESG and state HSATF requirements found in the Code of Federal Regulations Title 24 Part 576 (ESG), Title 2 Part 200 (Uniform Grant Guidance), Nebraska Revised Statutes 68-1601 through 68-1608 (HSATF), and Nebraska Administrative Code Title 462 (NHAP).
 - (a) Comply with the written ESG/NHAP standards approved by the relevant Continuum of Care, which can be found on the NHAP website at: <http://dhhs.ne.gov/Pages/Nebraska-Homeless-Assistance-Program-Providers.aspx>.
 - (b) Work to incorporate the following best practices from the [Housing First Model](#) to include the following (list is not all encompassing);

- Involve homeless individuals and families in constructing, renovating, maintaining, operating, and providing homeless assistance services. This involvement can be through employment or volunteer efforts.
 - Remove prerequisites such as abstinence, sobriety, minimum income requirements, health or mental history, financial history, completion of treatment, occurrence of victimization, "housing readiness," participation in services, medication adherence, age, criminal history, or other conditions unless required by law or funding source.
 - Admit to program services with speed and efficiency.
 - Ensure intake processes are person-centered and flexible.
 - Avoid exits to homelessness.
 - Educate participants about their rights and responsibilities as leaseholders.
 - Discuss Housing First and the service models employed by the agency.
 - Welcome input from participants regarding the agency's policies, procedures, and practices. Involvement opportunities can include: quality assurance and evaluation processes, surveys, focus groups, social gatherings, integrating peer specialists, and peer-facilitated support groups to complement professional services.
 - Train staff in clinical and non-clinical strategies, including harm reduction, motivational interviewing, trauma-informed and strength-based approaches;
 - Ensure housing is not dependent on participation in services.
 - Continue services despite changes in housing status or placement. Ideally, the service relationship should continue, despite a service hiatus during short-term institutional stays;
 - Be sensitive to and support the cultures of diverse households. When possible, staff demographics reflect the participant population they serve in order to provide, appropriate, culturally-specific services; and,
 - Implement agency rules and regulations to be centered on participants' rights.
- (c) Participate in the 2024-2025 count of homeless individuals, homeless families, and housing inventory undertaken by DHHS or their designee;
- (d) Follow the NHAP HMIS workflow and participate in NHAP's identified HMIS database. Agencies must enter all required NHAP and HUD data elements for all eligible and ineligible persons served and all NHAP-funded activities into the identified HMIS database. However, victim or legal service providers who agree to collect all of the required NHAP and HUD data elements for all persons served and all NHAP-funded activities may enter data into an electronic database system comparable to the HMIS;
- (e) Provide services, such as: assessing housing needs; assessing service needs; and arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant. These services and activities should include:
- Conducting the initial evaluation required under 24 §576.401(a), including verifying and documenting eligibility.
 - Counseling.
 - Developing, securing and coordinating services.
 - Assisting participants in obtaining Federal, State, and local benefits, including but not limited to the following:
 - Medicaid (42 CFR chapter IV, subchapter C).
 - Supplemental Nutrition Assistance and Food Distribution Program (7 CFR parts 271-283).
 - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (7 CFR part 246).
 - Federal-State Unemployment Insurance Program (20 CFR parts 601-603, 606, 609, 614-617, 625, 640, 650).
 - Social Security Disability Insurance (SSDI) (20 CFR part 404).
 - Supplemental Security Income (SSI) (20 CFR part 416).
 - Child and Adult Care Food Program (7 CFR part 226));

- Monitoring and evaluating program participant progress;
 - Providing information and referrals to other providers;
 - If a victim services provider, providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and,
 - Developing an individualized housing and service plan to include planning a path to permanent housing stability.
- (f) Adhere to [HUD's final rule](#) by providing equal access to HUD assisted or insured housing without regard to actual or perceived sexual orientation, gender identity, or marital status. Agencies must also prohibit inquiries regarding sexual orientation or gender identity.
2. Create and maintain records to enable DHHS and HUD to determine whether ESG and HSATF requirements are being met. Agencies must allow DHHS and HUD access to HMIS for NHAP funded records.
 3. Use a centralized or coordinated program participant assessment, as developed by the relevant Continuum of Care. Awardees meeting HUD's definition of a "victim service provider" may choose not to use the Continuum of Care's centralized or coordinated assessment system.
 4. Enter complete, accurate, and timely program and participant data in HMIS, or a comparable database for agencies exempt from the federal HMIS requirement as identified in 24 CFR §§ 576 et seq. Data shall include, at a minimum, the required data elements as defined by HUD and shall be entered as close to real time as possible. This data shall be recorded for both eligible and ineligible participants.
 5. Provide written certification to Legal Aid of Nebraska, on the form approved by DHHS, indicating the participant has been screened and is eligible for street outreach, emergency shelter, homelessness prevention, or rapid rehousing services when referring a NHAP participant for legal services. The referral form for Legal Aid of Nebraska is located at: <http://dhhs.ne.gov/Pages/Nebraska-Homeless-Assistance-Program-Providers.aspx>.
 6. Participate in required educational or technical assistance sessions.
 7. Subscribe to and utilize NHAP's Provider webpage for funding and resource information at the following current location, or as later modified by DHHS: <http://dhhs.ne.gov/Pages/Nebraska-Homeless-Assistance-Program-Providers.aspx>.
 8. Subscribe to and utilize HUD's Exchange Mailing List page for ESG-related updates and announcements, located at: <https://www.hudexchange.info/maillinglist/subscribe/>.
 9. Adhere to the criteria outlined in [24 CFR 576](#).
 - Adhere to the criteria outlined in [24 CFR 576.101](#) if awarded funding for the street outreach component.
 - Adhere to the criteria outlined in [24 CFR 576.102](#) if awarded funding for the emergency shelter component.
 - Adhere to the criteria outlined in [24 CFR 576.103](#) if awarded funding for the homelessness prevention component.
 - Adhere to the criteria outlined in [24 CFR 576.104](#) if awarded funding for the rapid rehousing component.
 - Adhere to the criteria outlined in [24 CFR 576.107](#) if awarded funding for the HMIS component.

2.3. Performance Requirements

- 2.3.1. Awardees must meet the performance goals established by the Awardee in the application.
- 2.3.2. Standard performance measurements for each component type (street outreach, emergency shelter, homelessness prevention, and rapid rehousing) are:
 - Increase the percent of discharges to permanent housing;
 - Reduce the percent of individuals who return to homelessness after discharge to permanent housing destinations; and,
 - Reduce the missing/null data error rates.
 - NHAP understands there may be missing social security number (SSN) information for victims of domestic violence, sexual assault, stalking (per the

Violence Against Women Act), or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life or safety.

- 2.3.3. Awardee must submit required performance measurements in the format established by NHAP on a quarterly basis or as requested by NHAP.
- 2.3.4. At any time during the term of the award, DHHS may require the Awardee to provide written justification of unmet performance goals.
- 2.3.5. Future project funding is subject to the Awardee meeting the performance standards or providing adequate justification, subject to DHHS approval.

2.4. Reporting Requirements

- 2.4.1. Awardees must gather and record the necessary information into the Homeless Management Information System (HMIS)or comparable system for domestic violence service providers exempt from using HMIS. (24 CFR 576.400(f))
 - Awardees in the Omaha Continuum of Care (CoC) must submit complete and accurate quarterly data reports for the preceding quarter to the HMIS System Administrator selected by the Omaha CoC as determined by DHHS.
 - Awardees in the Balance of State CoC must submit complete and accurate quarterly data reports for the preceding quarter to the HMIS System Administrator selected by the Balance of State CoC as determined by DHHS.
 - Awardees, who are domestic violence shelters and who do not utilize the HMIS System, must submit complete and accurate quarterly data reports for the preceding quarter to the NHAP office as determined by DHHS.
- 2.4.2. Awardees must submit the grant year-end Consolidated Annual Performance Evaluation Report (CAPER) in the manner determined by HUD. The due date for the grant year-end CAPER report must be uploaded into HUD’s Sage HMIS Reporting Repository no later than July 31, 2024. No extensions will be granted so that NHAP can meet its year-end federal reporting requirements. Awardees should collaborate with their CoC lead to ensure the reporting deadline is not missed. In all cases, Awardees should intend to communicate with NHAP regarding any foreseeable issues. Additional information and instructions regarding the grant year-end CAPER will be communicated from NHAP in advance by email.
- 2.4.3. Awardees must provide reports, data, and other information as requested by DHHS for review and programmatic monitoring by the due dates established by DHHS.

3. RFA PROCEDURE

This RFA seeks Applications to complete activities allowable under the funding source identified in 1.1, above. All Applications must conform to all instructions, conditions, and requirements included in this RFA. Applicants should carefully examine this RFA, as well as the requirements on the state or federal funds involved. Applications that DHHS determines do not conform to the requirements of this RFA, or Applications from ineligible entities, may be considered non-responsive and rejected without scoring.

3.1. RFA Point of Contact (“POC”)

DHHS Office of Procurement and Grants
PO Box 94926
Lincoln, NE 68508
DHHS.Grants@nebraska.gov

From the date the RFA is issued until the Intent to Subaward is issued, communication from the Applicant or prospective Applicant is limited to the POC listed above (but see exceptions, below). After the Intent to Subaward is issued, the Applicant may communicate with individuals DHHS has designated as responsible for negotiating the subaward on behalf of DHHS. No member of the state government, employee of the state, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The POC will issue any clarifications or opinions regarding this RFA in writing. Only

the POC has the authority to modify the RFA, answer questions, or render opinions on behalf of DHHS. Applicants shall not have any communication with or attempt to communicate or influence any Evaluator.

The following exceptions to these restrictions are permitted:

1. Contact made pursuant to pre-existing contracts, subawards, or obligations;
2. Contact required by the schedule of events or an event scheduled later by the RFA POC; and,
3. Contact required for negotiation and execution of the final subaward.

DHHS reserves the right to reject an Applicant’s application, withdraw an Intent to Subaward, or terminate a subaward if DHHS determines there has been a violation of these procedures.

3.2. Schedule of Events

| ACTIVITY | | DATE/TIME |
|----------|---|------------------------------|
| 1. | Release RFA | January 12, 2024 |
| 2. | Pre-Applicant Review Session | January 17, 2024 |
| 3. | Last day to submit written questions | January 26, 2024 |
| 4. | State responds to written questions through RFA “Addendum” and/or “Amendment” to be posted to the Internet at: http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx | January 31, 2024 |
| 5. | Application Review Period Begins (Application due date) | February 19, 2024 |
| 6. | Evaluation Period | February 20 – March 22, 2024 |
| 7. | Post “Intent to Subaward” to Internet at: http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx | May 13, 2024 |
| 8. | Period of Performance Start** | July 1, 2024 |

***The Period of Performance start may occur before a subaward is finalized, agreed to, and executed by the parties. Because this is just the period during which costs are allowable, it does not reflect that any agreement between DHHS and any successful Applicant has gone into effect or is binding in any way. No binding agreement has been made between DHHS and any Applicant until a subaward is fully executed by both parties.*

3.3. Written Questions and Answers

Questions regarding information needed for an Application, as well as the meaning or interpretation of any RFA provision, must be submitted in writing to the POC via email and clearly marked “RFA Number 6040; Questions.” The POC is not obligated to respond to questions that are received late, as set forth in the Schedule of Events.

Applicants should present, as questions, any assumptions upon which the Application is or might be developed. Applications will be evaluated without consideration of any known or unknown assumptions of an Applicant. The subaward will not incorporate any known or unknown assumptions of an Applicant.

Questions must be sent via e-mail to **DHHS.Grants@nebraska.gov**. DHHS recommends that Applicants submit questions using the following format:

| RFA Section Reference | RFA Page Number | Question |
|-----------------------|-----------------|----------|
| | | |

Written answers will be posted at the DHHS Website per the Schedule of Events. Written answers will become part of this RFA.

