

RFP Application



Human Services Congregate Shelter Expansion for the City of Tempe, Arizona FY 2021-22

Amount Requested: \$

Agency Information

1. Agency Name	
2. Are you a nonprofit 501(c)3 or school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Agency Mission Statement	
4. Contact for this grant:	
Name	Phone
Email	Fax
5. Agency Description	

6. Chief Administrator Officer

7. Please select PRIMARY population served for this program:

Who does this program (not agency) serve primarily? Select only one, use narrative to explain make-up of multiple populations.

- Individuals Experiencing Homelessness
- Families Experiencing Homelessness
- Senior Adults (55 plus) Experiencing Homelessness
- Sexual and Domestic Violence Survivors Experiencing Homelessness
- Children, Youth and Young Adults (up to 21) Experiencing Homelessness
- People with Disabilities Experiencing Homelessness
- All populations Described Above

Narrative – Please explain if you serve multiple populations. Include percentage and other information you feel is relevant.

8. Does your program serve people with co-occurring conditions (i.e. substance use disorder, as well as a mental health disorder)?

Yes No

9. Were you funded by TCC Agency Review or City of Tempe Community Development Block Grant Funds in 2020-21?

Yes No

If yes, did you achieve your stated outcome goals?

Yes No

If no, briefly describe reason below:

Application Questions

1. How will you expand congregate shelter services in Tempe through your proposed program and how will the community benefit?

2. Describe the organization's approach to ensuring a secure and safe shelter environment for clients and staff.

3. Describe special populations prioritized, particularly person's with serious mental illness, co-occurring conditions, and medically vulnerable persons, if any.

4. Describe the organization's coordination and communication with the surrounding neighborhood and/or community, including those who are experiencing homelessness.

5. Describe the organization's experiences providing shelter beds and any other services for persons experiencing homelessness and the number of years the organization provided this service.

6. Describe the organization's ability to proceed and ability to work based on a schedule to close out the project by June 30, 2022.

7. **How many Tempe unduplicated residents will be served through this program?**

8. **What will these funding dollars be used for?** Be specific. If the funds will provide a portion of the total program, explain this and how the other portion is funded (e.g., are you leveraging other resources, partnerships or collaborations?)

9. **How will you ensure that equity, diversity, and inclusion is instituted and monitored in your in-take and ongoing program services?**

10. How do prospective clients learn about your service(s)?

Include how referrals could happen with COT Human Services programs (e.g., Hope Outreach and CARE 7) and other Tempe nonprofit partners.

11. What are the goals of this program?

Provide SMART goals: Specific; Measurable; Attainable; Realistic; Timed. Specific Outcomes are asked for in the next question. How are existing racial disparities standing in the way of these goals? What difference will this program make?

12. Please provide your **1st measurable Outcome Statement (required)**. See the sample template provided below.

___/ % ___ of (clients, participants, families, youth, etc.) will ___ (increase, decrease, improve, modify) their ___ (level, knowledge, attitude, condition) towards ___ (self-sufficiency, housing, graduation, employment, etc.)

List your indicator(s) for the 1st Outcome Statement. Identify one of more measurable indicators for the outcome stated above.

Indicators should be specific and quantifiable. Indicators are usually expressed as number & percent of clients who...

Indicator #1	
Indicator #2	
Indicator #3	

13. Please provide your **2nd measurable Outcome Statement (required)**. See the sample template provided below.

___/ % ___ of (clients, participants, families, youth, etc.) will ___ (increase, decrease, improve, modify) their ___ (level, knowledge, attitude, condition) towards ___ (self-sufficiency, housing, graduation, employment, etc.)

List your indicator(s) for the 2nd Outcome Statement. Identify one of more measurable indicators for the outcome stated above.

Indicators should be specific and quantifiable. Indicators are usually expressed as number & percent of clients who...

Indicator #1	
Indicator #2	

Indicator #3	
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14. **Do you currently use the Homeless Management Information System?** (You will be required to use HMIS if selected, but this does not disqualify you). Yes No

15. **What are the qualifications of the staff providing service for the proposed program?**

16. **Describe the evaluation process(es) or methods you will use to measure the progress in order to determine the degree to which you met the intended outcome (e.g. pre and post-tests, annual polling, focus groups, etc.).**

17. **Is this program being done in collaboration with other nonprofits, businesses, governments, schools, service organizations, etc.?** Please list the major collaboration(s) that the agency works with regarding the proposed service(s).

