**Request for Letters of Interest**

**FY2024 Coordinated Entry Project Application**

**Ohio Balance of State Continuum of Care**

**April 22, 2024**

**Introduction**

In preparation for the FY2024 Continuum of Care (CoC) Program Competition, the Ohio Balance of State Continuum of Care (BoSCoC) Board approved the CoC to submit one new project application dedicated to supporting Coordinated Entry work. The Ohio BoSCoC Board designated the CoC’s Coordinated Entry (CE) Management Entity, COHHIO, to serve as the lead applicant on the application and to facilitate the process to identify and select prospective sub-recipients for inclusion in the application.

Section specific instructions can be found in the proposal form. Information about the CoC Program and the CoC Program interim rule can be found at: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

**Coordinated Entry Background**

The Ohio BoSCoC Coordinated Entry (CE) System was implemented in 2018 and covers all 80 counties. The components of a CE System are – Access, Assessment, Prioritization, and Referral. The Ohio BoSCoC CE system procedures are housed within the Ohio BoSCoC Coordinated Entry Operational Manual, which can be found at <https://cohhio.org/boscoc/coordinated-entry/>. Ohio BoSCoC CE APs can be found in the Resource Guide here - <https://cohhio.org/boscoc/>. More background information and training resources can also be found at <https://cohhio.org/boscoc/coordinated-entry/>.

Within the Access Component, the Ohio BoSCoC uses multiple access points (about 110 total) to respond to requests for assistance from households in crisis, divert households from the system as appropriate, and facilitate entry into the homeless response when needed. Currently these CE Access Points (CE APs) primarily include homeless service provider agencies who already provide shelter or housing services.

As outlined in the current Ohio BoSCoC CE Operational Manual, all designated CE APs must meet the following minimum requirements:

* CE APs must be easily accessible both for those needing to call and those needing to visit in-person. Victim service providers (VSPs) may be accessible by phone only.
* CE APs must generally be available, at minimum, for 7 hours each weekday. Agencies wanting to operate with more limited availability must first be approved by the CoC.
* CE APs must have sufficient staff capacity to respond in real-time to requests for assistance. This means phone calls are answered and walk-ins are immediately assisted, or the CE AP must be able to follow-up on a phone call or walk-in seeking assistance within two business days.
  + Follow-up could include returning a phone call, sending a text message, or sending an email
  + One attempt at follow-up contact is sufficient unless, based on CE AP discretion, the household seeking assistance has disclosed information that causes provider concern about household safety (e.g., someone is experiencing unsheltered homelessness or attempting to flee violence)
* When CE APs receive requests for assistance from households located outside of their primary CE AP service area, CE APs may offer to connect the household to the CE AP closest to them. However, if the closest CE AP is not open when the household is seeking assistance, then the CE AP currently engaged with the household should continue through diversion screening and provide appropriate assistance as needed
* Where CE APs also operate shelter or housing programs, those CE APs must comply with the CE AP requirements outlined here regardless of their capacity to enroll new households in their housing/shelter programs. More specifically, this means that CE APs must complete diversion screening, enroll households in the CE AP project in HMIS where appropriate, and assist to connect households to other available shelter/crisis response resources

In addition, all CE APs engage in diversion screening during their full hours of operation.

* All CE APs, except for victim service providers, are available to conduct diversion screening either in person or by phone
* If the applicant contacted the CE AP after hours or while CE staff were occupied with another household, CE AP staff must attempt follow-up contact within two business days
* CE APs follow the appropriate process and workflows to determine when its appropriate to collect household data for reporting into the CE AP project in HMIS and when/how to document successful or unsuccessful diversion

In the Ohio BoSCoC 2023 Coordinated Entry System Evaluation conducted by C4 Innovations, the evaluators identified concerns in the Access component of the Ohio BoSCoC CE system – namely, that CE APs responded inconsistently to requests for assistance. Inconsistent Access may mean that someone in crisis is unable to reach anyone to seek assistance, it may mean the Access Point staff don’t know how to respond to a request for assistance or how to engage in diversion, and ultimately it can lead to those in need not getting connected to the homeless response system.

Currently, there is no CoC-wide funding dedicated to supporting any aspect of the Ohio BoSCoC CE system.

**Purpose**

The purpose of this proposed coordinated entry project application is to bring support and capacity to the Access component of the Ohio BoSCoC CE system and strengthen the ability of our CE APs to consistently and uniformly respond to requests for assistance, engage in diversion when possible, and consistently support households to enter the homeless response system when needed.