3.4. Submission of Applications

DHHS is accepting either electronically submitted responses or hard copy, paper responses for this funding opportunity. There is a limit of one application per agency. If an applicant's service area spans more than one region and the applicant plans to provide services with NHAP funds in more than one region, the applicant must submit separate applications. Applicants must submit a complete Application, including all the parts required herein, in one of two ways:

3.4.1 Electronic Response:

Applicants submitting electronically can upload the response via ShareFile here:

<https://nebraska.sharefile.com/i/i76f89b8cb104d989>

Applicants should reference **Attachment A: End User Guidance: Shared File Link** for more information regarding ShareFile.

The submission shall include the Application as a single Portable Document Format (PDF) or multiple PDFs. Failure to provide the Application in the correct format may result in DHHS being unable to read or open the Application and thus rejecting it without Evaluation.

The applicant should clearly identify the uploaded response files. To assist in identification, please use the following naming convention:

RFA6032 ABC Company

If multiple files are submitted for one funding opportunity, add the number of files to file names:

RFA6032 ABC Company File 1 of 2

If multiple responses are received, DHHS will retain only the most recently submitted response. It is the applicant's responsibility to submit the response by the date and time indicated in the Schedule of Events. Electronic responses must be received by DHHS by the date and time of the due date per the Schedule of Events.

3.4.2 Physical Mailing Response:

Option 1. Submission directly to the POC via United States Postal Service mail. The Application shall be sent to the POC's address listed above in Point of Contact, Section 3.1. The Application itself shall remain sealed and shall not be opened until the beginning of the Application Review Period.

Option 2. Hand delivered responses or responses delivered by FedEx or UPS should be delivered to:

ATTN: Office of Procurement and Grants
DHHS - 3rd Floor Reception Desk
301 Centennial Mall South
Lincoln, NE 68509

The Application itself shall remain sealed and shall not be opened until the beginning of the Application Review Period.

3.4.3 Regardless of submission method, Applicants must use the forms supplied by DHHS in this RFA unless specifically otherwise indicated herein.

3.5. Evaluation Committee

Applications are evaluated by members of an Evaluation Committee(s). The Evaluation Committee(s) will consist of individuals selected at the discretion of DHHS. All members of the Evaluation Committee will disclose to DHHS any potential conflicts of interest before evaluation. Members with a conflict will be removed from the Evaluation Committee before scoring.

Any contact, attempted contact, or attempt to influence an evaluator that is involved with this RFA may result in the rejection of this Application and further administrative actions.

3.6. Evaluation of Applications

All complete Applications that are responsive to the RFA will be evaluated. DHHS reserves the right to evaluate Applicants and award funds in a manner utilizing criteria selected at DHHS' discretion and in the best interest of meeting the objectives of the funding involved. The Evaluation will be conducted by the following method:

DHHS will initially evaluate all Applications to determine whether the Applicant is an eligible entity; whether the Application meets the minimum requirements of this RFA; and whether the Applicant poses a risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward, such that DHHS should not award funding. DHHS will award to the top scoring Applicant or Applicants, as DHHS determines and as funding allows. DHHS will conduct a fair, impartial, and comprehensive evaluation of all Applications in accordance with the predetermined criteria based on the Application. The Applicant's responses to the Forms will be scored through a point method set forth below. DHHS will evaluate on the following categories with a maximum point potential for each:

1. **Applicant's Organizational Overview.** Applicants will receive higher scores if they have a defined and clear organizational structure; organizational experience in federal grants; qualified and capable personnel with experience in federal grants or equivalent credentials or experience; or can otherwise demonstrate that they will be a reliable subrecipient who will use all awarded funds in a manner consistent with law and the requirements of this RFA. **(25 points)**
2. **Applicant's Work Plan.** Applicants will receive higher scores if their work plan responds to the Project Description and meets the goals or objectives of the federal funding and RFA, as well as evidencing the ability to meet expected outcomes, adhere to reporting deadlines or other deadlines, and complete any required evaluation activities. DHHS exercises sole discretion as to whether the Application adequately addresses the purposes and objectives of the federal funding DHHS has received. **(100 points)**
3. **Applicant's Budget.** Applicants will receive higher scores if the budget is tailored to the work plan and utilizes allowable direct and indirect costs. The total request for funding itself will not determine the score; rather, Applicants will be scored based on whether the budget accurately reflects the allowable costs of completing the work set forth in the work plan. Points may be deducted/funding may be adjusted if any funds awarded in the 2022-23 NHAP program year were not fully expended. **(50 points)**
4. **Performance Outcomes.** Applicants will receive higher scores if data metrics demonstrate the proposed number of individuals to be served by the respective project is appropriate and the performance outcomes are reasonable per the population served by the funded activity. Performance outcomes from prior years in relation to the proposed outcomes will have an impact on scores/funding for Applicants who have received funding awards in the past. **(50 points)**
5. **Quality of Application.** Applications will receive higher scores if the information presented is accurate, complete, well-presented, and free of spelling, grammatical, and mathematical mistakes. Additionally, all acronyms must be spelled out at their first mention, indicating their abbreviation in parenthesis. Narratives should be clear and concise. **(5 points)**
6. **Additional Requirements:** Applicants must include the additional documentation listed in Section 4.5. **(Not weighted)**

There are 230 total points available for Applications under this RFA.

DHHS may award to a single top Applicant or may award to multiple top-scoring Applicants, at its sole discretion. If all Applicants meet the minimum requirements and are meritorious, DHHS may also elect to award to all Applicants.

3.7. Late Applications

Applications received after the time and date of the Application opening will be considered late Applications. Late Applications will be rejected. All Applications must be electronically or physically received by the date and time of the Application Opening. The State is not responsible for Applications that are late or lost regardless of cause or fault. It is the Applicant's responsibility to ensure Applications are received timely.

3.8. Corrections

An Applicant may correct a mistake in an Application prior to the time of opening by giving written notice to the POC of intent to withdraw the Application for modification, or to withdraw the Application completely. Changes to an Application after the Evaluation Period has begun are acceptable only if the change is made to correct a minor error. DHHS shall determine whether an error is minor.

3.9. Grievance and Protest Procedures

All grievances must follow the DHHS Subaward Grievance/Protests Procedures, available on the DHHS website. Grievances must be filed timely.

3.10. Competition / Joint Efforts

Applicants may cooperate or submit Applications jointly, but all such Applications must clearly identify the Applicants involved, the roles each will have administering the subaward, and that they are eligible for the subaward, as set forth herein. Applicants may create a legal entity, or describe a plan for the creation of a legal entity, as a cooperative or joint venture if the entity itself is eligible for the subaward and all Applicants are also eligible. DHHS shall determine the proper method for any resulting subaward, should the joint Applicants be selected for funding.

3.11. DHHS Reservations of Authority During Application and Evaluation Process

After Evaluation of the Applications, or at any point in the RFA process, DHHS may take one or more of the following actions:

1. Amend the RFA;
2. Extend the time of or establish a new Application opening time (i.e., allowing additional time to submit Applications);
3. Waive deviations or errors in the RFA process and in Applications that are not material, do not compromise the RFA process or an Application, and do not improve an Applicant's position;
4. Accept or reject a portion of or all of an Application;
5. Accept or reject all Applications;
6. Withdraw the RFA; or,
7. Elect to reissue the RFA.

DHHS reserves the right to adjust the Applicant's budget with successful Applicants after the Intent to Subaward is issued. DHHS also reserves the right to adjust the Work Plan with Applicants to meet the requirements of the grant, Federal Funding Agency, law, or to meet DHHS programmatic needs. DHHS also reserves the right to apply additional conditions based on the successful Application and the result of a pre-award risk assessment. If a scoring method is used to rank applications to determine funding amounts, all adjustments shall have no bearing on rank.

If DHHS rejects all Applications, it may either reissue an RFA with the same or different specifications and terms, or it may negotiate a single or multiple subawards with individual Applicants or non-Applicants.

4. APPLICATION INSTRUCTIONS

4.1. Application Contents

A complete, responsive Application must contain the following completed documents:

1. Form 1 – Application Form and Cover Sheet;
2. Form 2 – Applicant’s Organizational Overview;
3. Form 3 – Applicant’s Response to the Work Plan Questions;
4. Form 4 – Applicant’s Budget Narrative, Personnel List Table, Supporting Budget Table, and Proposed Performance Outcomes;
5. Form 5 – CoC Verification;
6. Form 6 – Additional Information;
7. Form 7 – Certification of Local Governmental Approval, as applicable; and,
8. Form 8 – NHAP Application Submission Checklist (OPTIONAL)

Applications that do not contain all of the required sections will be rejected without scoring. Any section that should not be considered for funding (e.g., Street Outreach project) must be indicated by a “Not Applicable” statement or a strike through the page(s). An editable Microsoft Word-formatted document of the Forms will be posted on the DHHS Website, which Applicants may fill in and submit.

4.2. Form 2 - Applicant’s Organizational Overview

The Applicant’s Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the subaward.

1. **Organization Information.** Applicant’s full legal name, including any other “doing business as” names, or any previous names the organization used. A Unique Entity Identifier (UEI) shall be provided. A parent UEI shall also be provided, if applicable.
2. **Summary of Federal Grants Experience.** A description of Applicant’s previous experience with receiving federal funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient. Applicant should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this RFA.
3. **Summary of Programmatic Experience.** A description of Applicant’s experience with the type of programming or work contained in the Project Description, or other relevant work.
4. **Personnel and Management.** Applicant should identify individuals employed by Applicant, on its board of directors, or otherwise affiliated with Applicant, who have a demonstrated knowledge or experience with federal grants, the Uniform Grant Guidance or the HHS Grants Guidance, programmatic experience, or other relevant experience.
5. **Succession Planning.** A description of Applicant’s plan for the replacement of management, staff, Board of Directors, or positions otherwise affiliated with Applicant.
6. **Agreements Terminated or Costs Disallowed.** Applicant must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:
 - Were terminated for cause; or,
 - Where Specific Conditions were placed on Applicant (see 2 CFR § 200.207 or 45 CFR § 75.207).

If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.

4.3. Form 3 - Applicant's Response to the Work Plan Questions

The Work Plan must respond in detail to the Project Description and how, if awarded, the funding will be utilized to perform the Work Plan. It must contain a description of the work activities Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the applicable federal or state funding sources (or both), and, as applicable, descriptions of timelines, outcome/process measures, and program evaluation activities.

4.4. Form 4 - Applicant's Budget Narrative, Personnel List Table, Supporting budget Table, and Proposed Performance Outcomes

Each budget should contain only costs that are allowable under the applicable federal statutes, regulations, terms, and conditions of this RFA. Applicants will not be allowed to change their budgets once submitted to DHHS, unless the POC specifically requests, in writing, budget changes. Budgets may be modified as required by DHHS or in agreement between DHHS and the Applicant after the Intent to Subaward is announced. Applicants should not rely on budget changes or modifications in submitting their proposed budget, but should be able to perform the program activities consistent with their budget.

If an Applicant has or has prepared a cost allocation plan for this subaward, it may submit it along with the Application.

If Applicants plan to charge indirect costs other than through a cost allocation plan, Applicants must provide one of the following along with their budget: 1) A current federally-approved indirect cost rate agreement; 2) A currently approved indirect cost rate agreement with DHHS; or, 3) A calculation of *de minimis* indirect costs consistent with federal rules. DHHS may provide a calculator to aid programs in calculating *de minimis* indirect costs, upon request.

Indirect costs and cost allocation plans may also be negotiated after the Intent to Subaward. As consistent with law, Applicants may voluntarily opt to take a lower indirect rate than their approved agreement, or indirect cost calculation, allows.

Applicants must use the budget template in the application to complete budgets for each component for which funding is requested. Applicants must provide calculations to accompany the budget explanation.

PROPOSED PERFORMANCE OUTCOMES

Applicants must provide proposed 2024-2025 grant year performance outcomes using the template provided in the application. If the Applicant received funds for the 2022-2023 grant year, performance outcomes must also be provided for that grant year. HMIS Leads can assist with the returns to homelessness calculations.

