

UNITED WAY OF METROPOLITAN ATLANTA

REQUEST FOR PROPOSALS
COMMUNITY IMPACT FUND GRANTS
FUNDING YEAR 2011-2012

HOMELESSNESS FOCUS AREA

Deadline: Thursday, April 28, 2011 – 2 p.m.

In order for proposals to be considered complete and on time, the complete electronic copy (via ODM) and any required supplemental materials must be submitted by the deadline.

CONTENTS

INTRODUCTION 3

 ABOUT UNITED WAY OF METROPOLITAN ATLANTA 3

 PURPOSE OF THIS REQUEST FOR PROPOSALS 3

COMMUNITY IMPACT FUND GRANTS PROCESS 4

 ELIGIBILITY 4

 OVERVIEW OF PROCESS 4

 REVIEW PROCESS COMPONENTS 5

 COMMUNICATION OF FUNDING 7

FUNDING DIRECTION AND CORE EXPECTATIONS: STRATEGY GUIDANCE LETTERS 8

 Strategy: Financial Assistance 8

 Strategy: Transitional and Permanent Housing 10

 Strategy: Assessment Centers 13

 Strategy: Mental Health and Addiction Services 16

 Strategy: Benefits Enrollment 18

PROPOSAL TIMELINE AND QUESTIONS 21

INTRODUCTION

ABOUT UNITED WAY OF METROPOLITAN ATLANTA

Our Vision: Metro Atlanta is a place where all individuals and families thrive.

Our Mission: Engage all segments of our community to drive sustainable change in education, income, health and homelessness, while continuing to address urgent and basic human care.

In June 2009, United Way of Metropolitan Atlanta unveiled a new strategic plan aimed at addressing four broad social challenges — education, income, health and homelessness — and six specific goals over the next five years:

- Children enter school ready to learn and graduate prepared for careers;
- Young people avoid risky behaviors;
- Families are self-sufficient;
- Babies are born healthy;
- People have access to primary health care; and,
- Homeless people are housed within one year.

This plan was developed through thoughtful consideration, research and planning, and it guides our work. It is premised on the idea that these six goals are interrelated, community issues; to be successful we need to address them together as a community, not in isolation from each other. And in doing so, we can create opportunities for holistically transforming the lives of individuals and families in our metropolitan region – so that they can thrive.

PURPOSE OF THIS REQUEST FOR PROPOSALS

United Way of Metropolitan Atlanta (UWMA) seeks to improve the quality of life of our metro region by showing measurable and sustainable progress on our community goals in the Focus Areas of Education, Income, Health and Homelessness. Therefore, we are accepting funding proposals to help address and realize those goals.

This RFP details core expectations and requirements for program proposals within the Homelessness Focus Area. The Homelessness strategies for which UWMA is accepting proposals for 2011-2102 funding are shown below.

Goal	Network Clusters	Strategies
HOMELESSNESS Homeless people are housed within one year.	Prevention	Financial Assistance
	Housing with Supportive Services	Transitional & Permanent Housing Assessment Centers
	Support Services	Mental Health & Addiction Services Benefits Enrollment

COMMUNITY IMPACT FUND GRANTS PROCESS

The Community Impact Fund Grants Process is one of the ways that UWMA makes strategic investments to drive measurable, sustainable change in Education, Income, Health, and Homelessness issues in our metropolitan community.

The Community Impact Fund is composed of contributions from donors who entrust UWMA with combining their gifts with the donations of others to invest in dynamic approaches and proven programs to create lasting, positive change. The process of investing through this fund includes an informed review by hundreds of dedicated, trained volunteers who help us ensure the most positive impact possible with the dollars raised.