**Project Design**

Through the annual CoC Competition, the Ohio BoSCoC will submit a Supportive Services Only – Coordinated Entry (SSO-CE) project type application. COHHIO will serve as the applicant/recipient on the project application and will designate multiple sub-recipients who will be sub-granted SSO-CE grant funds. This Letter of Interest (LOI) process will determine which agencies may be included as sub-recipients in the SSO-CE project application.

**Eligible Applicants/Sub-Recipients**

To be eligible to submit an LOI in response to this request, applicants must meet the following requirements:

* Be a non-profit organization or unit of local government
* Currently serve as a CE AP in the Ohio BoSCoC CE system
* Have experience administering federal and/or state funds, and be in good standing with current funders

**Sub-Recipient Responsibilities**

In addition to the current CE AP responsibilities outlined in the CE Operational Manual (and summarized above), selected CE AP sub-recipients will also be required to do the following:

* Ensure staff fulfill training requirements
* Establish Standard Operating Procedures to guide CE AP work, in compliance with the sub-recipient agreement and CoC Program Rule
* Maintain and distribute CE AP advertising materials
* Engage in some street outreach to unsheltered households
* Maintain a list of community resources to support diversion efforts
* Ensure compliance with the sub-recipient agreement and the CoC Program Rule
* Obtain at least 25% cash and/or in-kind match

Additionally, sub-recipients will be required to participate in regular activities to ensure the grant funds are being used in a compliant manner and that they are administering the project as intended. Specific activities may include, but are not limited to:

* Meet regularly with the grant Recipient (COHHIO) for TA and to ensure appropriate project implementation
* Engage in formal grant monitoring at least annually
* Provide evidence of eligible match on at least a quarterly basis

**Eligible Costs and Activities**

Because this project application will be an SSO-CE project type, only supportive services, HMIS, and administrative costs are eligible. Following are the budgets and eligible activities that may be included within an SSO-CE project application. You can find more information in [HUD’s CoC Program Rule](https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/).

*Supportive Services*

The SSO-CE project application may include funding requests to provide supportive services in three categories:

* Annual Assessment of Service Needs
* Case Management
* Outreach

Definitions of each category and eligible activities are defined below. All activities must be directly related to carrying out the coordinated entry process and must directly benefit clients. Costs that are not directly related to coordinated entry are not eligible. Costs that do not fall under Annual Assessment of Service Needs, Case Management, or Outreach are not eligible, even if they are related to coordinated entry.

## Annual Assessment of Service Needs

Any costs and staff time associated with an annual assessment of service needs, as defined by 24 CFR § 578.53(a)(2) and § 578.53(e)(1), and directly related to coordinated entry are eligible costs for SSO-CE projects

According to 24 CFR § 578.53(a)(2) and § 578.53(e)(1), the costs associated with an annual assessment of the service needs of program participants to better meet their needs are eligible costs for SSO funding.

Activities associated with annual assessments of service needs and coordinated entry may include:

* Assessing client service needs using the Diversion Screening Tool or the VI-SPDAT
* Evaluating the service needs of clients in the coordinated entry system and adjusting the system accordingly
* Assessing the needs of victims of domestic violence in the coordinated entry system and adjusting the system accordingly

## Case Management

Any costs and staff time associated with case management, as defined by 24 CFR § 578.53(e)(3), and directly related to coordinated entry, are eligible costs for SSO-CE grantees. 24 CFR § 578.53(e)(3) defines case management costs as the costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s). Eligible services under this definition include:

* Counseling;
* Developing, securing, and coordinating services;
* Using the centralized or coordinated entry system as required under § 578.23(c)(9);
* Obtaining federal, state, and local benefits;
* Monitoring and evaluating program participant progress;
* Providing information and referrals to other providers;
* 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, including planning a path to permanent housing stability.

Case management activities that are directly related to coordinated entry may include:

* Leading and participating in case conferencing meetings to coordinate services for clients and to create individualized housing and services plans and to monitor and evaluate participant progress;
* Helping clients to use the coordinated entry system by making referrals to emergency services after conducting a diversion screening
* Helping a client who otherwise does not have a case manager to navigate the system; and
* Helping to resolve grievances, if clients’ needs are not met.

