**Request For Proposals**

**PSH Development Projects for CoCBuilds Funding**

**Ohio Balance of State Continuum of Care**

**Background and Introduction**

**Organization of the Ohio Balance of State Continuum of Care**

The Ohio Balance of State Continuum of Care (BoSCoC) is comprised of the 80 rural and suburban counties in Ohio. The Ohio BoSCoC Board and Steering Committee guide the planning and implementation efforts of the Ohio BoSCoC. For details about the roles and responsibilities of the various BoSCoC committees and workgroups, go to <http://www.cohhio.org/programs/boscoc>.

The Ohio Department of Development (Development) and the Coalition on Homelessness and Housing in Ohio (COHHIO) are responsible for managing the work of the CoC.

**Purpose of this Document**

This document is intended to provide information about the new federal funding opportunity to support development of Permanent Supportive Housing (PSH) units, [CoCBuilds](https://www.hud.gov/program_offices/cfo/gmomgmt/grantsinfo/fundingopps/CoCBuilds), and the process to submit a proposal to the Ohio BoSCoC.

**CoCBuilds Opportunity**

**Overview**

On July 22, 2024, the U.S. Department of Housing and Urban Development (HUD) released the Notice of Funding Opportunity (NOFO) for the Continuum of Care (CoC) Builds Program Competition. The NOFO can be found at <https://www.hud.gov/program_offices/cfo/gmomgmt/grantsinfo/fundingopps/CoCBuilds>. The CoCBuilds Program targets efforts within CoC geographic areas to address and reduce persons experiencing homelessness by adding new units of Permanent Supportive Housing (PSH) through awards for new construction, acquisition, or rehabilitation projects. HUD is encouraging CoCs to leverage funds provided for construction, acquisition, or rehabilitation of new PSH units with other funding sources to maximize the amount of housing that can directed to meeting the needs of individuals and families experiencing homelessness. For this NOFO’s purpose, PSH is defined as non-time-limited affordable housing with voluntary supportive services for households who are experiencing literal homelessness, have long-term histories of homelessness and severe service needs, and have at least one household member with a diagnosed disability. Priority for PSH units is given to those who meet the definition of chronic homelessness.

Through this funding opportunity, the Ohio BoSCoC is eligible to submit one CoCBuilds project application, comprised of one or more PSH developments, with a maximum funding request of $7.5 million. Minimum initial grant terms are 24 months.

**Eligible Costs and Activities**

CoCBuilds funding can only be used to support the development and limited operations of Permanent Supportive Housing Projects. Eligible projects may request funding for the following costs:

1. Acquisition (24 CFR 578.43)
2. Rehabilitation (24 CFR 578.45)
3. New Construction (24 CFR 578.47)
4. Project-Based Rental Assistance (24 CFR 578.51(e))
5. Supportive Services (24 CFR 578.53)
6. Operating Costs (24 CFR 578.55)
7. Project Administrative Costs (24 CFR 578.59)

No more than 20% of the total funding request may be for rental assistance, operating costs, or supportive services. Additionally, no more than 10% of the total budget may be requested for administrative costs.

**Eligible Applicants**

Non-profit organizations or units of local government are eligible to submit a proposal in response to this RFP. For-profit organizations may be a part of a proposed project as a contractor but may not be the applicant.

**Commitments**

Projects that are successfully awarded funding through this opportunity will be required to do the following once operation begins:

* Comply with all applicable federal regulations
* Only serve clients who meet eligibility criteria for CoC Program funded PSH, with priority for chronically homeless
* Only select PSH clients via the Ohio BoSCoC’s Coordinated Entry (CE) process
* Enter all client data into HMIS in compliance with applicable Ohio BoSCoC HMIS policies

**Submission Process for CoCBuilds RFP**

Organizations developing PSH projects within the Ohio BoSCoC that are interested in this funding opportunity must complete and submit the PSH Proposal form to be considered. The CoC team and Ohio BoSCoC Steering Committee will review submitted proposals using an objective scoring tool and will make recommendations to the Ohio BoSCoC Board about which proposals may be included in the CoC’s application. The CoC team will then work with selected proposer(s) to develop the full application package for submission to HUD.