4.5. Additional Information

The following items must be included:

1. Signed Verification of Participation in the Continuum of Care.
2. List of current Board of Directors, including phone numbers, email addresses, and titles.
3. Copy of the Applicant's most recent external fiscal audit.
4. Current certification from the Nebraska Secretary of State or print out of active state from: <https://goo.gl/cXOFX>.
5. Indirect cost rate agreement (if applicable).
6. Direct cost allocation (if applicable). Include sufficient documentation to demonstrate that costs were properly allocated.
7. Consolidated Annual Performance and Evaluation Report (CAPER) for July 1, 2022 to June 30, 2023 from HMIS or a comparable database for each activity component, which funding is requested. For example, if funding is requested for street outreach and emergency shelter, the Applicant would submit two reports, one for street outreach and one for emergency shelter.
8. Applicant's organizational chart.

9. Proof of 501(c) status via copy of IRS determination letter or print off from IRS website within the last 12 months. Website: <https://www.irs.gov/charities-non-profits/search-for-tax-exempt-organizations>
10. Certification of local governmental approval for shelter activities, if NHAP has not received certification within the past six (6) years (if applicable).
11. List of proposed personnel who will be charged to the NHAP grant (if applicable).

5. TERMS

Applicants must be aware of the following terms when submitting their Applications. These terms will be included in the resulting subaward between the parties, as well.

5.1. Addenda

The following Addenda will be incorporated into any subaward with a selected Applicant. They are available online at the DHHS Website:

- Addendum A - DHHS Standard Terms – Subawards
- Addendum C - DHHS Business Associate Agreement Provisions
- Addendum D – Additional Terms Applicable to Subawards From Funds Provided by HUD

DHHS reserves the right to amend these terms at any time during the RFA; to negotiate the terms with selected Applicants; to amend or change these terms for any subsequent subaward signed and executed by the parties; or any combination of the above. Terms required by federal or state law will not be negotiated, and if an Applicant cannot agree to these terms, DHHS may withdraw or modify the Intent to Subaward and take any of the actions set forth herein.

5.2. Budget Changes

The final subaward may contain terms to allow a Subrecipient to modify a budget, with or without approval from DHHS. Applicants should not, however, rely on this when submitting budgets. This RFA expects the budget proposal will fully fund the activities proposed with minimal change throughout the grant term.

5.3. Direct Costs

Under this subaward, DHHS shall only pay for actual and allowable costs (as defined in this section) incurred during the Period of Performance.

To be allowable, all costs must be:

- Necessary for the performance of the subaward activities;
- Reasonable, as provided in 2 CFR § 200.404 or 45 CFR § 75.404;
- Allocable to the federal award, as provided in 2 CFR § 200.405 or 45 CFR § 75.405;
- Consistent with all other requirements of the Cost Principles in 2 CFR § 200 Subpart E or 45 CFR § 75 Subpart E; and,
- Consistent with all other law, regulation, policy, or other requirements applicable to the state or federal funds involved.

To be actual, all costs must be finalized and spent by the appropriate dates set forth in the subaward.

Particular Federal Funding Agencies may have additional requirements and stipulations regarding allowable costs under that particular funding.

Applicants should be aware that direct personnel costs must be consistent with 45 CFR § 75.430 or 2 CFR § 200.430, as applicable. These costs must be able to be backed by sufficient documentation or must be shown to be allocable to the award via an alternative, allowable method, such as a random moment time study.

5.4. Indirect Costs

Federal law defines indirect costs as “costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved.” 2 CFR § 200.56 and 45 CFR § 75.2. All indirect costs may only be paid if they are consistent with the UGG or HHS GG, as applicable.

As provided in 2 CFR § 200.414 and 45 CFR § 75.414, indirect costs may only be paid from a federal grant if paid through a federally-approved rate or a rate negotiated between DHHS and the Applicant.

If the Applicant has never had a federally-approved indirect rate, it may charge indirect costs as consistent with the federal rules for de minimis indirect costs.

Cost Allocation plans may set forth a direct allocation of all costs under a subaward, or may allocate only a portion of those costs along with an indirect rate. Subrecipients may not, however, charge items as direct costs and also as indirect costs.

5.5. Program Income

Any revenue generated by the subaward is Program Income (see definition in 2 CFR § 200.80 or 45 CFR § 75.2). Program Income requires an accounting of its use and must be handled in accordance with 2 CFR § 200.307 or 45 CFR § 75.307. As per the Notice of Award for the federal funds involved in this RFA or from other regulations, all program income generated by the subawards awarded as a result of this RFA must be handled under the addition method, Please see the regulations cited above for more detail.

5.6. Records Retention

In addition to any other requirements set forth in this RFA or the resulting Grant, the Grantee must comply with the following:

- 5.6.1. All records pertaining to each fiscal year of NHAP funds must be retained for the greater of 5 years or the period specified below. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.
- 5.6.2. Documentation of each program participant’s qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served.

5.7. Faith-Based Activities

In addition to any other requirements set forth in this RFA or the resulting Grant, the Grantee must comply with the following terms:

- 5.7.1. Organizations that are religious or faith-based are eligible, on the same basis as any other organization, to receive NHAP funds. Neither the Federal Government nor a State or local government receiving funds under NHAP shall discriminate against an organization on the basis of the organization’s religious character or affiliation.
- 5.7.2. Organizations that are directly funded under the NHAP program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization as part of the programs or services funded under NHAP. If an organization conducts these activities, the activities must be offered separately, in time or location, from the programs or services funded under NHAP, and the participation must be voluntary for program participants.
- 5.7.3. Any religious organization that receives NHAP funds retains its independence from Federal, State, and local governments. The organization may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs, provided that the religious organization does not use direct NHAP funds to support any inherently religious activities, such as worship, religious instruction, or proselytization. Among other things, faith-based organizations may use space in their facilities to provide NHAP-funded services, without removing religious art, icons, scriptures, or other religious symbols. In addition, an NHAP-funded religious organization retains its authority over its internal governance, and the organization may retain religious terms in its organization’s name, select its board members on

- a religious basis, and include religious references in its organization's mission statements and other governing documents.
- 5.7.4. An organization that receives NHAP funds shall not, in providing NHAP assistance, discriminate against a program participant or prospective program participant on the basis of religion or religious belief.
 - 5.7.5. NHAP funds may not be used for the rehabilitation of structures to the extent that those structures are used for inherently religious activities. NHAP funds may be used for the rehabilitation of structures only to the extent that those structures are used for conducting eligible activities under the NHAP program. Where a structure is used for both eligible and inherently religious activities, NHAP funds may not exceed the cost of those portions of the rehabilitation that are attributable to eligible activities in accordance with the cost accounting requirements applicable to NHAP funds. Sanctuaries, chapels, or other rooms that an NHAP-funded religious congregation uses as its principal place of worship, however, are ineligible for funded improvements under the program. Disposition of real property after the term of the grant or any change in use of the property during the term of the grant is subject to government-wide regulations governing real property disposition (see 2 CFR §§ 200 et seq.).
 - 5.7.6. If the recipient or a Grantee that is a local government voluntarily contributes its own funds to supplement federally funded activities, the recipient or Grantee has the option to segregate the Federal funds or commingle them. However, if the funds are commingled, this section applies to all of the commingled funds.

6. GLOSSARY OF TERMS

All terms shall have the meaning as set forth in 2 CFR §§ 200 et seq. or 45 CFR §§ 75 et seq. unless otherwise specifically set forth herein.

Agent/Representative: A person authorized to act on behalf of another.

Amend: To alter or change by adding, subtracting, or substituting.

Amendment: A written correction or alteration to a document.

Applicant: Non-Federal Entity that has applied for funding under this RFA.

Application: The written proposal submitted by the Applicant applying for funding under this RFA, which is composed of Forms 1 through 5.

Application Due Date: The date the RFA must be submitted to DHHS, and if not submitted by that time, rejected.

Balance of State (BoS): The region of Nebraska excluding the Omaha and Lincoln metropolitan areas.

Consolidated Annual Performance and Evaluation Report (CAPER): Provides annual performance reporting on client outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure.

Continuum of Care (CoC): A community and regional-based process to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency.

DHHS Website: www.dhhs.ne.gov.

Emergency Shelter Component: An ESG eligible activity in which a facility's primary purpose is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements. 24 CFR 576.102

Emergency Solutions Grants (ESG): A program authorized by subtitle B of title IV of the McKinney-Vento Homeless Assistance Act ([42 U.S.C. 11371–11378](http://www.uscourts.gov/42-U.S.C.-11371-11378)). The program authorizes the Department of Housing and Urban Development (HUD) to make grants to States, units of general-purpose local government, and territories for the rehabilitation or conversion of buildings for use as emergency shelter for the homeless, for the payment of certain expenses related to operating emergency shelters, for essential services related to emergency shelters and street outreach for the homeless, and for homelessness prevention and rapid re-housing assistance. 24 CFR 576

Enhance Mortgage Credit Availability Act: Prevents mortgage foreclosures and enhances mortgage credit availability. Public Law 111-22.

Evaluation: The process of examining an application after opening to determine the Applicant's responsibility, responsiveness to requirements, and to ascertain other characteristics of the Application that relate to determination of the successful award.

Evaluation Committee: Committee(s) appointed by DHHS that advises and assists DHHS in the evaluation of Applications.

Evaluator: An individual on the Evaluation Committee who advises and assists in the evaluation of Applications.

HHS Grants Guidance (“HHSGG”): The regulations codified at 45 CFR §§ 75 et seq., a re-codified version of the UGG, which provides the general administrative requirements for grant funding flowing down from the federal Department of Health and Human Services. See also Uniform Grant Guidance.

Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH): Amends Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371-11378) to rename the program the Emergency Solutions Grants (ESG) program, expand the range of eligible activities include homelessness prevention and rapid rehousing components, ensuring that families who become homeless return to permanent housing within 30 days.

Homeless Management Information System (HMIS): The information system designated by the Continuum of Care to comply with the HUD's data collection, management, and reporting standards and used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at-risk of homelessness.

Homelessness Prevention Component: An ESG eligible activity where assistance may be provided to individuals and families who meet the criteria under the “at risk of homelessness” definition, or who meet the criteria of the “homeless” definition and have an annual income below 30 percent of median family income for the area, as determined by HUD.24 CFR 576.103

Housing First Model: A homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues.

Homeless Shelter Assistance Trust Fund (HSATF): It is the intent of the Homeless Shelter Assistance Trust Fund Act to provide funds aimed at meeting the needs of homeless individuals and other individuals with locally identified and documented special housing needs.

Intent to Subaward: A document noting the results of the RFA evaluation process, and any identified Applicant(s) with whom DHHS intends to award federal funds, but not a binding agreement with any promise to award.

Lincoln Continuum of Care: A community and regional-based process that provides a comprehensive and coordinated housing and service delivery system within the Lincoln, NE metropolitan area.

Mainstream Benefits: Types of program assistance benefits that program participants can enroll in to obtain housing stability, such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and Child and Adult Care Food Program (CACFP).

Mandatory/Must: Required, compulsory, or obligatory.

May: Discretionary, permitted; used to express possibility.

McKinney-Vento Homeless Assistance Act: A federal law created to support the enrollment and education of homeless students. McKinney-Vento is intended to provide homeless students the same educational opportunities as housed students by removing as many barriers to learning for homeless students as possible. Public Law 100-77

Must: See Mandatory/Must and Shall/Will/Must.

Nebraska Balance of State Continuum of Care: A community and regional-based process that provides a comprehensive and coordinated housing and service delivery system across the State of Nebraska, outside the Omaha and Lincoln metropolitan areas.

Nebraska Foreclosure Protection Act: Protects homeowners from fraudulent activities of individuals and entities that prey on vulnerable consumers.

Nebraska Homeless Assistance Program (NHAP): A grant program within the Office of Economic Assistance, that is comprised of Nebraska Homeless Assistance Trust Fund (HSATF) and the Department of Housing and Urban Development (HUD) Emergency Solutions Grants (ESG) funding to provide and overall "Continuum of Care" approach to address the needs of people who are homeless or near homelessness.

Non-Responsive: When an Application does not meet the minimum requirements of this RFA.

