

# CoC Funding Opportunity & Application

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**In anticipation of a funding opportunity that may become available for new, currently funded, expanded, and renewal projects, The Ocala / Marion County Joint Office on Homelessness & the Continuum of Care FL-514 is issuing our Request for Proposals (RFP) & Application. Please see the list of available and anticipated funding for new and renewal projects/proposals. ALL agencies seeking funding for New, Currently Funded, Expanded, and Renewal projects the \*\* SUBMISSION DEADLINE – 5:00 P.M., Friday, September 27, 2024 \*\***

**Anticipated funding amounts for the 2024-2025 period breakdown is as follows:  
Challenge Estimated Total: \$256,844**

**Ocala / Marion County Joint Office on Homelessness  
CONTINUUM OF CARE FL-514**



**Ocala/Marion County Joint Office on Homelessness  
Continuum of Care FL-514 - Request for Proposals (RFP)  
APPLICATION**



**1. General Information**

Project Name:	
Organization Name:	Authorized Official Name/Title:
Address:	Telephone:
City, State, Zip:	Organization Website:
Contact Person Name/Title:	Federal Unique Entity Identifier (UEI):
Contact Person E-mail:	Federal Tax ID#:

**2. Threshold Evaluation**

Y	<input type="checkbox"/> N	The applicant agrees to participate in HMIS, if DV they will utilize an HMIS equivalent database.
Y	<input type="checkbox"/> N	The applicant agrees to implement a data quality internal review process and increase the data quality score by 10% each year with a goal of 90% or greater.
Y	<input type="checkbox"/> N	If housing-focused program, agrees to participate in the CoC-determined CE process. If DV, agrees to work with the CoC to develop and coordinate services through an alternate process if needed.
Y	<input type="checkbox"/> N	If housing-focused or lodging program, agrees to the commitment of housing first.

**3. Project Information**

Is this is a/an:      New Project      Currently Funded      Expanded Project      Existing Project (Gap)

Is this a:      Pipeline Project      Shovel Ready Project

Total requested project funding amount:

How much Match Commitment (total) do you have for the project?

Please list any funding sources you **do not** want to fund this project:

Project priority (if submitting more than one project please rank the priority of this project):

**4. Project Type and Funding Request**

**PH-Permanent Supportive Housing (PSH) (Scattered-Site)**

Rental Assistance      Leasing      Supportive/Essential Services\*

**PH-Permanent Supportive Housing (PSH) (Site Based)**

Operations      Acquisition      New Construction

Supportive/Essential Services\*      Rehabilitation      Other:

**PH - Rapid Rehousing/Rapid Exit**

**Emergency Shelter (Community Housing Solutions/ Emergency Bridge Housing/Coordinated Entry Access Point)**

Renovation/Rehabilitation      Operations/Units/Beds      Hotel/Motel Vouchers      Supportive/Essential Services\*

New Construction      Other (explain):



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**Joint Emergency Bridge (shelter) / TH and PH-RRH Component**

<u>Emergency Bridge (Shelter)/Transitional Housing Facility</u>		
New Construction	Operations	Lease Structure for Bridge (Emergency Shelter/Transitional Housing)
Supportive Essential Services*	Renovation/Rehabilitation	Other (explain)

<u>Rapid Rehousing Component</u>			
Rental Assistance (and arrears)	Security Deposit	Utility Assistance (and arrears)	
Last Month's Rent	Utility Deposits	Application Fees	Supportive / Essential Services*
Moving Costs	Other (explain):		

**Services Only Project (Project not directly paired with a housing or shelter project)**

Street / Mobile Outreach	Prevention / Diversion	Other (explain):
Supportive / Essential Services *	Dedicated Access Point (Coordinated Entry)	

**5. Supportive/Essential Services\***

*(If you indicated the provision of supportive/essential services in the project type section above, indicate the supportive/essential services to be provided directly by project.)*

Case Management	Life Skills Training	Services for Special Populations (explain):		
Employment Assistance and Job Training	SOAR Specialist	Mediation	Transportation	
Outpatient Health Services	Substance Abuse Treatment Services	Child care	Food	
Health Services	Legal Services	Mental Health Services	Furnishings	Engagement
Emergency Health Services	Credit Repair	Housing Search Assistance	Education Services	

**6. Application Checklist–Please ensure the complete proposal includes all of the following documents:**

Completed and Signed Application	Articles of Incorporation (Agency)
HUD Housing First - Assessment Tool, or Narrative	Evidence of 501c3 Status (IRS Determination Letter)
Program/Project Description	State of Florida Incorporation Paperwork
Budget Summary Form	Excluded Parties List System (ELPS) Sam.gov printout
Detailed Budget/Financial Plan Narrative	Most Recently Submitted Federal Form 990
Match Narrative & Documentation of Commitment	Most recent complete Financial Audit
Organization Capacity and Experience Narrative	Gender, Race and Ethnicity Analysis Form
Person's with Lived Experience Narrative	Current List of Board of Directors
Assistance to LGBTQ+ Individuals Narrative	Current Organizational Chart
Racial Equity Narrative	Current Organizational Budget
Agency Compliance Narrative	<b><i>Domestic Violence (DV) providers ONLY</i></b> provide a data quality report generated from your HMIS.
Cost Allocation Plan	



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**7. Other Certification**

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed or construction begun on the proposed project, and that **no action will be taken prior to issuance of official authorization to proceed.** I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Printed Name of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date





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5. If yes, describe the unresolved monitoring or audit findings.

**SUBRECIPIENT PERFORMANCE**

1. Did you submit your reporting on time? (invoicing, CAPER, APR)
2. Explain your method of drawing down funds.

**PROGRAM INFORMATION**

1. What is the entire scope of your proposed program? *(Include your target population, how housing will be identified, how services will be delivered, the intended outcome, and which **system performance measures** the program will improve and how)*
2. Please indicate the milestones associated with this program and the number of days to implement it from the date of grant agreement execution. *(hiring employees, start expending funds, enroll participants, etc.)*





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8. If this program currently exists and is seeking for “Gap” services, please describe the need for these services and why they are considered a gap.

**SERVICES**

1. What services will be provided to the participants to ensure they obtain housing and remain in permanent housing?
2. How will you coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?
3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.





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**PROGRAM PERFORMANCE ALL PROGRAMS EXCEPT HMIS**

1. What was your data quality score this year? (provide attachment - data quality report)
2. (5a) Total persons served
3. (5a) Total adults served
4. (13a2) Number of persons with more than 1 condition
5. (Q15) Number of persons in place not meant for habitation (excluding HP)
6. (Q16) Number of persons with no income at start
7. (Q19a1) Average change in earned income – stayers (excluding CE)
8. (Q19a1) Average change in other income – stayers (excluding CE)
9. (Q19a2) Average change in earned income – exited (excluding CE)
10. (Q19a2) Average change in other income – exited (excluding CE)
11. (Q22b) Average length of stay leavers and stayers
12. (Q23c) Percentage of positive destination (excluding CE and HMIS)

**Permanent Housing Specific**

1. (Q22c) Average time to housing move in

**Street Outreach Specific**

1. (Q9a) Total number of persons contacted
2. (Q9b) Rate of engagement

**Coordinated Entry**

1. (Q9d) Total households referred
2. (Q9d) Total successful

**HMIS Specific**

1. How often are data quality reports ran by project?
2. How often are the System Performance Measures (SPM) ran?
3. How many new users did you train?
4. How many users were provided ongoing training?