**CoCBuilds Proposal Submission Timeline**

|  |  |
| --- | --- |
| August 23, 2024 | Ohio BoSCoC CoCBuilds RFP Released  |
| September 12, 2024 | Ohio BoSCoC CoCBuilds RFP Informational Session* Thursday, 9/12/24 at 10am
* Register: <https://us06web.zoom.us/meeting/register/tZUtdeGgrD0vEtx_15MQaB3bo3540poS-hHx>
 |
| October 4, 2024 | CoCBuilds Proposal Submission Deadline * PSH Project Proposal submitted to ohioboscoc@cohhio.org
 |
| October 25, 2024 | Ohio BoSCoC decisions about PSH Project proposals communicated to proposers |
| October 25 – November 20, 2024 | CoC Staff work with proposers to finalize project application  |
| November 21, 2024 | CoC Staff submit CoCBuilds application package to HUD |

**CoCBuilds RFP**

**PSH Project Proposal Form**

**Ohio Balance of State Continuum of Care**

**Instructions for Completing CoCBuilds Proposal**

Eligible organizations interested in seeking funding via the CoCBuilds funding opportunity for a new Permanent Supportive Housing (PSH) Project within the Ohio Balance of State Continuum of Care (BoSCoC) must submit a completed proposal for consideration.

Applicants submitting incomplete PSH Project Proposals will not be considered.

Any questions about this process or form can be directed to Erica Mulryan, Continuum of Care Director at COHHIO, at ericamulryan@cohhio.org or to ohioboscoc@cohhio.org.

Project Proposals are due to ohioboscoc@cohhio.org by October 4, 2024.

**CoCBuilds**

**PSH Project Proposal**

**Ohio BoSCoC**

**CONTACT INFORMATION**

Provide contact information for the primary contact person(s) for the PSH Project Proposal:

* **Contact Name:**
* **Contact Organization Affiliation:**
* **Contact Email Address:**
* **Contact Phone Number:**

**PROJECT INFORMATION**

**Applicant:**

* **Organization Type:**
* **Address:**
* **City:**
* **County:**
* **State:**
* **Zip Code:**
1. **Project Name:**
2. **Project Service Area:**

List the counties or cities to be served by this project.

1. **Target Population:**
2. **Identify any partners or subrecipients who are part of the proposed project and will need to be identified in the project application:**
3. **Provide a brief general description of the project:**

The description must include the target population (the primary population to be served by the project – e.g., homeless disabled adults, homeless families, etc.), number of units/bedrooms, project location, key program practices that will be used (e.g., Housing First, Trauma-Informed Care, etc), and any other relevant information.

**Experience of Project Applicant and Partners**

1. **Demonstrate that the applicant, development and relevant subrecipients or partners have experience with at least four other projects that have a similar score and scale as the proposed project:**
2. **Demonstrate that your organization and any proposed subrecipients and partners have experience administering programs for households experiencing homelessness where one member of the household has a disability. Specifically, describe:**
* Experience managing at least four properties with similar scope and scale that at a minimum includes how you determine the amount of rent to charge based on unit size, addressing program participant complaints, working with other service organizations that may place program participants in the units, and maintaining the properties
* Type and frequency of supportive services that will be available in the proposed project. See [24 CFR part 578.53](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578) for full list of CoC Program eligible supportive services. State whether your organization or another organization will provide supportive services. If other organizations will provide some or all of the supportive services, provide the organization(s) name, address, email address, and phone number. If your organization will provide direct supportive services with CoCBuilds funds, you must complete the Supportive Services Budget
* Describe the methods of transportation that will be available for program participants to travel to doctor appointments, recreation, public services (e.g., post office, library), shopping, other services, etc. If public transportation is available, indicate the hours of operation and the distance from the units
1. **Describe the rental housing projects you or your proposed subrecipient have managed.**

If you have or will partner with other organization(s) within the CoC to manage a property(s), provide the organization’s information, type of program participants assisted and experience. Include the number of grants for affordable housing awarded over the last three years, total amount of awards, and the type of subsidy funding or financing provided for housing. Specify the number of assisted and non-assisted units in each property you list.