Omaha Continuum of Care: A community and regional-based process that provides a comprehensive and coordinated housing and service delivery system in the Omaha metropolitan area.

Point of Contact ("POC"): The person designated to receive communications and to communicate.

Rapid Housing Component: An ESG eligible activity, provides housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. 24 CFR 576.104

Request for Applications ("RFA"): Written solicitation of competitive applications for grant funding.

Shall/Will/Must: An order/command; mandatory.

Should: Expected; suggested, but not necessarily mandatory.

Street Outreach Component: ESG allowable activities that are designed to meet the immediate needs of people experiencing homelessness in unsheltered locations by connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. 24 CFR 576.101

Subaward: In addition to the definition in 2 CFR § 200.92 and 45 CFR § 75.2, subaward means the Grant Agreement executed, pursuant to the terms of the RFA, with the Non-Federal Entity.

Subrecipient: In addition to the definition in 2 CFR § 200.93 and 45 CFR § 75.2, Subrecipient means the Non-Federal Entity that has executed a subaward with DHHS.

Uniform Grants Guidance ("UGG"): The regulations codified at 2 CFR §§ 200 et seq., which provide the general administrative requirements for grant funding flowing down from the federal government. See also HHS Grants Guidance.

United States Department of Housing and Urban Development (HUD): Created as part of President Lyndon B. Johnson's War on Poverty, the Department of Housing and Urban Development (HUD) was established as a Cabinet Department by the Department of Housing and Urban Development Act (42 U.S.C. 3532-3537), effective November 9, 1965. HUD is the Federal agency responsible for national policy and programs that address America's housing needs, that improve and develop the Nation's communities, and enforce fair housing laws.

Victim Service Provider: A private nonprofit organization whose primary mission is to provide direct services to victims of domestic violence.

Violence Against Women Act (VAWA): A federal law that, in part, provides housing protections for people applying for or living in units subsidized by the federal government and who have experienced domestic violence, dating violence, sexual assault, or stalking, to help keep them safe and reduce their likelihood of experiencing homelessness.

Will: See Shall/Will/Must.

FORM 1 – APPLICATION COVER SHEET

Instructions: This form must be signed and returned, along with the application materials, before the Application Due Date, to the POC or designated email address, as applicable.

| | |
|-----------------------------|--------------------------|
| RFA # | RELEASE DATE |
| 6040 | January 12, 2024 |
| APPLICATION DUE DATE | POINT OF CONTACT |
| FEBRUARY 19, 2024 | DHHS.Grants@nebraska.gov |

CERTIFICATION AND GUARANTEE OF COMPLIANCE

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application and certifies that all information contained in this Application is accurate. This Application is submitted pursuant to the terms of the RFA, and if the Applicant is awarded funding, it will be incorporated into the subaward between the parties. I understand that if anything in this Application conflicts with the RFA or with the subsequent subaward, the subaward and RFA shall govern as set forth in the subaward.

ORGANIZATION*: _____

UEI NUMBER: _____ PARENT UEI (IF APPLICABLE): _____

COMPLETE ADDRESS (INCLUDE ZIP+4)

CONGRESSIONAL DISTRICT: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

I CERTIFY THAT THIS ORGANIZATION IS AN "ELIGIBLE ORGANIZATION" AS DEFINED BY THIS RFA.

I CERTIFY THAT THIS ORGANIZATION IS NOT PRESENTLY DEBARRED OR SUSPENDED.

SIGNATURE: _____

TYPED NAME & TITLE OF SIGNER: _____

*ORGANIZATION LEGAL NAME MUST MATCH UEI NUMBER VERBATUM.

FORM 2 – APPLICANT’S ORGANIZATIONAL OVERVIEW

APPLICANT INFORMATION:

Applicant’s Legal Name:

Applicant’s Mailing Address, including Zip+4:

Applicant’s Website:

Link Within Applicant’s Website Directed to Serving Homeless:

Applicant’s Federal TIN/EIN: Applicant’s UEI Number:

Applicant’s Fiscal Year Start Date: End Date:

Executive Director/President’s Name:

Executive Director/President’s Email:

Board Chair/President’s Name:

Board Chair/President’s Email:

Program Contact’s Name:

Program Contact’s Title:

Program Contact’s Email:

Program Contact’s Phone:

PROGRAM TYPE – check all that apply:

Emergency Shelter

Homelessness Prevention

Transitional Housing

Rapid Rehousing

Street Outreach

HMIS/Data Collection

BED TYPE (for shelters only) – select *one*:

POPULATION SERVED – select *all* that apply:

Single adult males

Adult males with children

Single adult females

Adult females with children

Couples with children

Unaccompanied young males

Couples without children

Unaccompanied young females

Continuum of Care Region: Select CoC Region

Reminder: If services will be provided in more than one Region, a **separate** application must be completed for each Region:

Counties Your Agency Serves and Programs Provided in this Region:

Enter **all** counties and the specific area(s) within that county your agency will primarily service ***in the selected Region under this grant.*** Do NOT include counties outside of the selected Region, as the submission of this application is an acknowledgement that the agency will not request reimbursement for clients in counties outside of the Region. If the agency serves counties in multiple Regions, another application must be submitted for each Region (see next question). In addition to the counties served, indicate what programs will be provided within the respective county:

1. Enter county and area(s) served and the program(s) provided.
2. Enter county and area(s) served and the program(s) provided.
3. Enter county and area(s) served and the program(s) provided.
4. Enter county and area(s) served and the program(s) provided.
5. Enter county and area(s) served and the program(s) provided.
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19. Enter county and area(s) served and the program(s) provided.
20. Enter county and area(s) served and the program(s) provided.
21. Enter county and area(s) served and the program(s) provided.
22. Enter county and area(s) served and the program(s) provided.
23. Enter county and area(s) served and the program(s) provided.

Summary of Federal and State Grants Experience:

Provide a description of the Applicant's previous experience with receiving federal and state funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient. Applicants should describe and demonstrate knowledge of the Uniform Grant Guidance or the HHS Grants Guidance (as applicable), as well as any specific experience with the particular state and federal program and funding source that funds this Request For Application.

List the active federal and state grant funding sources that are applicable to providing homeless assistance services and how the funds are currently being utilized.

Summary of Programmatic Experience:

Provide a description of the Applicant's demonstrated experience with the type of programming or work contained in the Project Description, or other relevant work. Provide information related to the Applicant's planning and

budgeting process, use of technology, data, and outcome information when determining trends, and how to address the needs of the community. Summarize the Applicant's partnership and collaboration with other agencies within the respective region.

Personnel and Management:

Identify individuals employed by the Applicant, on its Board of Directors, or otherwise affiliated with the Applicant, who have a demonstrated knowledge or experience with federal grants, the Uniform Grant Guidance or the HHS Grants Guidance, programmatic experience, or other relevant experience. Include the individual's title, responsibility of work, and length of experience with personnel and grants management.

Succession Planning:

Provide a description of any processes in place for the replacement of management, staff, Board of Directors, or positions otherwise affiliated with the Applicant.

Agreements Terminated or Costs Disallowed:

Provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:

- Were terminated for cause; or,
- Where Specific Conditions were placed on Applicant (see 2 CFR § 200.207).

Important: If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.

FORM 3 – APPLICANT’S WORK PLAN

Responses to the criteria outlined in Section 4.3 should be provided on this form.

1. Define your agency’s mission statement. Describe the agency’s guiding principals and purpose. Describe how the agency embodies the aforementioned. Provide information as to how the aforementioned is promoted throughout the agency (e.g., to staff, to program participants, to the community).
2. Provide the agency’s strategic goal(s) to address the needs of the homeless. Describe how the funds provided by NHAP will assist in meeting the goal(s). If the agency does not have a strategic goal to address the needs of the homeless, explain why and how this will be incorporated for the 2024-25 NHAP grant term.
3. Describe the agency’s participation in local, regional, and state Continuum of Care (CoC) committee or subcommittee meetings, and homeless advocacy meetings (e.g., 10-year Plan to End Homelessness meetings, Nebraska Commission on Housing and Homelessness (NCCH) Commission meetings, etc.). Include the dates and name(s) of agency staff who participated and any leadership roles (e.g., committee or subcommittee officer/convener/lead) the agency staff held. In addition, provide any agency participation in special events designed to end or prevent homelessness, including the dates and name(s) of agency staff who participated and any leadership roles held pertaining to the special event (Project Homeless Connect, Stand Down, etc.).
4. Describe the agency’s participation in the Coordinated Entry System to promote the “no wrong door” approach to ensure streamlined accessibility to permanent housing programs and self-sufficiency for program participants. Identify if the agency is either a public access door or another entry point. If not, explain how the agency refers program participants to the applicable agency for placement on the By-Name list for Permanent Supportive Housing/Rapid Rehousing. Provide narrative regarding how and when the agency utilizes the standardized assessment tools adopted by the CoC to determine the needs and prioritization of the program participants. Detail should be included regarding how confidentiality of program participants who are fleeing domestic violence will be maintained, as per the Violence Against Women Act (VAWA).
5. Describe the agency’s challenges in the past year and any new strategies or processes developed for supporting and improving the self-sufficiency of those who are experiencing or at risk of experiencing homelessness (e.g., job training, ESL classes, budgeting assistance, Rent Wise, life skills, etc.). Did these new strategies or processes prove to be effective and explain why or why not?
6. Provide information on how case management and/or other services are provided after the program participant has secured permanent housing. Include the time frame in which services are continued. Provide a description of your agency’s process in linking the clients you serve with the SOAR-designated agency in your local CoC as applicable.
7. Describe processes the agency has for coordinating with mainstream services (e.g., regular meetings, cultivation of specific contacts at other agencies, etc.) and connecting program participants with other services. Include how mainstream funding resources are utilized in conjunction with NHAP funds to provide financial assistance to program participants in order to serve the greatest number of individuals with limited funding. Provide any challenges faced and any new strategies to address such challenges. How will these new processes be incorporated to improve the agency’s outreach for the 2024-2025 grant year?
8. Describe any challenges faced and the changes the agency has made in implementing the Housing First approach in the past year. In the assessment, consider the agency’s policies, length of stay, type of services, targeted populations, and staff training opportunities. Also consider how the agency involves program participants in planning, policies, processes, and procedures.
9. Describe the agency’s strategies, policies, and practices for monitoring the accuracy and quality of program data (e.g., regular data reports, data checking by assigned staff, data report review by the Director and/or Board, etc.). Describe any changes in the past year to the agency’s strategies, policies, and practices for monitoring and

improving the accuracy and quality of program data (e.g., regular data reports, data checking by assigned staff, data report review by the Director and/or Board, etc.). Have these changes proved to be of value? Have any of the new changes precipitated additional changes? How will these changes affect your agency for the 2024-2025 grant year?

10. Describe activities, events, or other related efforts the agency will utilize to provide outreach to the community, which promotes the services and programs provided by the agency and/or volunteer opportunities within the organization. Provide the target audience and the method in which the outreach will be presented. In the narrative, describe any prior challenges faced and actions taken to address the challenges.
11. Describe what success looks like and how the agency measures success. Describe what it means, as an agency, to serve homeless populations. Provide information that exemplifies the efforts that the agency endorses to prevent homelessness and serve those in the Region.

FORM 4 – APPLICANT’S BUDGET AND PROPOSED PERFORMANCE OUTCOMES

Funding Request:

The total NHAP Funding Request should equal the combined total of the NHAP funding request for each service.

