



**City of Moses Lake**

**Rapid Re-Housing  
&  
Hotel Voucher Programs**

**2021**

**Request for Proposal**

**NOTICE OF FUNDING AVAILABILITY**

PROGRAMS: Rapid Re-Housing and Hotel Voucher for Emergency Shelter

APPLICATION OPENING DATE: April 1<sup>st</sup>, 2021

APPLICATIONS DUE DATE: Thursday, April 22, 2021, no later than 4:00 P.M.

CONTRACT START DATE: May 14, 2021

SUBMIT TO: City of Moses Lake  
Community Development Department  
ATTN: Taylor Burton, Housing & Grants Coordinator  
401 S. Balsam St  
PO Box 1579  
Moses Lake, WA 98837

\*\*\*\*\*

Phone: (509) 764-3742

Email: [tburton@cityofml.com](mailto:tburton@cityofml.com)

FUNDING: The City of Moses Lake will provide up to three hundred and fifty thousand (\$350,000) in Emergency Solutions Grant funding towards projects that provide Rapid Re-Housing and the administration of a Hotel Voucher Emergency Shelter program in adherence to all Grant Guidelines as set forth by the Department of Housing and Urban Development (HUD) and the Washing State Department of Commerce (Commerce).

Question related to this notice may be directed to: Taylor Burton at (509) 764-3742 or by emailing [tburton@cityofml.com](mailto:tburton@cityofml.com)

**CITY OF MOSES LAKE**  
**RAPID RE-HOUSING AND HOTEL VOUCHER PROGRAM GUIDELINES**

**Overview:**

The City of Moses Lake (City) is seeking a qualified community development corporation/non-profit (Contractor) to contract with the City of Moses Lake to manage the implementation and operation of a homeless program under the Grant County Plan to End Homelessness. A key qualification will be the ability to develop a Rapid Re-Housing program utilizing the Emergency Solutions Grant CV-19 guidelines as well as administering a Hotel Voucher program available to various crisis response system agencies for emergency shelter needs.

**Proposal:**

The City is requesting a coordinated plan that identifies the Contractor's ability to implement and manage a Rapid Re-Housing Program and administer a Hotel Voucher Program available to crisis response providers for emergency sheltering. Under the current funding source, the plan would need to identify the Contractor's ability to perform under the guidelines, as well as the ability to participate in Coordinated Entry and meet the HMIS components as designated in the Grant Guidelines.

**Eligible Applicants:**

Non-profit organizations, local municipalities within the county, profit developers and faith-based organizations that provide affordable housing in accordance with the requirements of the Emergency Solutions Grant CV-19.

**Contractor Responsibilities:**

The Contractor would provide:

- Case Management and Client Support Specialist to implement and deliver services via Rapid Re-Housing.
- Administer a Hotel Voucher Program to provide emergency shelter, with the ability to coordinate and provide vouchers to various crisis response providers.
- Plan identifying the capability of the Contractor to deliver these services by the Contractor or through partnerships/subcontractors; the plan would:
  - Demonstrate the ability to deliver services beginning May 14, 2021.
  - Demonstrate access to a coordinated entry system that is 24-7 and available on platforms that enable access through different means.
  - Demonstrate the ability to utilize HMIS for purposes of grant compliance.
  - Demonstrate how the contractor will deliver these services in alignment with the Grant County Plan to End Homelessness.

- Identify the ability to access further Grant funds to further the desired outcomes the City would like to achieve through these programs.
- Ability to meet ESG CV-19 Grant Guidelines in the performance of these programs.

### **FIVE-YEAR HOMELESS HOUSING GOALS AND OBJECTIVES**

The City of Moses Lake has adopted the Grant County Plan to End Homelessness. The plan outlines the objectives and goals for the City funded homeless programs. The City strives to be an innovative leader in addressing homelessness and operates as a Housing First approach to ending homelessness. The following goals and objectives represent the scope of this request:

- **Prioritization of Homeless Housing for People with the Highest Needs:**
  - Successful implementation of prioritization policies for all projects receiving federal, state, and local homeless funds, resulting in prioritized people (unsheltered, chronic, length of time homeless) consistently being housed in a timely manner.
- **Effective and Efficient Homeless Crisis Response and Housing Services**
  - Increase percentage of exits to permanent housing.
  - Reduce returns to homelessness after exit to permanent housing.
  - Reduce average length of time homeless.