1. **Experience Promoting Racial Equity. Describe for your organization and any proposed subrecipients:**
* Experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects
* Experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services
* Experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness

**LEVERAGING OTHER RESOURCES**

1. **Demonstrate that the applicant, developer, and relevant subrecipients have experience leveraging resources substantially similar to the funds being proposed in the current project.**

Describe up to three examples of prior leveraging experience for up to the five largest (by dollar value being contributed to the project) resources being leveraged for the proposed project. Examples of resources that will be considered include Low Income Housing Tax Credits, HOME, CDBG, Section 108, Section 202, and Section 811.

1. **Provide information regarding the availability of low-income housing tax credit commitments, project-based rental assistance, and other resources dedicated to the proposed project.**

Describe the dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit. In cases where the project includes more than one type of housing (e.g. townhouses and apartments), or has multiple sites, provide cost per unit information on each site or housing type to the extent possible.

1. **If there are current properties under construction or rehabilitation where CoCBuilds funds could be used to obtain units, in addition to the bulleted items above, provide:**
	* The amount and type of funds being used to construct the property
	* Evidence of site control
	* Evidence of completed and approved environmental review
	* Identify the owner of the property and their experience with constructing or rehabilitation
	* The number of units that will be finished using CoCBuilds funds

**IMPLEMENTATION SCHEDULE**

**Complete an implementation/development schedule based on the proposed CoCBuilds project.**

1. **Based on type of capital cost requested, provide:**
* New Construction – date construction will begin and end, and date property will be available for move-in
* Acquisition – date property will be acquired
* Rehabilitation – dates rehabilitation of the property will begin and end
1. **Provide the proposed schedule for the following activities (project should be ready for occupancy within 36 months of grant award):**
* Site control, indicate if the property has already been identified
* Environmental review completion
* Execution of grant agreement
* Start and completion dates
* Date property will be available for households to begin occupying units

**FUTURE MAINTENANCE**

1. **Demonstrate how you will ensure the property is maintained annually to prevent unnecessary costly repairs. Your description must include:**
* How the property will be maintained annually and needed repairs conducted (e.g., checking for roof leaks, routine maintenance for heating and cooling). Identify the source of funds that will be used and note amount of replacement reserve fund established specifically for maintenance and repair of proposed units.
* Demonstrate how the project will be able to cover replacement costs (e.g., replacing broken or damaged appliances, major equipment). Indicate if there will be funds provided from other sources and what those sources will be.

**SUPPORTIVES SERVICES TO PARTICIPANTS**

1. **Demonstrate how permanent supportive housing will enable program participants to make meaningful choices about housing, health care, and long-term services and supports that will allow them to fully participate in the community.**

The response should include how the PSH units will ensure non-segregation of individuals and families experiencing homelessness where at least one household member has a disability. Additionally, the response should state whether the PSH units will be part of mixed-use development or integrated development, meaning individuals and families that will reside in the units are not all disabled.

1. **Describe the actions that will be taken by project applicants to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons.**
2. **Coordination with other housing providers, healthcare organizations, and social services providers. Demonstrate either that:**
* The project is leveraging non-CoC funded housing resources through coordination with housing providers, healthcare organizations, and social service providers for new construction, acquisition, and rehabilitation to provide at least 50 percent of the amount being requested in the application, or
* The project is leveraging non-CoC funded housing resources to provide subsidies for at least 25% of the units that are proposed in the application
1. **Demonstrate through written commitment from a healthcare organization, housing provider, and/or social service provider:**
* Access to housing resources (e.g., supportive services, home-based and long-term services and supports, primary and medical care, behavioral health, substance use disorder treatment and recovery, and other services); or
* The value of assistance being provided is at least an amount that is equivalent to at least $7,500 per unit included in the proposed project.