1. Total 2023-2024 NHAP Funding Award (must match grant award allocation): Enter amount

New Applicant, not applicable

NHAP Program type funded:– *check all that applied:*

Street Outreach

Emergency Shelter

Transitional Shelter: Enter the number of ESG eligible units funded by NHAP: Enter amount

Homelessness Prevention

Rapid Rehousing

HMIS

2. Total 2024-2025 NHAP Funding Request: Enter amount

NHAP Funding Request is for the following Program Type – check all that apply:

Street Outreach

Emergency Shelter

Transitional Shelter: Enter the number of ESG eligible units funded by NHAP: Enter amount

Homelessness Prevention

Rapid Rehousing

HMIS

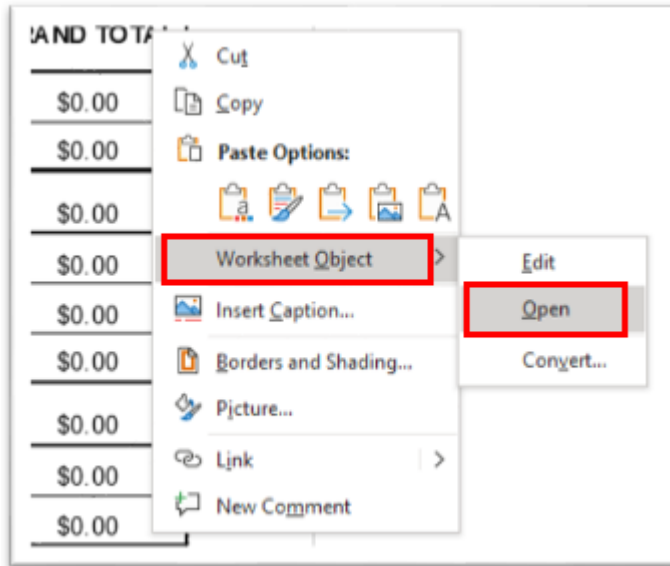
3. FY 2024-2025 Ratio of NHAP requested funding to Agency’s overall Fiscal Budget for NHAP Related Services:

| A. Amount of NHAP Funds Requested: | B. Agency’s Total Budget for NHAP Related Services FY 2024-2025 | C. $A \div B = C$ (%) |
|--|--|--|
| Enter amount | Enter amount | <input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/> |

IMPORTANT NOTE ON PERSONNEL AND BUDGET TABLES

All tables are formatted to autocalculate the Grant Total columns and the subtotal and grand total rows. To ensure the document formatting maintains its integrity, follow these instructions:

To complete the Proposed Budget, right-click inside the table, click "Worksheet Object", and select "Open". The table will open in a new window as an Excel spreadsheet. Enter all respective proposed budgetary amounts. The spreadsheet will auto-calculate.



When complete, click on the "Save" icon located in the top left of the spreadsheet or click on "File", then "Save". Click the "X" on the top right of the spreadsheet to close the table object.



4. FY 2024-25 NHAP Proposed Budget:

Agency Name:

| FY 2024-2025 NHAP PROPOSED BUDGET | | NHAP FUNDING REQUEST | OTHER FUNDING SOURCES | GRAND TOTAL |
|--|--------------------------------------|----------------------|-----------------------|---------------|
| STREET OUTREACH | Essential Services | \$0.00 | \$0.00 | \$0.00 |
| | Indirect Cost* | \$0.00 | \$0.00 | \$0.00 |
| | SUBTOTAL | \$0.00 | \$0.00 | \$0.00 |
| | | | | |
| EMERGENCY SHELTER | Essential Services | \$0.00 | \$0.00 | \$0.00 |
| | Operations (including minor repairs) | \$0.00 | \$0.00 | \$0.00 |
| | Indirect Cost* | \$0.00 | \$0.00 | \$0.00 |
| | SUBTOTAL | \$0.00 | \$0.00 | \$0.00 |
| | | | | |
| HOMELESS PREVENTION | Services - Housing R&S | \$0.00 | \$0.00 | \$0.00 |
| | Financial Assistance - Housing R&S | \$0.00 | \$0.00 | \$0.00 |
| | Rent Assistance (Tenant-Based) | \$0.00 | \$0.00 | \$0.00 |
| | Rent Assistance (Project-Based) | \$0.00 | \$0.00 | \$0.00 |
| | Indirect Cost* | \$0.00 | \$0.00 | \$0.00 |
| | SUBTOTAL | \$0.00 | \$0.00 | \$0.00 |
| | | | | |
| RAPID REHOUSING | Services - Housing R&S | \$0.00 | \$0.00 | \$0.00 |
| | Financial Assistance - Housing R&S | \$0.00 | \$0.00 | \$0.00 |
| | Rent Assistance (Tenant-Based) | \$0.00 | \$0.00 | \$0.00 |
| | Rent Assistance (Project-Based) | \$0.00 | \$0.00 | \$0.00 |
| | Indirect Cost* | \$0.00 | \$0.00 | \$0.00 |
| | SUBTOTAL | \$0.00 | \$0.00 | \$0.00 |
| | | | | |
| HMIS | Direct Cost | \$0.00 | \$0.00 | \$0.00 |
| | Indirect Cost* | \$0.00 | \$0.00 | \$0.00 |
| | SUBTOTAL | \$0.00 | \$0.00 | \$0.00 |
| | | | | |
| GRAND TOTAL | | \$0.00 | \$0.00 | \$0.00 |
| <p>* To be reimbursed for Indirect Costs, an approved Indirect Cost Rate Proposal must be on file at DHHS or the de minimus rate of 10% must be used.</p> | | | | |

REQUEST FOR FUNDING

Under the detailed budget narratives on the following pages provide clear, complete, and accurate information to support requested funding and demonstrate performance. All requested information needs to be completed for each component proposed.

If the Applicant requires ESG funding to support another federal program’s matching requirement, articulate this in the narrative. Be sure to include: 1) the name of the federal program requiring a match; 2) why the federal program requires a match; and, 3) why the Applicant would utilize ESG funding rather than another federal funding source for matching purposes. Inform whether ESG funding is being requested for the respective activity and the purpose of the funding (e.g. matching funds).

Any section that should not be considered for funding (e.g., Street Outreach project) must be indicated by a “Not Applicable” statement or a strike through the page(s).

DEMONSTRATED PERFORMANCE

As part of the HEARTH Implementation Act, performance measures are to be used to demonstrate outcomes. These outcomes measure program progress in meeting the defined goals and objectives. The primary goal of NHAP is ensuring that homelessness is brief, rare, and only a one-time occurrence.

HUD requires all ESG subrecipients to enter required HUD data elements into the HMIS or a comparable database system. All applicants who have previously received NHAP funding need to complete the HMIS Data Performance information or complete comparable data (i.e., Annual Performance Report (APR), Consolidated Annual Performance and Evaluation Report (CAPER), or Osnum).

INCREASED JOBS, INCOME, AND SELF-SUFFICIENCY DATA

In this section, provide the percentage of clients who have sustained or increased the amount of income throughout their enrollment, as well as the percentage of clients who have increased their level of education at the time of exit.

July 1, 2021 – June 30, 2022

| Increase jobs, income, and self-sufficiency | |
|---|---|
| % of adults with increased or sustained employment income | % |
| % of adults with increased or sustained other cash income | % |
| % of adults with increased or sustained mainstream on-cash benefits | % |
| % of persons with improved education | % |

July 1, 2022 – June 30, 2023

| Increase jobs, income, and self-sufficiency | |
|---|---|
| % of adults with increased or sustained employment income | % |
| % of adults with increased or sustained other cash income | % |
| % of adults with increased or sustained mainstream on-cash benefits | % |
| % of persons with improved education | % |

NOTE: Bitfocus – Clarity HMIS Users: Utilize the “*OUTS-102-Performance Monitoring*” report to complete the tables below. The OUTS-102 report is available to active Clarity users. If the Applicant needs assistance with this report, they must contact their HMIS System Administrator as soon as possible, and no later than two (2) weeks before this Request For Application is due to the NHAP office.

**STREET OUTREACH
BUDGET AND SERVICE DESCRIPTION**

Past Funding Request(s):

Current NHAP Subrecipient:

1. 2022-2023 NHAP funding for street outreach: **Enter amount**
2. 2022-2023 NHAP funding for street outreach remaining as of July 1, 2023: **Enter amount**
3. If any 2022-2023 NHAP funding for street outreach remained, provide an explanation as to why and assurances that all funding will be utilized in the 2023-24 grant term? **Enter explanation**
4. 2023-2024 NHAP funding for street outreach: **Enter amount**

Note: The funded amounts provided above must match the grant award allocation and quarterly invoicing.

New Applicant

2024-2025 Funding Request:

Total NHAP funding request for street outreach: **Enter amount**

If the agency would benefit from receiving federal NHAP funding instead of state NHAP funding, enter the amount requested: **Enter amount**

If requesting federal funding, provide the reason: **Enter the intended use of requested federal funding**

Current NHAP Subrecipient: Provide an explanation for any increase or decrease in requested street outreach funding: **Enter explanation**

| STREET OUTREACH DETAILED BUDGET | | NHAP FUNDING REQUEST | OTHER FUNDING SOURCES | GRAND TOTAL |
|--|---|----------------------|-----------------------|---------------|
| Street Outreach Services | | | | |
| Engagement Activities | | | | \$0.00 |
| Case Management | | | | \$0.00 |
| Emergency Health Services (licensed provider) | | | | \$0.00 |
| Emergency Mental Health Services (licenses provider) | | | | \$0.00 |
| Transportation | | | | \$0.00 |
| SO Services Direct Cost Allocation (if applicable) | | | | \$0.00 |
| SERVICES SUBTOTAL | | | | \$0.00 |
| Indirect Cost (must have an approved rate) Enter % | % | | | \$0.00 |
| De Minimus Rate: Enter % | % | | | \$0.00 |
| STREET OUTREACH TOTAL | | \$0.00 | \$0.00 | \$0.00 |

**STREET OUTREACH
BUDGET NARRATIVE**

Provide a narrative description of the activities being proposed and a detailed description of how each line item was calculated (e.g., breakdown of personnel costs, service cost calculations, methods of determining cost allocation percentages, detail of operational expenses, etc.).

Provide the total amounts, description, and name of funding source of other funds utilized to support the agency's street outreach efforts. Describe whether the funding is confirmed or pending.

If "Other Funds" is left blank or has a zero provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain sufficient budget breakdown detail to replicate the calculated budget totals.

Enter explanation

**STREET OUTREACH
PERFORMANCE**

| Populations Served 7/1/22 to 6/30/23 | | | | | |
|---|-----------------------------|--|-----------|---------------------|--|
| Unduplicated Total Number of Program Participants Served with Street Outreach | A. All Leavers ## | B. Outcome Measures | | C. Percent Achieved | |
| | | | | B÷A=C | |
| | | Exits to Permanent Housing Destination | | | |
| | | Unduplicated Number Placed in Permanent Housing Destinations at Program Exit | ## | % | |
| *Supporting Documentation: APR/CAPER Q 23 and/or b | | | | | |

Supporting documentation has to be in the format of printouts from a HMIS or comparable database. ONLY provide the data report (APR/CAPER/Osnum) that supports the data that is being requested. Submission of excessive data will be disregarded and points may be deducted.

- Unduplicated count of individuals served from 7/1/22 to 6/30/23: **##**
- From the NHAP 2022-2023 Application, how many unduplicated individuals were proposed to be served from 7/1/22 to 6/30/23 **##** :
- Unduplicated count of individuals proposing to serve from 7/1/24 to 6/30/25: **##**
- Unduplicated count of households served from 7/1/22 to 6/30/23: **##**
- From the NHAP 2022-2023 Application, how many unduplicated households were proposed to be served from 7/1/22 to 6/30/23: **##**
- Unduplicated count of households proposing to serve from 7/1/24 to 6/30/25: **##**

Enter explanation

**STREET OUTREACH
RETURNS TO HOMELESSNESS DATA**

Bitfocus – Clarity HMIS Users Only: Utilize the “OUTS-205 Program Recidivism” report to complete the tables below.

July 1, 2021 – June 30, 2022

| Street Outreach | Number of Clients |
|--|-------------------|
| Number of clients who exited within date range | ## |
| Number of clients who exited to permanent destinations | ## |
| Number of clients returning to homelessness | ## |
| Average number of days from program exit to re-entry | ## |

July 1, 2022 – June 30, 2023

| Street Outreach | Number of Clients |
|--|-------------------|
| Number of clients who exited within date range | ## |
| Number of clients who exited to permanent destinations | ## |
| Number of clients returning to homelessness | ## |
| Average number of days from program exit to re-entry | ## |

NOTE: If the applicant needs assistance with this report, they must contact their HMIS System Administrator as soon as possible, and no later than two (2) weeks before this Request for Application is due to the NHAP office.