## **PROGRAM FUNDING AND ELIGIBLE ACTIVITIES**

### **RAPID RE-HOUSING PROGRAM**

Rapid Re-Housing includes housing relocation and stabilization services for households experiencing homelessness and households at-risk of homelessness based on the household's housing status at the time of program entry.

Rapid Re-Housing assistance is available for persons who are literally homeless according to HUD's definition in Household Eligibility.

ESG-CV housing relocation and stabilization services should be prioritized for households with the longest history of homelessness and for households with the most severe service needs including coronavirus related needs. Prioritization for homelessness prevention are households earning less than 50% of Area Median Income (AMI) who are determined to have no alternative resources and no other place to go.

#### **Housing Stability Case Management:**

Program participants receiving rapid re-housing assistance should be provided housing stability case management as is safe and feasible. Housing case management cannot be a requirement for assistance, but grantees should make housing stability and other appropriate services available and accessible.

#### **Household Eligibility:**

Rapid Re-Housing assistance is available for persons who are homeless according to the HUD definition of homeless:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,

including a car, park, abandoned building, bus or train station, airport, or camping ground; OR

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); OR

(iii) An individual who is exiting an institution where he or she resided for 120 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

**City of Moses Lake 2020 Median Income Limits**

Percent	1 Person	2 Person	3 Person	4 Person	5 Person
30%	\$14,600	\$17,240	\$21,270	\$26,200	\$30,680
50%	\$24,300	\$27,800	\$31,250	\$34,700	\$37,500

## **HOTEL VOUCHER ADMINISTRATION**

If no appropriate emergency shelter is available, grantees may use ESG-CV funds to provide unsheltered homeless individuals with hotel/motel vouchers. Hotel/motel vouchers may be provided if shelter beds are available, but it is not safe for them to use because of the need for social distancing.

Eligible costs include:

- A hotel or motel room directly or through a hotel or motel voucher
- Cleaning of hotel or motel rooms used by program participants.
- Repairs for damage caused by program participants above normal wear and tear of the room.

No household shall be denied access to safe housing, which may include alternative housing or a hotel room, even if they have been exposed or are symptomatic with coronavirus. Health-related questions should not determine admission, access to programs and should not be asked in order to screen people out of shelter.

Contractor shall document ability to provide after-hours emergency access for Crisis Response System providers who may have need of accessing emergency shelter placement after normal operating hours.

## **ELIGIBLE EXPENSES**

- All costs of Rapid Re-Housing, assuming Fair Market Rent @ \$925/month x 4 months, plus first, last and deposit.
- All costs of Hotel Vouchers, assuming 14 days stay @ \$55/night.
- Case Management and Client Support Specialist payroll and benefits for Rapid Re-Housing and administration of Hotel Vouchers.
- Administrative Expenses not to exceed 8% of total Grant Amount, up to \$28,000 during contract dates.

## **PROJECT EVALUATION CRITERIA**

The organization's proposal will be evaluated on a competitive and comparative basis with other proposals and rated on a point scale with a maximum of 100 points.

### **PROPOSALS WILL BE EVALUATED AND RATED BASED ON A POINT SYSTEM USING THE FOLLOWING GENERAL CRITERIA:**

- **RAPID RE-HOUSING/HOTEL VOUCHER NEED** – What is the extent of the project need and how effectively and efficiently can the project meet the need? What best practices are being used? How effective is the program model? (50 points)
- **READINESS** – How well does the organization leverage other funding sources? To what extent are all necessary financial and non-financial project participants firmly committed? How ready is the project to proceed? How accurate and reasonable are the budget documents? What potential obstacles may impact the timeliness of the project? (30 points)
- **ORGANIZATIONAL CAPACITY** – Does the organization have the technical and administrative experience to manage the project? Does the organization have the capacity to successfully complete the stated goals? To what extent has the organization successfully performed under previous Consortium contracts? What is the extent of partner collaboration and coordination? (20 points)



## SUBMISSION PROCEDURES

The following forms are threshold requirements and must be submitted with the proposal:

- Project Summary Form;
- Narrative Statements;
- Proforma evaluating budget;
- Project Work Plan;
- A copy of your organizational chart;

*Note: Incomplete or missing documents may impact the eligibility of your project.*

**Proposals (Original and Electronic) are due no later than  
April 23, 2021 at 4:00 P.M**

**Submit one (1) original and one (1) electronic copy of the proposal:**

**City of Moses Lake  
Community Development Department  
ATTN : Taylor Burton, Housing & Grants  
Coordinator  
401 S Balsam St  
PO Box 1579  
Moses Lake, WA 98837**