ELIGIBILITY

To be eligible to apply and receive funding through the Community Impact Funds Grant Process, an Agency must meet all of the following criteria:

- Be recognized as an organization exempt from federal income tax under I.R.S Section **501(c)(3)** of the Internal Revenue Code 1986.
- Be primarily involved in **providing program(s) and services that are health, education or human-service related** and directly serve the UWMA 13-county service area residents and employers. **The agency must maintain a local office with regular office hours and telephone availability.**
- **Maintain a current registration with the Georgia Secretary of State office.**
- Have an independent **governing body consisting of at least nine voting members who are resident volunteers**, that has the authority to decide policy and strategic direction with respect to the agency's programs, administration and finances, in accordance with the organization's By-Laws, and who shall meet at least four times per year. **Paid staff must not be a voting member of the Board.**
- **Maintain a non-discrimination policy or plan** that does not discriminate on the basis of race, cultural heritage, religion, gender, national origin, age, marital status, sexual orientation, veteran status or status as a qualified disabled or handicapped individual.
- **Have an annual audit (if applicable) performed by a certified public accountant that is licensed and in good standing with the state of Georgia.**
- **Demonstrate financial management** - All financial statements must show evidence of accounting principals in accordance with Generally Accepted Accounting Procedures (GAAP) and **include full disclosures and appropriate notes for such things as leases, loans, investments and affiliated party transactions.**

OVERVIEW OF PROCESS

UWMA will distribute its funds through a competitive grant process among eligible applicants. Within this process, UWMA is seeking to identify and fund the highest quality programs that address our Community Goals and related strategies, and provide measurable, impactful outcomes.

UWMA Staff will review proposals submitted to ensure that they are complete and to determine that all basic eligibility requirements have been met. **Proposals that are incomplete or late will be removed from the grant process.** Investment Volunteers will then review and evaluate remaining proposals and conduct a Program Site Visit.

During the Site Visit, the Agency will make a presentation to provide a clear program description, will be prepared to answer questions and provide any requested supporting documentation for the Regional Focus Area Investment Committee. At final deliberations, the Regional Focus Area Investment Committees determine which proposals to recommend for funding using the written information provided and information presented at the Site Visit. Two additional volunteer committees will review the funding recommendations before final approval by the United Way of Metropolitan Atlanta Board of Directors.

REVIEW PROCESS COMPONENTS

The process of reviewing and funding proposals submitted to the Community Impact Fund Grants Process has seven components:

1. Financial Review;
2. Program Proposal Compliance Review;
3. Independent Review;
4. Volunteer Proposal Review;
5. Program Site Visit;
6. Funding Deliberations and Funding Recommendations;
7. Funding Approval.

Financial Review

A review of the agency financials will be completed by the Financial Review Committee (volunteer CPAs) to ensure the Agency's financial health. The Financial Review is a critical step in our process of ensuring that donor investments are distributed to organizations equipped to use those resources to deliver human services. United Way requires applicants to submit financial statements based on their annual revenue and fiscal year.

This year's Financial Review Process will be conducted by volunteers that have financial expertise and it includes four steps as follows:

1. Relevant financial information is gathered from grantees, entered into a worksheet and financial ratios are run to evaluate the following areas: reserve funds, debt burden, and administrative cost and operating expenses.
2. Organizations are flagged if their ratios are outside of the established tolerable range. These agencies are elevated to the financial review committee for further testing and review.
3. Financial review volunteers reconvene at the end of the evaluation period to present/discuss findings that were of particular concern and discuss next steps, which could include withholding United Way funds, contingencies, follow-up requirements, etc.
4. Follow up meetings with the organization to address the concerns raised during volunteer evaluation.

Program Proposal Compliance Review

The questions listed below will be completed by UWMA Community Engagement staff in order to ensure proposal compliance. Proposals that are incomplete or late will be removed from the grant process. Staff findings will be shared with the volunteer committees.

Compliance Questions	Considerations
<ol style="list-style-type: none"> 1. Was the application submitted on time? 2. Was the program proposal complete (including all required components)? 	<p>Deadlines: All components of the application are submitted by the published deadline: April 28, 2011 at 2 p.m.</p> <p>Contingencies: Additionally any concerns that were identified during the last Impact Fund Process (e.g. contingencies – listed in the grant agreement) must be addressed.</p>
<ol style="list-style-type: none"> 3. Does the proposed program align with a Community Goal? (using the UWMA Proposal Evaluation Tool) 4. Does the proposed program align with a Focus Area/Goal Strategy? (using the UWMA Proposal Evaluation Tool) 5. Does the proposed program align with at least one of the prescribed Community Metrics under the strategy the program was submitted to? 	<p>Target Population: Serving the jurisdiction in which it has applied in a meaningful way; operating at or near full capacity.</p> <p>Alignment: All proposals submitted in response to this RFP must achieve measurable impact in Homelessness outcomes in our community. For a proposal to be considered for funding, it must align with at least one of the strategies, outcomes and metrics outlined in this RFP.</p>

Independent Review

Once the Compliance Review has been completed, proposals will be reviewed by an independent Review Panel comprised of volunteers with solid expertise and a professional background in a given Focus Area. This Committee will use the UWMA Proposal Evaluation Tool to give feedback to the appropriate Regional Focus Area Investment Committee.