**STREET OUTREACH
HMIS/DV DATA ENTRY PERFORMANCE - MISSING HUD REQUIRED DATA**

HUD requires all ESG grantees to enter required HUD data elements into HMIS or a comparable system. All applicants need to complete this section for HMIS/DV Data Entry.

To calculate the missing/null data percent, add together the percentage of error rates for the HUD required data quality elements (Personally Identifying Information, Universal Data Elements, Income and Housing Data Quality, and Chronic Homelessness) entry fields to determine a total percentage. Next, divide this total by the number of data elements (18) to determine the percentage of missing data fields for each activity type funded by NHAP.

NOTE: Points will NOT be deducted for missing SSN information for victims of domestic violence, sexual assault or stalking (per VAWA regulations), or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life and safety.

| PROGRAM NAME | % MISSING DATA FIELDS |
|-----------------|-----------------------|
| Street Outreach | % |

For agencies with data error rates for SSN due to VAWA or immigration status, provide the percentage of error rates and explanation as needed.

Enter explanation

**EMERGENCY SHELTER
BUDGET AND SERVICE DESCRIPTION**

Past Funding Request(s):

Current NHAP Subrecipient:

1. 2022-2023 NHAP funding for emergency shelter: **Enter amount**
2. 2022-2023 NHAP funding for emergency shelter remaining as of July 1, 2023: **Enter amount**
3. If any 2022-2023 NHAP funding for emergency shelter remained, provide an explanation as to why and assurances that all funding will be utilized in the 2023-24 grant term? **Enter explanation**
4. 2023-2024 NHAP funding for emergency shelter: **Enter amount**

Note: *The funded amounts provided above must match the grant award allocation and quarterly invoicing.*

New Applicant

2024-2025 Funding Request:

Total NHAP funding request for emergency shelter: **Enter amount**

If the agency would benefit from receiving federal NHAP funding instead of state NHAP funding, enter the amount requested: **Enter amount**

If requesting federal funding, provide the reason: **Enter the intended use of requested federal funding**

Current NHAP Subrecipient: Provide a brief explanation for any increase or decrease in requested shelter funding:

Enter explanation

| EMERGENCY SHELTER DETAILED BUDGET | | NHAP FUNDING REQUEST | OTHER FUNDING SOURCES | GRAND TOTAL |
|--|---|---------------------------------|--------------------------------------|--------------------|
| Emergency Shelter Essential Services | | | | |
| Case Management | | | | \$0.00 |
| Child Care (licensed) | | | | \$0.00 |
| Education Services | | | | \$0.00 |
| Employment Assistance and Job Training | | | | \$0.00 |
| Outpatient Health Services | | | | \$0.00 |
| Outpatient Substance Abuse Treatment (licensed) | | | | \$0.00 |
| Outpatient Mental Health Services (licensed) | | | | \$0.00 |
| Transportation | | | | \$0.00 |
| Life Skills Training | | | | \$0.00 |
| ES Services Direct Cost Allocation (if applicable) | | | | \$0.00 |
| SERVICES SUBTOTAL | | \$0.00 | \$0.00 | \$0.00 |
| Emergency Shelter Operations | | | | |
| Emergency Shelter Operations | | | | \$0.00 |
| Hotel/Motel Vouchers (if shelter is unavailable) | | | | \$0.00 |
| OPERATIONS SUBTOTAL | | \$0.00 | \$0.00 | \$0.00 |
| Indirect Cost (must have an approved rate) Enter % | % | | | \$0.00 |
| De Minimus Rate: Enter % | % | | | \$0.00 |
| EMERGENCY SHELTER TOTAL | | \$0.00 | \$0.00 | \$0.00 |

**EMERGENCY SHELTER
BUDGET NARRATIVE**

Provide a narrative description of the activity being proposed and a detailed description of how each line item was calculated (e.g., breakdown of personnel costs, service cost calculations, methods of determining cost allocation percentages, detail of operational expenses, etc.).

Provide the total amounts, description, and name of the funding source for other funds utilized to support the agency's emergency shelter activities. Describe whether the funding is confirmed or pending.

If "Other Funds" is left blank or has a zero, provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain sufficient budget breakdown detail to replicate the calculated budget totals.

Enter explanation

**EMERGENCY SHELTER
PERFORMANCE**

| Populations Served 7/1/22 to 6/30/23 | | | | | |
|---|-------------------------|--|----|---------------------|-------|
| Unduplicated Total Number of Program Participants Served with Emergency Shelter | A. All Leavers ## | B. Outcome Measures | | C. Percent Achieved | |
| | | | | | B÷A=C |
| | | Exits to Permanent Housing Destination | | | |
| | | Unduplicated Number Placed in Permanent Housing Destinations at Program Exit | ## | | % |
| **Supporting Documentation: APR/CAPER Q 23 and/or b | | | | | |

Supporting documentation has to be in the format of printouts from a HMIS or comparable database. ONLY provide the data report (APR) that supports the data that is being requested. Submission of excessive data will be disregarded and points may be deducted.

- Unduplicated count of individuals served from 7/1/22 to 6/30/23: ##
- From the NHAP 2022-2023 Application, how many unduplicated individuals were proposed to be served from 7/1/22 to 6/30/23: ##
- Unduplicated count of individuals proposing to serve from 7/1/24 to 6/30/25: ##
- Unduplicated count of households served from 7/1/22 to 6/30/23: ##
- From the NHAP 2022-2023 Application, how many unduplicated households were proposed to be served from 7/1/22 to 6/30/23: ##
- Unduplicated count of households proposing to serve from 7/1/24 to 6/30/25: ##
- Average length of stay of Households from 7/1/22 to 6/30/23: **Enter amount**
- Projected average length of stay of Households from 7/1/24 to 6/30/25: **Enter amount**
- Utilization rate for shelter beds from the 2023 Point-in-Time count: **Enter amount**
- Projected utilization rate for shelter beds from the 2024 Point-in Time count: **Enter amount**

Agencies must provide information for changes in the numbers served between the last and the proposed program year. Provide any program specific information which may result in divergences in standard performance outcomes, such as type of service, length of stay, targeted populations, etc., if applicable.

Enter explanation

**EMERGENCY SHELTER
RETURNS TO HOMELESSNESS DATA**

Bitfocus – Clarity HMIS Users Only: Utilize the “*OUTS-205 Program Recidivism*” report to complete the tables below.

July 1, 2021 – June 30, 2022

| Emergency Shelter | Number of Clients |
|--|--------------------------|
| Number of clients who exited within the date range | ## |
| Number of clients who exited to permanent destinations | ## |
| Number of clients returning to homelessness | ## |
| Average number of days from program exit to re-entry | ## |

July 1, 2022 – June 30, 2023

| Emergency Shelter | Number of Clients |
|--|--------------------------|
| Number of clients who exited within the date range | ## |
| Number of clients who exited to permanent destinations | ## |
| Number of clients returning to homelessness | ## |
| Average number of days from program exit to re-entry | ## |

NOTE: If the applicant needs assistance with this report, they must contact their HMIS System Administrator as soon as possible, and no later than two (2) weeks before this Request for Application is due to the NHAP office.

Osnium System Users Only: Domestic Violence Providers must complete the following table per the results of the national domestic violence client survey. If the applicant did not utilize the national client survey, indicate that data was not collected.

Responses to Survey Question 1: After working with an advocate I now know more ways to plan for my safety.

July 1, 2021 – June 30, 2022

| | |
|---|-----------|
| Total number of clients served under Emergency Shelter | ## |
| Percentage of clients served that responded “Yes” | ## |
| Percentage of clients served that responded “No” | ## |
| Percentage of clients served that did not respond to the survey | ## |

July 1, 2022 – June 30, 2023

| | |
|---|-----------|
| Total number of clients served under Emergency Shelter | ## |
| Percentage of clients served that responded “Yes” | ## |
| Percentage of clients served that responded “No” | ## |
| Percentage of clients served that did not respond to the survey | ## |

Responses to Survey Question 2: After working with an advocate I now know more about community resources.

July 1, 2021 – June 30, 2022

| | |
|---|----|
| Total number of clients served under Emergency Shelter | ## |
| Percentage of clients served that responded “Yes” | ## |
| Percentage of clients served that responded “No” | ## |
| Percentage of clients served that did not respond to the survey | ## |

July 1, 2022 – June 30, 2023

| | |
|---|----|
| Total number of clients served under Emergency Shelter | ## |
| Percentage of clients served that responded “Yes” | ## |
| Percentage of clients served that responded “No” | ## |
| Percentage of clients served that did not respond to the survey | ## |

**EMERGENCY SHELTER
HMIS/DV DATA ENTRY PERFORMANCE – MISSING HUD REQUIRED DATA**

HUD requires all ESG grantees to enter required HUD data elements into HMIS or a comparable system. All applicants need to complete this section for HMIS/DV Data Entry.

Add together the percentages of error rates for the HUD required data quality elements (Personally Identifying Information, Universal Data Elements, Income and Housing Data Quality, and Chronic Homelessness) entry fields to determine a total percentage. Next, divide this total by the number of data elements (18) to determine the percentage of missing data fields for each activity type funded by NHAP.

NOTE: Points will NOT be deducted for missing SSN information for victims of domestic violence, sexual assault or stalking (per VAWA regulations), or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life or safety.

| PROGRAM NAME | % MISSING DATA FIELDS |
|------------------------------|-----------------------|
| Shelter/Transitional Housing | % |

For agencies with data error rates for SSN due to VAWA or immigration status, provide the percentage of error rates and explanation as needed.

Enter explanation

**HOMELESSNESS PREVENTION
BUDGET AND SERVICE PERFORMANCE**

Past Funding Request(s):

Current NHAP Subrecipient:

1. 2022-2023 NHAP funding for homeless prevention: **Enter amount**
2. 2022-2023 NHAP funding for homeless prevention remaining as of July 1, 2023: **Enter amount**
3. If any 2022-2023 NHAP funding for homelessness prevention remained, provide an explanation as to why and assurances that all funding will be utilized in the 2023-24 grant term? **Enter explanation**
4. 2023-2024 NHAP funding for homeless prevention: **Enter amount**

Note: *The funded amounts provided above must match the grant award allocation and quarterly invoicing.*

New Applicant

2024-2025 Funding Request:

Total NHAP funding request for homelessness prevention: **Enter amount**

If the agency would benefit from receiving federal NHAP funding instead of state NHAP funding, enter the amount requested: **Enter amount**

If requesting federal funding, provide the reason: **Enter the intended use of requested federal funding**

Current NHAP Subrecipient: Provide a brief explanation for any increase or decrease in requested homelessness prevention funding:

Enter explanation

| HOMELESSNESS PREVENTION DETAILED BUDGET | | NHAP FUNDING REQUEST | OTHER FUNDING SOURCES | GRAND TOTAL |
|---|---|----------------------------|-----------------------------|---------------|
| Homelessness Prevention Services | | | | |
| Housing Search and Placement | | | | \$0.00 |
| Housing Stability Case Management | | | | \$0.00 |
| Transportation | | | | \$0.00 |
| Mediation | | | | \$0.00 |
| Credit Repair | | | | \$0.00 |
| HP Services Direct Cost Allocation (if applicable) | | | | \$0.00 |
| SERVICES SUBTOTAL | | \$0.00 | \$0.00 | \$0.00 |
| Homelessness Prevention Financial Assistance | | | | |
| Rental Application Fees | | | | \$0.00 |
| Security Deposits (up to 2 months' rent) | | | | \$0.00 |
| Last Month's Rent (up to 1 month) | | | | \$0.00 |
| Utility Deposits (gas, water, electric, sewage) | | | | \$0.00 |
| Utility Payments (gas, water, electric, sewage) | | | | \$0.00 |
| Moving Costs | | | | \$0.00 |
| FINANCIAL ASSISTANCE SUBTOTAL | | \$0.00 | \$0.00 | \$0.00 |
| Homelessness Prevention Rent Assistance | | | | |
| Rental Assistance - Short Term (≤ 3 months) | | | | \$0.00 |
| Rental Assistance - Medium- Term (> 3 mo. ≤ 24 mo.) | | | | \$0.00 |
| Rental Assistance - Rental Arrearage | | | | \$0.00 |
| RENT ASSISTANCE SUBTOTAL | | \$0.00 | \$0.00 | \$0.00 |
| Indirect Cost (must have an approved rate) Enter % | % | | | \$0.00 |
| De Minimus Rate: Enter % | % | | | \$0.00 |
| HOMELESSNESS PREVENTION TOTAL | | \$0.00 | \$0.00 | \$0.00 |

**HOMELESS PREVENTION
BUDGET NARRATIVE**

Provide a narrative description of the activity being proposed and a detailed description of how each line item was calculated (e.g., breakdown of personnel costs, methods of determining cost allocation percentages, detail of operational expenses, etc.).