## Outreach

Any costs associated with outreach, as defined by 24 CFR § 578.53(e)(13), and directly related to coordinated entry are eligible costs in a SSO-CE project. Outreach services, according to 24 CFR § 578.53(e)(13), are activities that engage households for the purpose of providing immediate support and intervention, as well as identifying potential program participants. Eligible services under this definition include:

* Initial assessment;
* Crisis counseling;
* Addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries;
* Actively connecting and providing people with information and referrals to homeless and mainstream programs; and
* Publicizing the availability of the housing and/or services provided within the geographic area covered by the Continuum of Care.

Outreach activities that are directly related to coordinated entry may include:

* Helping to connect people with significant barriers to the CE system, such as people living in unsheltered situations;
* Assessing people living in shelters or areas that do not participate in coordinated entry; and
* Advertising the CE system to the community to help people to access homeless services.

HMIS

Any costs associated with HMIS, as defined by 24 CFR § 578.57(a)(1), and directly related to coordinated entry, may be eligible costs in an SSO-CE project. Eligible costs include:

* Purchasing or leasing computer hardware;
* Paying charges for electricity, gas, water, phone service, and high-speed data transmission necessary to operate or contribute data to the HMIS;
* Paying salaries for operating HMIS, including:
  + Completing data entry;
  + Monitoring and reviewing data quality;
  + Completing data analysis;
  + Reporting to the HMIS Lead;
* Paying costs of staff to travel to and attend HUD-sponsored and HUD-approved training on HMIS and programs authorized by Title IV of the McKinney-Vento Homeless Assistance Act;
* Paying participation fees charged by the HMIS Lead

**Match Requirements**

HUD requires SSO-CE recipients provide 25% match, cash or in-kind, to all funds received through the CoC Program. Match must only be used for activities that are eligible supportive services costs as defined by 24 CFR § 578.53 in the CoC Interim Rule and directly related to coordinated entry. Match funds do not need to fall exclusively under annual assessment of service needs, case management, outreach, or HMIS as long as the activity they fund is an eligible SSO-CE cost. Grantees will be responsible for collecting match documentation and sending this documentation to COHHIO in a timely manner and on a regular basis.

Prospective sub-recipients must provide written documentation of all cash and in-kind match they plan to use. Documentation of match should include signed letters and/or memoranda of agreement. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (office space for CE staff, materials for CE advertising, etc) the value of the contribution, and date the contribution will be available.

**Grant Amounts**

The final funding request for the Ohio BoSCoC SSO-CE project application will be determined based on funding availability for new projects in the FY2024 CoC Competition and final SSO-CE project application design, including the number of sub-recipients included in the application, and sub-recipients’ funding requests.

Current CE APs who submit an LOI in response to this request will identify their preliminary funding request for the eligible CE costs outlined above. Maximum preliminary funding request is $200,000 (for an initial one-year grant term). However, CE APs currently serving large, multi-county geographies may be permitted to submit a larger funding request; more details can be found in the LOI form. Sub-recipient funding requests may be revised for the final project application.

**Priorities and Process for Selection of Applicants**

The Ohio BoSCoC Steering Committee will make final determinations about which CE AP organizations will be included in the SSO-CE project application and their approved funding requests. When selecting sub-recipients to be included in the SSO-CE project application, the Steering Committee will consider the following:

* Eligibility under this Request for LOIs
* Experience with and ability to effectively manage federal and/or state grant funds
* Evidence of being in good standing with all current grants
* A track record of good grant management
* The ability to administer a reimbursement-based grant
* A clear understanding of the Ohio BoSCoC CE system and CE AP responsibilities
* Evidence of compliant CE AP work
* HMIS participation for CE AP work
* Volume of CE AP enrollments in HMIS
* A reasonable and realistic funding request

**Letter of Interest Submission Checklist**

Organizations submitting an LOI in response to this request should ensure the LOI submission includes the following:

* Letter of Interest (using form included in this document)
* Documentation of cash and in-kind match commitment (i.e., commitment letters)
* Documentation of support from the applicable Homeless Planning Region Executive Committee

Incomplete LOIs may not be considered for funding. Late submissions will not be accepted.