**PROJECT BUDGET SUMMARY**

In the following section provide information about the preliminary budget for the proposed new project and the proposed initial grant term. Please remember, you cannot request leasing, rental assistance, and supportive services costs that exceed 20% of the total funding request.

**Grant Term (1, 2, or 3 years) =**

1. **From the list below, select the costs for which funding is being requested and then complete the appropriate detailed budget tables:**
* **Acquisition [ ]**
* **Rehabilitation [ ]**
* **New Construction [ ]**
* **Rental Assistance [ ]**
* **Supportive services [ ]**
* **Operations [ ]**

1. **Acquisition**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity Description**(limit 200 characters) | **Funding Request****(1 year)** |
| 1.Acquisition of Real Property |       |       |
| 2.Cash/In-kind Match |  |       |
| **3.Total Budget (Total Lines 1 & 2)** |       |

1. **Rehabilitation**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity Description**(limit 200 characters) | **Funding Request****(1 year)** |
| 1.Rehab of Structures |       |       |
| 2.Cash/In-kind Match |  |       |
| **3.Total Budget (Total Lines 1 & 2)** |       |

1. **New Construction**

If costs are being requested for new construction, the applicant must demonstrate that the costs are substantially less than the costs of rehabilitation or that there is lack of available appropriate units that could be rehabilitated at a lesser cost.

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity Description**(limit 200 characters) | **Funding Request****(1 year)** |
| 1.New Construction |       |       |
| 2.Cash/In-kind Match |  |       |
| **3.Total Budget (Total Lines 1 & 2)** |       |

1. **Rental Assistance Funding Request**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size of Units** | **Number of Units** |  | **FMR**  |  | **Number****of Months** | **Total** |
| SRO |       | **X** |       | **X** | 12 |       |
| 0 Bedroom |       | **X** |       | **X** | 12 |       |
| 1 Bedroom |       | **X** |       | **X** | 12 |       |
| 2 Bedroom |       | **X** |       | **X** | 12 |       |
| 3 Bedroom |       | **X** |       | **X** | 12 |       |
| 4 Bedroom |       | **X** |       | **X** | 12 |       |
| 5 Bedroom |       | **X** |       | **X** | 12 |       |
| 6 Bedroom |       | **X** |       | **X** | 12 |       |
| **Total** |       |  |       |

1. **Operating Funding Request**

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity**(limit 200 characters) | **Funding Request****(1 year)** |
| 1.Maintenance/Repair |       |       |
| 2.Property Taxes and Insurance |       |       |
| 3.Replacement Reserve |       |       |
| 4.Building Security |       |       |
| 5.Electricity/Gas/Water |       |       |
| 6.Furniture |       |       |
| 7.Equipment (lease, buy) |       |       |
| **8.Total Request** |  |       |
| 9.Cash/In-kind Match |       |
| **10.Total Operating Budget (Total Lines 8 & 9)** |       |

1. **Supportive Services Funding Request**

|  |  |  |
| --- | --- | --- |
| **Supportive Services**  | **Quantity**(limit 200 characters) | **Funding Request****(1 year)** |
| 1. Assessment of Service Needs |       |       |
| 2. Assistance with Moving Costs |       |       |
| 3. Case Management |       |       |
| 4. Child Care |       |       |
| 5. Education Services |       |       |
| 6. Employment Assistance |       |       |
| 7. Food |       |       |
| 8. Housing/Counseling Services |       |       |
| 9. Legal Services |       |       |
| 10. Life Skills |       |       |
| 11. Mental Health Services |       |       |
| 12. Outpatient Services |       |       |
| 13. Outreach Services |       |       |
| 14. Substance Abuse Treatment Services |       |       |
| 15. Transportation |       |       |
| 16. Utility Deposits |       |       |
| **17. Total funds requested** |  |       |
| 18.Cash/In-kind Match |       |
| **19.** **Total Supportive Services Budget (Total Lines 17 & 18)** |       |