Referrals are not collaborations. You can explain referral process in Question 10 above. For each collaboration listed, give an example of the strategic work that furthers a common vision.

18. **How will you proceed with this program if you only receive partial funding?** Are there components that are more critical than others? If so, please itemize the components and corresponding costs.

PRIMARY PROGRAM POPULATION SERVED

19. **What is the total number of people who will be served (ALL PEOPLE SERVED FROM TEMPE)?**

20. What is the gender breakdown of people to be served in 2021-22?

Gender Category	Tempe ONLY
Males	
Females	
Transgender Males	
Transgender Females	
Non-Binary	
Totals	

21. What is the ethnic background of the unduplicated people you expect to serve in your program?

Ethnic Category	Tempe ONLY
White, Non-Hispanic	
Black, Non-Hispanic	
Hispanic/Latinix	
Native American	
Asian/Pacific Islander	
Other Multiracial	
Unknown	
Totals	

22. What is the family income of the unduplicated people you expect to serve in the program?

Income Level	Tempe ONLY
\$0 - \$4,999	
\$5,000 - \$9,999	
\$10,000 - \$24,999	
\$25,000 - \$49,000	
\$50,000 and up	
Unknown	
Totals	

23. Who will this program (not agency) serve primarily?

HOMELESS Category	Tempe ONLY
Individuals	
Families	
Senior Adults (55 plus)	
Sexual and Domestic Violence Survivors	
Children, Youth and Young Adults (up to 21)	
People w/ Disabilities	
Multiple Populations	
Veterans	
Projected Total Served	

Agency & Program Budget

		Agency Budget 2021/2022	Program Budget 2021/2022
1.	Gov. Funding - Tempe		
2.	Gov. Funding - City		
3.	Gov. Funding - County		
4.	Gov Funding - State		
5.	Gov. Funding - Federal		
6.	Contributions/Donations		
7.	Special Events/Fundraising		
8.	Legacies/Bequests		
9.	Foundation Support		
10.	Service Fees and Reimbursements		
11.	Investment Income		
12.	In-Kind Support		
13.	Other Income		
TOTAL REVENUE			

14.	Salaries		
15.	Employee Benefits and Taxes		
16.	Employee Education and Training		
17.	Professional Fees and Contracts		
18.	Specific Assistance for Individuals		
19.	Communications (phone, fax, modem, postage)		
20.	Supplies/Equipment Rental and Maintenance		
21.	Occupancy (rent, utilities, building and grounds)		
22.	Advertising/Printing and Publications		
23.	Travel/Meetings/Conferences		
24.	Membership Dues/Support to Affiliate Organization		
25.	Evaluation		
26.	Non-Payroll Insurance		
27.	In-Kind Expense		
28.	Other Expenses		
TOTAL EXPENSES			
NET SURPLUS (DEFICIT)			

29. Provide a narrative explanation of your budget, particularly focusing on any surplus or deficit from a prior year as well as any significant year-to-year variance in a line item.

Other Supporting Information

List of Assurances

Please check the boxes as they apply.

1. AGENCY ORGANIZATION

- Agency has on file a current staff organization chart, setting forth lines of authority, responsibility and communication in accordance with policies established by the governing body.
- (If applicable) Agency has on file a current organization chart depicting its relationship to the organization of which it is a subsidiary or by which it is sponsored.
- Agency has on file a current copy of the Articles of Incorporation or partnership agreement.
- Agency has on file a current and complete list of the names and addresses of all members of the Board of Directors, including titles.
- Agency has written procedures which require due process and the prompt resolution of any complaint of discrimination from prospective clients, current clients, and or employees, on the basis of age, sex, sexual orientation
- Agency has on file a copy of the organization's most recent "Annual Report and Certificate of Disclosure" submitted to the Arizona Corporation Commission.

2. PERSONNEL

- Agency has on file a current written job description, including minimum qualifications for training and experience, for each position.
- There is a resume or application on file for persons providing any service that specifies qualifications to perform the proposed service.
- For direct services to individuals under 18 years of age, candidate complies with A.R.S. 46-141 as relates to fingerprinting and certification of employees providing direct service to minors.