**Process and Timeline for Submission of an LOI**

Interested applicants must adhere to the following process and timeline when submitting LOIs:

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| **Due Date** | **Activity** |
| April 22, 2024 | FY2024 CoC Competition Training and release of Request for LOIs |
| May 6, 2024 | SSO-CE Project Application Office Hours |
| June 5, 2024 | Submit LOIs to [ohioboscoc@cohhio.org](mailto:ohioboscoc@cohhio.org) |
| June 5, 2024 –  June 30, 2024 | Meetings with LOI respondents, as needed |
| TBD | Selected sub-recipients notified of inclusion in the SSO-CE project application |
| TBD | Ohio BoSCoC Board approves SSO-CE project application for submission to HUD |

**Letter of Interest for Coordinated Entry Project Application**

**Ohio BoSCoC**

**APPLICANT INFORMATION**

1. **Applicant Organization:**

* **Applicant Organization Address:**
* **Federal Tax ID Number:**
* **Unique Entity Identifier # (from** [**www.sam.gov**](http://www.sam.gov)**):**
* **Primary Staff Contact Name:**
* **Contact email Address:**

**ORGANIZATIONAL CAPACITY**

1. **Describe the basic organization and management structure of your organization. Include evidence of internal and external coordination and an adequate financial accounting system:**
2. **Describe your organization’s financial control system and procedures. Include an explanation of how your organization will monitor its activities to ensure the CE grant funding is spent in a timely manner and how it will be tracked against specific eligible activities:** (max 2,000 characters)
3. **Does your organization currently receive any federal or state grants? If so, please list the grants, funding amounts, and the percent of grant funds spent in the last complete grant year. Please list the grants in order of funding amount (largest grants first). If you run out of space in the table below, you may attach a list of remaining grants to this LOI.**

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| --- | --- | --- | --- |
| **Program Name** | **Funding Source** | **Award Amount** | **Percent Spent** |
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1. **Describe your organization’s experience in effectively utilizing federal and/or state funds and performing the activities proposed:**
2. **If your organization spent less than 90% of the funds in any grant, please provide an explanation, detail any corrective actions taken, and indicated if you are currently on track to fully expend the grant funds:**
3. **Has your organization received any HUD findings, ESG findings, ODOD findings, or other monitoring or compliance issues with any federal or state grants within the past 3 years?** 

   * **If yes, include descriptions of findings, any approved corrective action plans, and the results of those action plans and final monitoring results, if appropriate**

**CURRENT CE ACCESS POINT OPERATIONS INFORMATION**

1. **CE Access Point Organization:**      
   * **City:**
   * **State:** Ohio
   * **Zip Code:**
   * **Counties served by your CE AP project(s):**
2. **Current Days and Hours of Operation:**

1. **On average per day, how many requests for assistance do you receive from households in housing crisis, either in-person or via phone?**

* **Of these, how many households on average do you enroll in your CE AP project?**

1. **How many households were enrolled in your CE AP project in HMIS for CY2023?**
2. **How many households were enrolled in your CE AP project in HMIS In April 2024?**

* To answer questions #11 and #12, please run the [Program Roster](•%09https:/help.bitfocus.com/gnrl-106-program-roster) report on your organization’s CE AP project in HMIS, making the following selections:
  + Programs – Choose your organization’s CE AP project
  + Status – select ‘Enrolled within Report Date Range’
  + Report Data Range – run a report for 1.1.23 to 12.31.23 (for question #11) and another report for 4.1.24 to 4.31.24 (for question #12)
  + Report Output Format – any format is fine

1. **Describe how current CE AP staff respond to requests for assistance from those in crisis, including those who are experiencing literal homelessness and those who are at-risk of homelessness. Please also describe how/when data is collected and entered into HMIS:**
2. **Describe your current policy and procedures for responding to requests for assistance if you are not available in real-time:**
3. **Do your CE AP staff do any outreach to those experiencing unsheltered homelessness? If so, please describe how that is done, by whom, and the frequency of outreach:**
4. **Describe your current staffing of CE AP responsibilities. Specifically, how many FTEs are charged with responding to requests for assistance via your CE AP office/phone line?**
5. **Describe how you ensure new CE AP staff are sufficiently trained and onboarded to CE AP work:**
6. **Provide a general description of how your agency currently fulfills its responsibilities as a CE AP in the Ohio BoSCoC:** (maximum 3,000 characters).
7. **Describe how your organization participates in the planning work of your Ohio BoSCoC Homeless Planning Region:**

The description must include discussion of the applicant’s participation in Homeless Planning Region committees/workgroups, if any, or local CoC groups. This should include identification of the level of

involvement of the applicant and the role they play within each committee/workgroup identified, including the local/region PH Prioritization Workgroups.