Provide the total amounts, description, and the name of the funding source for other funds utilized to support the agency's homelessness prevention efforts. Describe whether the funding is confirmed or pending.

If "Other Funds" is left blank or has a zero, provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain sufficient budget breakdown detail to replicate the calculated budget totals.

Enter explanation

**HOMELESSNESS PREVENTION
PERFORMANCE**

| Populations Served 7/1/22 to 6/30/23 | | | | | |
|--|-------------------------|--|----|------------------------------|--|
| Unduplicated Total Number of all of Homeless Individuals Served with Homelessness Prevention | A. All Leavers ## | B. Outcome Measures | | C. Percent Achieved B÷A=C | |
| | | | | | |
| | | Exits to Permanent Housing Destination | | | |
| | | Unduplicated Number Placed in Permanent Housing Destinations at Program Exit | ## | % | |
| | | **Supporting Documentation: APR/CAPER Q 23 and/or b | | | |

Supporting documentation has to be in the format of printouts from a HMIS or comparable database. ONLY provide the data report (APR) that supports the data that is being requested. Submission of excessive data will be disregarded and points may be deducted.

- Unduplicated count of individuals served from 7/1/22 to 6/30/23: ##
- From the NHAP 2022-2023 Application, how many unduplicated individuals were proposed to be served from 7/1/22 to 6/30/23: ##
- Unduplicated count of individuals proposing to serve from 7/1/24 to 6/30/25: ##
- Unduplicated count of households served from 7/1/22 to 6/30/23: ##
- From the NHAP 2022-2023 Application, how many unduplicated households were proposed to be served from 7/1/22 to 6/30/23: ##
- Unduplicated count of households proposing to serve from 7/1/24 to 6/30/25: ##

Enter explanation

**HOMELESS PREVENTION
RETURNS TO HOMELESSNESS DATA**

Bitfocus – Clarity HMIS Users Only: Utilize the “*OUTS-205 Program Recidivism*” report to complete the tables below.

July 1, 2021 – June 30, 2022

| Homeless Prevention | Number of Clients |
|--|-------------------|
| Number of clients who exited within the date range | <u>##</u> |
| Number of clients who exited to permanent destinations | <u>##</u> |
| Number of clients returning to homelessness | <u>##</u> |
| Average number of days from program exit to re-entry | <u>##</u> |

July 1, 2022 – June 30, 2023

| Homeless Prevention | Number of Clients |
|--|-------------------|
| Number of clients who exited within the date range | <u>##</u> |
| Number of clients who exited to permanent destinations | <u>##</u> |
| Number of clients returning to homelessness | <u>##</u> |
| Average number of days from program exit to re-entry | <u>##</u> |

NOTE: If the applicant needs assistance with this report, they must contact their HMIS System Administrator as soon as possible, and no later than two (2) weeks before this Request For Application is due to the NHAP office.

Osniium System Users Only: Domestic Violence Providers must complete the following table per the results of the national domestic violence client survey. If the applicant did not utilize the national client survey, indicate that data was not collected.

Responses to Survey Question 1: After working with an advocate I now know more ways to plan for my safety.

July 1, 2021 – June 30, 2022

| | |
|---|-----------|
| Total number of clients served under Homelessness Prevention | <u>##</u> |
| Percentage of clients served that responded “Yes” | <u>##</u> |
| Percentage of clients served that responded “No” | <u>##</u> |
| Percentage of clients served that did not respond to the survey | <u>##</u> |

July 1, 2022 – June 30, 2023

| | |
|---|-----------|
| Total number of clients served under Homelessness Prevention | <u>##</u> |
| Percentage of clients served that responded “Yes” | <u>##</u> |
| Percentage of clients served that responded “No” | <u>##</u> |
| Percentage of clients served that did not respond to the survey | <u>##</u> |

Responses to Survey Question 2: After working with an advocate I now know more about community resources.

July 1, 2021 – June 30, 2022

| | |
|---|----|
| Total number of clients served under Homelessness Prevention | ## |
| Percentage of clients served that responded “Yes” | ## |
| Percentage of clients served that responded “No” | ## |
| Percentage of clients served that did not respond to the survey | ## |

July 1, 2022 – June 30, 2023

| | |
|---|----|
| Total number of clients served under Homelessness Prevention | ## |
| Percentage of clients served that responded “Yes” | ## |
| Percentage of clients served that responded “No” | ## |
| Percentage of clients served that did not respond to the survey | ## |

**HOMELESSNESS PREVENTION
HMIS/DV DATA ENTRY PERFORMANCE - MISSING HUD REQUIRED DATA**

HUD requires all ESG grantees to enter required HUD data elements into a HMIS or comparable system. All applicants need to complete this section for HMIS/DV Data Entry.

Add together the percentages of error rates for the HUD required data quality elements (Personally Identifying Information, Universal Data Elements, Income and Housing Data Quality, and Chronic Homelessness) entry fields to determine a total percentage. Next, divide this total by the number of data elements (18) to determine the percentage of missing data fields for each activity type funded by NHAP.

NOTE: Points will NOT be deducted for missing SSN information for victims of domestic violence, sexual assault or stalking (per VAWA regulations), or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life or safety.

| PROGRAM NAME | % MISSING DATA FIELDS |
|-------------------------|-----------------------|
| Homelessness Prevention | % |

For agencies with data error rates for SSN due to VAWA or immigration status, provide the percentage of error rates and explanation as needed.

Enter explanation

**RAPID REHOUSING
BUDGET AND SERVICE PERFORMANCE**

Past Funding Request(s):

Current NHAP Subrecipient:

1. 2022-2023 NHAP funding for rapid rehousing:
2. 2022-2023 NHAP funding for rapid rehousing remaining as of July 1, 2023:
3. If any 2022-2023 NHAP funding for rapid re-housing remained, provide an explanation as to why and assurances that all funding will be utilized in the 2023-24 grant term?
4. 2023-2024 NHAP funding for rapid rehousing:

Note: *The funded amounts provided above must match the grant award allocation and quarterly invoicing.*

New Applicant

2024-2025 Funding Request:

Total NHAP funding request for rapid rehousing:

If the agency would benefit from receiving federal NHAP funding instead of state NHAP funding, enter the amount requested:

If requesting federal funding, provide the reason:

Current NHAP Subrecipient: Provide a brief explanation for any increase or decrease in the requested rapid rehousing funding:

| RAPID REHOUSING DETAILED BUDGET | | NHAP FUNDING REQUEST | OTHER FUNDING SOURCES | GRAND TOTAL |
|---|---|-------------------------------------|--------------------------------------|--------------------|
| Rapid Rehousing Services | | | | |
| Housing Search and Placement | | | | \$0.00 |
| Housing Stability Case Management | | | | \$0.00 |
| Transportation | | | | \$0.00 |
| Mediation | | | | \$0.00 |
| Credit Repair | | | | \$0.00 |
| RRH Services Direct Cost Allocation (if applicable) | | | | |
| SERVICES SUBTOTAL | | \$0.00 | \$0.00 | \$0.00 |
| Homelessness Prevention Financial Assistance | | | | |
| Rental Application Fees | | | | \$0.00 |
| Security Deposits (up to 2 months' rent) | | | | \$0.00 |
| Last Month's Rent (up to 1 month) | | | | \$0.00 |
| Utility Deposits (gas, water, electric, sewage) | | | | \$0.00 |
| Utility Payments (gas, water, electric, sewage) | | | | \$0.00 |
| Moving Costs | | | | \$0.00 |
| FINANCIAL ASSISTANCE SUBTOTAL | | \$0.00 | \$0.00 | \$0.00 |
| Homelessness Prevention Rent Assistance | | | | |
| Rental Assistance - Short Term (≤ 3 months) | | | | \$0.00 |
| Rental Assistance - Medium- Term (> 3 mo. ≤ 24 mo.) | | | | \$0.00 |
| Rental Assistance - Rental Arrearage | | | | \$0.00 |
| RENT ASSISTANCE SUBTOTAL | | \$0.00 | \$0.00 | \$0.00 |
| Indirect Cost (must have an approved rate) Enter % | % | | | \$0.00 |
| De Minimus Rate: Enter % | % | | | \$0.00 |
| Direct Costs | | | | \$0.00 |
| RAPID REHOUSING TOTAL | | \$0.00 | \$0.00 | \$0.00 |

**RAPID RE-HOUSING
BUDGET NARRATIVE**

Provide a narrative description of the activity being proposed and a detailed description of how each line item was calculated (e.g., breakdown of personnel costs, methods of determining cost allocation percentages, detail of operational expenses, etc.).

Provide the total amounts, description, and name of the funding source for other funds utilized to support the agency’s rapid rehousing services. Describe whether the funding is confirmed or pending.

If “Other Funds” is left blank or has a zero, provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain sufficient budget breakdown detail to replicate the calculated budget totals.

Enter explanation

RAPID REHOUSING PERFORMANCE

| Populations Served 7/1/22 to 6/30/23 | | | | | |
|---|-------------------------|--|----|------------------------|--|
| Unduplicated Total Number of Program Participants Served with Rapid Rehousing | A. All Leavers ## | B. Outcome Measures | | C. Percent Achieved | |
| | | | | B÷A=C | |
| | | Exits to Permanent Housing Destination | | | |
| | | Unduplicated Number Placed in Permanent Housing Destinations at Program Exit | ## | % | |
| *Supporting Documentation: APR/CAPER Q 23 and/or b | | | | | |

Supporting documentation has to be in the format of printouts from a HMIS or comparable database. ONLY provide the data report (APR) that supports the data that is being requested. Submission of excessive data will be disregarded and points may be deducted.

- Unduplicated count of individuals served from 7/1/22 to 6/30/23: ##
- From the NHAP 2022-2023 Application, how many unduplicated individuals were proposed to be served from 7/1/22 to 6/30/23: ##
- Unduplicated count of individuals proposing to serve from 7/1/24 to 6/30/25: ##
- Unduplicated count of households served from 7/1/22 to 6/30/23: ##
- From the NHAP 2022-2023 Application, how many unduplicated households were proposed to be served from 7/1/22 to 6/30/23: ##
- Unduplicated count of households proposing to serve from 7/1/24 to 6/30/25: ##

Enter explanation

**RAPID REHOUSING
RETURNS TO HOMELESSNESS DATA**

Bitfocus – Clarity HMIS Users Only: Utilize the “*OUTS-205 Program Recidivism*” report to complete the tables below.

July 1, 2021 – June 30, 2022

| Rapid Rehousing | Number of Clients |
|--|-------------------|
| Number of clients who exited within date range | <u>##</u> |
| Number of clients who exited to permanent destinations | <u>##</u> |
| Number of clients returning to homelessness | <u>##</u> |
| Average number of days from program exit to re-entry | <u>##</u> |

July 1, 2022 – June 30, 2023

| Rapid Rehousing | Number of Clients |
|--|-------------------|
| Number of clients who exited within date range | <u>##</u> |
| Number of clients who exited to permanent destinations | <u>##</u> |
| Number of clients returning to homelessness | <u>##</u> |
| Average number of days from program exit to re-entry | <u>##</u> |

NOTE: If the applicant needs assistance with this report, they must contact their HMIS System Administrator as soon as possible, and no later than two (2) weeks before this Request for Application is due to the NHAP office.