3. FINANCIAL

- Agency has on file a copy of the most recent audit report, including the auditor's letter to management.
- Agency has on file its latest annual financial statement, including balance sheet and income statement.
- Agency has on file a copy of its most recent IRS-990, "Return of Organization Exempt from Income Tax."

Certification Form

<p>1. Indicate the type of entity submitting this proposal. If not a 501(c)3, please specify</p> <p>Indicate year incorporated as a 501(c)3: When was the organization formed?</p>
<p>2. Has any federal or state agency ever made a finding of non-compliance with any civil rights requirements with respect to this service program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain.</p>
<p>3. Has the organization ever gone through bankruptcy or are there any suits, judgments, tax deficiencies, or claims pending against this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain:</p>
<p>4. Does this organization have an internal budget development and approval process? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide a detailed description of the process.</p>
<p>5. Are the operating budgets based on the prior year's financial statements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, explain:</p>

<p>6. Does this organization track its ongoing revenue/expenditures by source against the approved budget?</p> <p>If yes, provide a detailed description of the tracking method.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Does the most recent auditor's letter to management identify findings or administrative concerns?</p> <p>If yes, describe means being taken to resolve them.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does this organization have an accounting manual?</p> <p>If yes, when was it most recently updated?</p> <p>If no, describe how accounting procedures are established.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Have any licenses ever been denied, revoked or suspended or provisionally issued within the past five years?</p> <p>If yes, explain.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Has the organization or any of its officers been the subject of criminal investigations or prosecutions?</p> <p>If yes, were there any convictions? Include the offense and the year of conviction.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. Has the organization terminated any contracts, had any contracts terminated, or been involved in contract lawsuits?</p> <p>If yes, explain.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. **Do you, your staff, any of your relatives, or voting members of your Board of Directors maintain any ownerships, employments, public and private affiliations or relationships which may have substantial interest (as defined in A.R.S. 38-502, Conflict of Interest) in any contract, sale, purchase or service involving the agency or organization?** Yes No

If yes, complete and submit a Disclosure of Conflict of Interest Statement in the space provided below.

13. **Has the organization conducted a written self-evaluation to determine compliance with Title III of the Americans with Disabilities Act (ADA) regarding removal of communication and architectural barriers in public areas?** Yes No

If no, do you commit to conducting a self-evaluation during FY 2021/2022? Yes No

If yes, have you implemented needed barrier removal? Yes No

If no, please explain:

Board of Directors Information

Please provide the following information (as applicable):

1. Number of positions on the Board of Directors when full:
2. Number of males on Board Number of females on Board Number of non-binaries/others on Board Number of ethnic minorities on Board
3. How many Board members live or work in Tempe?
4. How long are Board terms?
5. Are there term limits? Yes No If yes, what are they?
6. In what month are new Board members elected?
7. Number of board meetings to be held in 2021-22
8. Board of Directors Information Narrative (optional)
9. Please attach current Board Roster

PROPOSAL PACKAGE FORMAT AND CHECKLIST

A complete proposal submission includes the below specified items. Any missing items will deem the proposer as not eligible.

- Proposal Application Form**
 - Completed in its entirety.
 - Detailed narrative to the questions that will provide a clear description of plan, services and approach.
 - Signed and dated - Authorizing signature from the organization’s Chief Executive Officer/President, Executive Director or designated representative (electronic signatures, will be accepted e.g., AdobeSign, DocuSign, etc.).

- Agency & Program Budget** – The budget form is provided above, please be sure to complete it for fiscal year 2021-2022. The budget will be utilized by the Evaluation Panel to assist in evaluating the organization’s readiness to proceed and capacity to successfully carry out the program.

- Other Supporting Documents**
 - List of Assurances (see above and complete)
 - Certification form (see above and complete)
 - Board of Directors Information (see above and complete)
 - 501(c)3 Letter/ or letter of Exemption (attach and send)
 - Management Letter/Auditor Recommendation (most recent - attach and send)
 - IRS 990 (most recent - attach and send)
 - Balance Sheet (current balance sheet at time of submission - attach and send)

Certification	
<i>“I certify that I have reviewed the Request for Proposals and this application and that to the best of my knowledge and belief, all of the information provided in this application is true.”</i>	
Signature of Authorized Representative	Date
Print Name	Title