**FUNDING REQUEST AND BUDGETS**

As noted previously, the only budgets that may be part of an SSO-CE project application funding request are for supportive services, HMIS, and admin costs. In the tables below, indicate the amount and type of funding you are requesting to support CE AP costs. All activities must be directly related to carrying out the coordinated entry process and must directly benefit clients. Please keep in mind the max funding request is $200,000 annually. The SSO-CE project application that gets submitted to HUD will likely request the maximum permitted for admin costs; 10% of the subtotal request. Admin costs will be shared between the applicant/recipient and sub-recipients.

Funding requests should be for a one-year period.

1. **Maximum Funding Request Waiver**

If your organization would like to request a funding amount that exceeds the $200,000 annual funding max, please respond to the following questions:

* How many counties are currently served by your organization’s CE AP project?
* If permitted to exceed the max funding request, what total amount of funding would you like to request?
  + In general, what type of funding would you request (supportive services and/or HMIS)?
  + Please provide an estimate of the increased funding request you would like to make:
    - Supportive Services –
    - HMIS -
* Can you meet the 25% match requirement?

1. **Supportive Services Budget**

Enter the quantity and total dollar amount of funds requested for each eligible supportive services activity that you are seeking funding for. Enter only the portion of the costs DIRECTLY related to providing services to project participants who are eligible.

Complete the following budget fields detailing how funds will be used. Be sure to calculate the totals. *Quantity descriptions should be detailed. Example: CE AP staff - 1FTE $30,000 salary/year + $7,800 fringes & benefits/year = $37,800*

|  |  |  |
| --- | --- | --- |
| **Supportive Services** | **Quantity Description**  (limit 200 characters) | **Annual Funds Requested** |
| 1. Assessment of Service Needs |  |  |
| 2. Assistance with Moving Costs |  |  |
| 3. Outreach Services |  |  |
| **4. Total funds requested** |  |  |
| 5.Cash/In-kind Match |  |

1. **HMIS Budget**

Enter the quantity and total dollar amount of funds requested for each eligible HMIS activity/cost that you are seeking funding for. You are not required to request funding for HMIS costs.

Complete the following budget fields detailing how funds will be used. Be sure to calculate the totals. *Quantity descriptions should be detailed. Example: CM 1FTE $30,000 salary/year + $7,800 fringes & benefits/year = $37,800*

|  |  |  |
| --- | --- | --- |
| **HMIS** | **Quantity Description**  (limit 200 characters) | **Annual Funds Requested** |
| 1. Purchasing or leasing computer hardware |  |  |
| 2. Purchasing or leasing equipment, including phones and furniture |  |  |
| 3. Paying charges for electricity, gas, water, phone services, internet, as needed to contribute data to the HMIS |  |  |
| 4. Paying salaries for operating HMIS, including:   * Completing data entry * Reviewing data quality * Completing data analysis * Reporting to the HMIS Lead |  |  |
| 5. Paying costs of staff to travel to and attend HUD-sponsored and HUD-approved training on HMIS |  |  |
| 6. Paying HMIS participation fees charged by the HMIS Lead |  |  |
| **7. Total funds requested** |  |  |
| 8.Cash/In-kind Match |  |

**Project MATCH**

Indicate the type, source (government or private), and total amount of cash and in-kind contributions for which your organization has a written commitment in hand at the time of LOI submission. Review HUD’s CoC Program Interim Final Rule at: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/> for details about match requirements.

A written agreement/documentation of match should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant.

**CoC Program recipients are required to obtain match commitment that is no less than 25% of the total CoC Program funding request. Match beyond the 25% is not needed.**

Copy and paste the table below as necessary to account for all match sources. Each contribution should be detailed in its own table.

1. **Provide a summary of match funds for this funding request**

* **Total value of cash commitments:**
* **Total value of in –** **kind commitments:**
* **Total value of all commitments:**

|  |  |
| --- | --- |
| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

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| --- | --- |
| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

|  |  |
| --- | --- |
| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

|  |  |
| --- | --- |
| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

|  |  |
| --- | --- |
| **Project Leveraging Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

1. **Summary Budget**

In the table below provide summary information about the proposed total funding request and the cash/in-kind match.

|  |  |
| --- | --- |
| **Activities** | **Total Annual Funds**  **Requested** |
| 1. Supportive Services |  |
| 2. HMIS |  |
| **Total Request** |  |
| **Total Cash/In-kind Match** |  |

1. **Evidence of Support from Homeless Planning Region**

Attach with this a letter of support from the applicable Homeless Planning Region Executive Committee. Regions may support more than one CE AP submitting an LOI in response to this request.