

REQUEST FOR PROPOSALS



PARTNERING WITH PEOPLE WITH LIVED EXPERIENCE IN HOMELESSNESS

2024/2025

Completed applications must be submitted to:
Jennifer Harkey, Program Management Analyst
Jennifer.Harkey@ventura.org
COUNTY OF VENTURA
CEO - COMMUNITY DEVELOPMENT DIVISION
800 SOUTH VICTORIA AVENUE, VENTURA, CA 93009
NO LATER THAN JULY 12, 2024, BY 3:00PM

COUNTY OF VENTURA
Partnering with People with Lived Experience in Homelessness
2024-25 Project Application

GENERAL INSTRUCTIONS:

The County of Ventura’s County Executive Office is accepting proposals on behalf of the Ventura County Continuum of Care (VC CoC) to contract with a qualified organization to partner with people currently experiencing homelessness and those who are formerly homeless within the past seven years. A qualified organization includes nonprofit organizations, local government agencies, and public housing agencies. For-profit entities are not eligible to apply to be subrecipients of Continuum of Care grants.

The inclusion of experience and expertise of people who are currently or have experienced homelessness is essential to each community’s response to homelessness and housing insecurity. HUD has encouraged Continuums of Care to “hold space” for those who are willing to share their lived experience. Holding space by providing unconditional support and actively seeking input from different perspectives can make a positive impact on our homelessness system.

The VC CoC Board has authorized the use of \$95,000 in FY2024-25 VC CoC Planning Grant funds for this purpose. The project must propose to serve the entire countywide service area to qualify and comply with U.S. Housing and Urban Development (HUD) Continuum of Care regulations 24 CFR 578.39 and 578.73 which requires a 25% match through leveraged funding or in-kind support.

Proposals should include the following activities to engage people with lived experience (PLE) countywide:

- Organize a community workgroup for PLE to begin activities and hold space for discussion;
- Offer stipends to PLE who are willing to engage and offer input;
- Provide training to the VC CoC service providers on how to better engage with PLE;
- Debrief with PLE after community meetings for feedback;
- Offer mentoring opportunities for PLE through peer support;
- Attend VC CoC committee meetings to provide input;
- Report back to the VC CoC Board with recommendations.

1) Application Requirements:

Submit one (1) copy, including all attachments, via email to: Jennifer.Harkey@ventura.org

- Round all dollar amounts to the nearest dollar (i.e. \$4.59 should be rounded to \$5 and \$4.25 should be rounded to \$4); and

All applications will be reviewed for completeness. All or a portion of the application can be denied for the following reason(s):

- The application is incomplete and the VC CoC staff is unable to reasonably determine what the Applicant is proposing or whether the application meets threshold requirements;
- The application does not pass Continuum of Care Program threshold, such as, if the Applicant or proposed activities are not eligible.

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2) Rating Criteria:

- Program design (40 points)
- Management and past experience (30 points)
- Cost efficiency and budgeting (30 points)

3) Timeline:

<i>VC CoC Board authorizes RFP</i>	<i>April 10, 2024</i>
<i>Request for Proposal (RFP) posted</i>	<i>June 5, 2024</i>
<i>Proposals due to VC CoC Staff</i>	<i>July 12, 2024</i>
<i>VC CoC Data Committee review & ranking</i>	<i>August 7, 2024</i>
<i>VC CoC Board review and approval</i>	<i>September 11, 2024</i>
<i>Subrecipient contract issued for FY2024-25 one year grant term</i>	<i>October 1, 2024</i>

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1. Application Information

Legal Name of Organization: _____

Is the organization a 501(c)? Yes No

Mailing Address: _____

City: _____ Zip: _____

Executive Director Name & Title: _____

Organization Contact Name & Title: _____

Work Phone: _____ Fax: _____

E-mail Address: _____

Organization Website Address: _____

Organization's DUNS #: _____ Tax Payer ID #: _____

Fiscal Agent Contact Name & Title: _____

Work Phone: _____ Fax: _____

E-mail Address: _____

2. Project Information

Title of proposed project: _____

Project Address: _____

City: _____ Zip: _____

a. Amount requested for this project: \$ _____

b. Amount of leveraged funds available for this project: \$ _____

c. Total project cost (all sources): \$ _____

Note: The amounts for b, c and d should equal the amounts in Section E Project Budget.

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3. Organizational Structure

How many members serve on your organization's Board of Directors (if applicable)? _____

How often does your organization's Board of Directors meet? _____

Is this a "faith-based" organization (yes/no)? _____

4. Financial Information

Date of your organization's most recently completed audit (month/year): _____

What fiscal year did this most recent audit include (month/year – month/year): _____

Was this audit conducted in compliance with the Single Audit Act (yes/no)? _____

Does the requirement of 2 CFR 200.501 to submit a fiscal year "Federal Single Audit" apply to your organization, specifically in the last fiscal year (yes/no)? _____

Does your organization have any outstanding audit findings which remain unresolved, outstanding litigation, or other legal issues (yes/no)? _____

If yes, explain: _____

5. Program Design (40 points)

Summarize the scope of the project. Describe how the project will serve the countywide service area. Identify any best practices that will be utilized, including trauma informed and culturally competent models.

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Describe the intended use of grant funds, ensuring the provision of VC CoC eligible services.

Describe your outreach plan to engage people with lived experience and how you intend to partner with local homeless service providers and other organizations.

6. Management and Past Experience (30 points)

Identify the person(s) responsible for overall program administration and financial management of the project. Indicate how many years of experience they have managing similar programs.

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Describe your organization's experience in successfully conducting this type of activity. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

7. Cost Efficiency and Budgeting (30 points)

Describe whether the proposed project could be undertaken with a reduced commitment of funding and if so, highlight how that would affect the scope of services.

Continuum of Care grant funds require a 25% match of funding. Please indicate specific sources of leveraged funding, including in-kind match, to meet this requirement. Include the status of these funds (i.e. cash on hand, grants received, planned fundraising, in-kind amount for volunteers, staff time, etc.).

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Please provide a project implementation schedule. The major milestones should represent tangible, measurable goals. For example, program outreach, staff hiring, community workgroup start date, training for service providers, etc.:

Major Milestones	Month/Year Milestone to Begin	Month/Year Milestone to End

8. Required Attachments*

- Budget Workbook
- Most recent letter of 501(c)3 non-profit status from the Internal Revenue Service and the California Franchise Tax Board (if applicable)
- Evidence of Insurance (General Liability, Automobile, Worker's Compensation, etc.)
- Copy of the most recent financial audit and single audit (if applicable)

***Please provide electronic copies of documents. Paper copies are not required.**

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1. Agency Certifications

The following certification must be completed and signed by an authorized agency representative to be further considered for Continuum of Care program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.

[U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)].

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and County policies and requirements applicable to the Continuum of Care program as appropriate for the funding if received.
- d. The federal assistance made available through the Continuum of Care program is not being utilized to substantially reduce the prior levels of local financial support for community development activities.
- e. If the Continuum of Care funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.
- f. The agency certifies that it will participate in the Ventura County Continuum of Care planning activities.
- g. The agency certifies their ability to provide 25% match for the Continuum of Care grant funds received.

Name of Agency	
Typed Name and Title of Agency Official	
Agency Official's Signature	Date of Signature
Phone Number of Agency Official	E-Mail Address of Agency Official