.....  
Phone: (509)764-3742

Email: [tburton@cityofml.com](mailto:tburton@cityofml.com)

## **FORMAT REQUIREMENTS**

- Print Size – No smaller than 12-point font.
- Spacing – Double space.
- Source Documentation – Provide all source documents as attachments. If the documents exceed two pages, excerpt or summarize them and note the source(s).
- Letters of Support – Letters documenting participation or support by sectors of the community or letters verifying contribution of resources are appropriate. These letters should be submitted as attachments to the application.

**2021 RAPID RE-HOUSING AND HOTEL VOUCHER PROGRAM**

**Project Summary Form**

<b>Organization/Agency Name:</b>		<b>Tax Identification Number (TIN):</b>		<b>DUNS #:</b>	
<b>Mailing Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Telephone:</b>		<b>Website:</b>			
<b>Type of Agency:</b>					
Check one (1) agency type Nonprofit community or neighborhood-based organizations and regional or statewide nonprofit housing assistance organizations must submit a copy of the Secretary of State registration with the application (if not already on file with PHSS-Housing).					
<input type="checkbox"/> Local government <input type="checkbox"/> Nonprofit community or neighborhood-based organization <input type="checkbox"/> Regional or statewide nonprofit housing assistance organization					
<b>Audit Information:</b>					
Date of last audit:			Type of audit:		
Name of company performing the audit:					
Audit findings or management letter:    No            Yes, please detail:					
<b>License(s):</b>					
If required by local government, do you have the necessary license to operate this proposed housing program? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No, please explain:					
<b>Contacts:</b>					
	Executive Director	Program Contact	Finance Contact		
Name:					
Title:					
Address: (*if different from mailing address)					
Phone:					

Fax:			
E-Mail:			
<b>Project Summary: (provide a brief summary of the project and the targeted population.)</b>			

<b>Total Budget:</b>			
<b>Source</b>	<b>Proposed</b>	<b>Committed</b>	<b>Total</b>
Rapid Re-Housing	\$	\$	\$
Hotel Vouchers	\$	\$	\$
Payroll & Benefits	\$	\$	\$
Administrative	\$	\$	\$
Other	\$	\$	\$
	\$	\$	\$
<b>Total</b>	\$	\$	\$

I attest that all information, including program responsibilities and associated budget, described herein for our agency as an applicant for the 2012 Housing Project and/or O&M application has been reviewed, and is true and accurate.	
<b>Submitted by Executive Director or other Authorizing Official</b>	
_____	_____
Authorized Signature	Date
_____	_____
Name (typed or printed)	Title

**PROGRAM NEED STATEMENT**

(40 points each)

**Purpose Statement: To assess the degree and extent of need and the effectiveness of the proposed solution (project).**

1. Describe the compelling need within the community and how your project will specifically address that need.
2. Describe your proposed project. Be specific and include who will benefit, how many units will be produced, or households served;
  - a. Describe the type of program;
  - b. The duration of assistance;
  - c. Estimated per household subsidy amount;
  - d. Estimated administrative costs to operate the program (not including case management costs);
  - e. Estimated case management costs, if any.
3. How effective and efficient is your approach to meeting the need?
4. What best practices are being used and the model of service delivery?
5. Describe and identify how the project is consistent with the County's Five-Year Homeless Goals and Objectives identified on page four (4).
6. Identify any homeless or special need populations that will be served.

**PROVIDE ONE NEED STATEMENT PER PROGRAM**

## ORGANIZATIONAL CAPACITY STATEMENT

(20 Points)

**Purpose Statement: To evaluate the organization's technical and administrative capacity to successfully manage the project.**

1. A brief history of your organizational experience in managing housing programs or services.
2. Clearly explain in detail the staffing and resources needed to implement the project.
3. Describe your organization's administrative and technical experience to implement the project or services.
4. Describe efforts to collaborate and coordinate with other partners regarding the project/program.

## PROJECT WORK PLAN

**Instructions:**

- Action Steps/Tasks: Identify the specific work tasks required to complete the project.
- Implementation Date: When the task begins.
- Expected Completion Date: When the task will be completed
- Responsible Party: who or what organization is responsible for completing the task.
- 

Action Steps /Tasks	Implementation Date	Expected Completion Date	Responsible Party