Osnum System Users Only: Domestic Violence Providers must complete the following table per the results of the national domestic violence client survey. If the applicant did not utilize the national client survey, indicate that data was not collected.

Responses to Survey Question 1: After working with an advocate I now know more ways to plan for my safety.

July 1, 2021 – June 30, 2022

| | |
|---|-----------|
| Total number of clients served under Rapid Rehousing | <u>##</u> |
| Percentage of clients served that responded “Yes” | <u>##</u> |
| Percentage of clients served that responded “No” | <u>##</u> |
| Percentage of clients served that did not respond to the survey | <u>##</u> |

July 1, 2022 – June 30, 2023

| | |
|---|-----------|
| Total number of clients served under Rapid Rehousing | <u>##</u> |
| Percentage of clients served that responded “Yes” | <u>##</u> |
| Percentage of clients served that responded “No” | <u>##</u> |
| Percentage of clients served that did not respond to the survey | <u>##</u> |

Responses to Survey Question 2: After working with an advocate I now know more about community resources.

July 1, 2021 – June 30, 2022

| | |
|---|----|
| Total number of clients served under Rapid Rehousing | ## |
| Percentage of clients served that responded “Yes” | ## |
| Percentage of clients served that responded “No” | ## |
| Percentage of clients served that did not respond to the survey | ## |

July 1, 2022 – June 30, 2023

| | |
|---|----|
| Total number of clients served under Rapid Rehousing | ## |
| Percentage of clients served that responded “Yes” | ## |
| Percentage of clients served that responded “No” | ## |
| Percentage of clients served that did not respond to the survey | ## |

**RAPID REHOUSING
HMIS/DV DATA ENTRY PERFORMANCE - MISSING HUD REQUIRED DATA**

HUD requires all ESG grantees to enter required HUD data elements into HMIS or a comparable system. All applicants need to complete the performance section for HMIS/DV Data Entry.

Add together the percentages of error rates for the HUD required data quality elements (Personally Identifying Information, Universal Data Elements, Income and Housing Data Quality, and Chronic Homelessness) entry fields to determine a total percentage. Next, divide this total by the number of data elements (18) to determine the percentage of missing data fields for each activity type funded by NHAP.

NOTE: Points will NOT be deducted for missing SSN information for victims of domestic violence, sexual assault or stalking (per VAWA regulations), or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life or safety.

| PROGRAM NAME | % MISSING DATA FIELDS |
|-----------------|-----------------------|
| Rapid Rehousing | % |

For agencies with data error rates for SSN due to VAWA or immigration status, provide the percentage of error rates and explanation as needed.

Enter explanation

**HMIS/DV DATABASE
BUDGET AND SERVICE DESCRIPTION**

Past Funding Request(s):

Current NHAP Subrecipient:

1. 2022-2023 NHAP funding for HMIS/DV Database:
2. 2022-2023 NHAP funding for HMIS/DV Database remaining as of July 1, 2023:
3. If any 2022-2023 NHAP funding for HMIS/DV database remained, provide an explanation as to why and assurances that all funding will be utilized in the 2023-24 grant term?
4. 2023-2024 NHAP funding for HMIS/DV Database:

Note: The funded amounts provided above must match the grant award allocation and quarterly invoicing.

New Applicant

2024-2025 Funding Request:

Total NHAP funding request for HMIS/DV database:

If the agency would benefit from receiving federal NHAP funding instead of state NHAP funding, enter the amount requested:

If requesting federal funding, provide the reason:

Current NHAP Subrecipient: Please provide a brief explanation for any increase or decrease in requested HMIS/DV Database System funding:

| HMIS/DV DATABASE SYSTEM DETAILED BUDGET | NHAP FUNDING REQUEST | OTHER FUNDING SOURCES | GRAND TOTAL |
|--|----------------------|-----------------------|---------------|
| HMIS/DV Database System | | | |
| HMIS Data Entry/Analysis Personnel | | | \$0.00 |
| Hardware/Software | | | \$0.00 |
| Licensing Fees | | | \$0.00 |
| Equipment Costs | | | \$0.00 |
| Office Space | | | \$0.00 |
| Utilities | | | \$0.00 |
| Conference Fees | | | \$0.00 |
| Travel | | | \$0.00 |
| RENT ASSISTANCE SUBTOTAL | \$0.00 | \$0.00 | \$0.00 |
| Indirect Cost (must have an approved rate) Enter % | % | | \$0.00 |
| De Minimus Rate: Enter % | % | | \$0.00 |
| RAPID REHOUSING TOTAL | \$0.00 | \$0.00 | \$0.00 |

**HMIS/DV DATABASE
BUDGET NARRATIVE**

Provide a narrative description of the activity being proposed and a detailed description of how each line item was calculated (e.g. breakdown of personnel costs, service cost calculations, methods of determining cost allocation percentages, detail of operational expenses, etc.).

Provide the total amounts and a brief description of the other funds utilized to support the agency's data collection efforts.

If "Other Funds" is left blank or has a zero, provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain sufficient budget breakdown detail to replicate the calculated budget totals.

Enter explanation

FORM 5 – CONTINUUM OF CARE (CoC) VERIFICATION

VERIFICATION OF PARTICIPATION

The Verification of Participation Form must be completed to include the number of CoC meetings held, the number of meetings attended by a representative of your agency, and a signature from the CoC's authorized person.

GROUP INFORMATION

Name of CoC Attended:

Type of CoC Meetings Attended:

Regional Coalition

Task Force

Committee

Workgroup

Subcommittee

Name of CoC Authorized Person/Chair:

Authorized Person/Chair Email:

Authorized Person/Chair Phone Number:

AGENCY INFORMATION

Agency Name:

Name(s) of Staff that Attended Meeting(s):

MEETING INFORMATION (to be completed by the CoC Authorized Person)

Number of CoC Meetings Held:

Number of CoC Meetings Attended by Staff from this Agency:

Did the agency consult the CoC for project approval while preparing the 2024-25 NHAP application and its proposed activities?

YES

NO

Do the agency's proposed NHAP activities align with the CoC's priorities for serving persons experiencing homelessness and persons at risk of homelessness?

YES

NO

I verify the above information is accurate and current.

Signature of CoC's Authorized Person

Date

FORM 6 – ADDITIONAL PROGRAM APPLICATION REQUIREMENTS AND CERTIFICATIONS

| SUBMISSION REQUIREMENTS | REQUIRED DOCUMENTATION | |
|---|---|--------------------------|
| 1. Non-profit organizations must have an active Board of Directors within the last 12 months (not applicable to governmental agencies). | Provide a Board of Directors list, including phone numbers, email addresses, and titles. | <input type="checkbox"/> |
| 2. The applicant must have audited financial statements prepared by a qualified accountant or accounting service completed within the last 12 months or include a letter of justification if beyond that timeframe. | Provide a copy of the applicant's most recent audit | <input type="checkbox"/> |
| 3. Registered to conduct business in the State of Nebraska (not applicable for governmental applicants) | Current certification from the Nebraska Secretary of State or print out of active state from: https://goo.gl/cXOFX | <input type="checkbox"/> |
| 4. Indirect cost rate (if applicable) | If seeking to utilize an indirect cost rate on a budget, the applicant must provide the current approved indirect cost rate agreement. If utilizing the "de minimus" rate, provide calculations to support the request. | <input type="checkbox"/> |
| 5. Direct cost allocation (if applicable) | Applications with direct cost allocation requests must include sufficient documentation to demonstrate that costs were properly allocated. | <input type="checkbox"/> |
| 6. CAPER performance measurements | Supporting documentation must be provided to validate the numbers reported for the performance measurements section. | <input type="checkbox"/> |
| 7. Applicant's organizational chart | Provide a diagram displaying the structure of the Applicant's organization. | <input type="checkbox"/> |
| 8. Proof of 501(c) status (not applicable for governmental applicants) | Provide a copy of the Applicant's IRS determination letter or print off from IRS website. Dates of eligible status must be within the past 12 months. | <input type="checkbox"/> |

FORM 7 – CERTIFICATION OF LOCAL GOVERNMENTAL APPROVAL

**CERTIFICATION OF LOCAL GOVERNMENT APPROVAL
FOR NONPROFIT ORGANIZATIONS RECEIVING
ESG FUNDS FROM STATE SUBRECIPIENTS FOR SHELTER ACTIVITIES**

I, (name of local government official and title), duly authorized to act on behalf of the (name of jurisdiction), hereby approve the following emergency shelter activities provided/proposed by (name of nonprofit organization), which are located/plan to be located in (name(s) of jurisdiction(s)).

Description of emergency shelter activities:

Signature and Date

Typed or Written Name of Signatory Local Official

Title

Note: In order to receive Emergency Solutions Grant funding, this certification is required by the U.S. Department of Housing and Urban Development. It does NOT need to be completed annually for the same emergency shelter activities funded the previous year. This form is held on file for six years. However, the local government has the opportunity to withdraw its prior approval at any time. The local government may elect to withdraw approval by contacting the Nebraska Homeless Assistance Program at DHHS.HomelessAssistance@nebraska.gov.

FORM 8 – NHAP APPLICATION SUBMISSION CHECKLIST

Applicants are encouraged to utilize this checklist to ensure all required forms are submitted with the application.

| SUBMISSION REQUIREMENTS | REQUIRED DOCUMENTATION | |
|--|------------------------------------|--------------------------|
| Application with all application sections completed. Any not applicable section must be identified per Section 4.1. | Form 1, Form 2, Form 3, and Form 4 | <input type="checkbox"/> |
| Signed Verification of Participation in Continuum of Care Committee | Form 5 | <input type="checkbox"/> |
| Non-profit organizations must have an active Board of Directors within the last 12 months (not applicable to governmental agencies). <ul style="list-style-type: none"> • Board of Directors list must include phone numbers, email addresses, and titles. | Form 6, #1 | <input type="checkbox"/> |
| Most recent copy of the applicant's most recent external audit. Only send the following portions of the most recent audit: <ul style="list-style-type: none"> • A copy of the Independent Auditor's Report pages; • Statement of Financial Position pages; and, • A letter of justification to accompany the audit if not completed within the last 12 months. | Form 6, #2 | <input type="checkbox"/> |
| Registered to conduct business in the State of Nebraska (not applicable for governmental applicants). <ul style="list-style-type: none"> • Current certification from the Nebraska Secretary of State or print out of active state from: https://goo.gl/cXOFX | Form 6, #3 | <input type="checkbox"/> |
| Indirect Cost Rate (if applicable) <ul style="list-style-type: none"> • If seeking to claim indirect cost rate on the budget, the applicant must provide a current approved indirect cost rate agreement. If the applicant is utilizing the "de minimus" rate, provide calculations to support the request. | Form 6, #4 | <input type="checkbox"/> |
| Direct Cost Allocation (if applicable) <ul style="list-style-type: none"> • Applications with direct cost allocation requests must include sufficient documentation to demonstrate that costs were properly allocated. | Form 6, #5 | <input type="checkbox"/> |
| Performance Measurements <ul style="list-style-type: none"> • Supporting documentation provided to validate numbers reported for performance measurements section | Form 6, #6 | <input type="checkbox"/> |
| Organization Chart of Applicant <ul style="list-style-type: none"> • Diagram that shows the structure of the Applicant's organization | Form 6, #7 | <input type="checkbox"/> |
| Proof of 501 (c) status (not applicable for governmental applicants). <ul style="list-style-type: none"> • Copy of IRS determination letter or print off from IRS website (must be within the last 12 months). | Form 6, #8 | <input type="checkbox"/> |
| Certification of Local Governmental Approval (if applicable) <ul style="list-style-type: none"> • New applicants: If applying for Emergency Shelter funding, approval of emergency shelter activities by local government for all cities or counties where shelter will occur. HUD requires even for those programs using hotel/motel vouchers. • Current NHAP: Grantees who have previously submitted approvals for cities/counties do not need to resubmit for those identified cities/counties, as this is on file at DHHS. | Form 7 | <input type="checkbox"/> |