Volunteer Proposal Review

In addition to the independent review, all program proposals will be evaluated by the applicable Regional Focus Area Investment Committee. These Committees have representation from all thirteen counties within the UWMA service area.

The Regional Focus Area Investment Committee members will individually evaluate and score each proposal provided for their review using the related Strategy Guidance Letter and UWMA Proposal Evaluation Tool. These scores are then shared with other members of that Investment Committee at the Site Visit, along with any questions and comments.

Program Site Visit

Agency staff will be contacted by UWMA staff via email and/or phone regarding the date, time and location of the visit. During the Site Visit, the Agency will make a presentation to provide a clear program description, will be prepared to answer questions and provide any requested supporting documentation for the Regional Focus Area Investment Committee. The agency will be notified 3 – 5 business days prior to the site visit if additional supportive documentation is required.

Agency board members are welcome at the Site Visit but are not required to be present or part of the presentation. It is recommended and highly encouraged that the following Agency staff be present to help answer any questions the panel volunteers may have: President, Program Staff, and Finance Staff.

A minimum of two volunteers must be in attendance to conduct a Site Visit. If only one volunteer is present, the UWMA staff member will contact the other volunteers and wait 15 minutes before canceling the visit.

Funding Deliberations and Recommendations

The Regional Focus Area Investment Committee will discuss each proposal and evaluate them taking into consideration both the written proposal and the program presentation at the Site Visit. A score and recommended grant amount are determined.

Once all Site Visits have been completed for a given Focus Area, Regional Focus Area Investment Committees will convene for final funding deliberations. Together, they discuss all proposals and make funding recommendations.

Funding Approval – Volunteer Leadership Reviews

The recommendations of the Regional Focus Area Investment Committees will be reviewed and ratified by the UWMA Community Investment Committee (CIC) and Community Engagement Council, and then approved by the UWMA Board of Directors.

COMMUNICATION OF FUNDING

Upon final approval by the UWMA Board, each Agency will be emailed the amount of their UWMA grant funding as well as any Specific Care amounts. This communication does not require a response from the Agency.

CHANGES IN REPORTED INFORMATION

If reported information changes during the Community Impact Grants Process (after submission of the application but before funding has been awarded), the Agency must submit written (preferably via email) notification to UWMA immediately after the Agency becomes aware of the change: what the change has been, why the change was made, and what are the effects of the change on the program/proposal.

If reported information changes after the proposal has been funded (after the grant has been awarded and Agency has started to receive funding), the Agency must submit notification to UWMA within 30 days after the Agency becomes aware of the change: what the change has been, why the change was made, and what are the effects of the change on the program.

FUNDING DIRECTION AND CORE EXPECTATIONS: STRATEGY GUIDANCE LETTERS

FY11-12 Strategy Guidance Letter

Focus Area: Homelessness: Homeless people will be housed within one year.

Cluster: Prevention

Strategy: Financial Assistance

Focus Area Outcome: By 2013, we are committed to ending chronic homelessness, improving community response time to temporarily homeless families and effectively preventing future homelessness.

Context: Individuals and families often live on the edge between low income and becoming homeless. Financial assistance is the most effective way to prevent them from becoming homeless. Offering opportunities that avert eviction, such as paying past due rent, is often enough to keep a family or individual out of shelters or off the streets.

Strategy Description: Financial assistance is provided by rent, mortgage, or utility assistance. This type of assistance can delay evictions and home foreclosures until intervention opportunities have been assessed and implemented as appropriate. Providing emergency financial support has averted homelessness for over 65% of families assisted.

A. Target Populations

All programs that receive funding must serve the following population at a meaningful level:

1. Individuals and families at risk of becoming homeless

B. Required Program Components

All programs that receive funding must demonstrate the following key components of effective programming that relate to the selected service priority:

Required Program Components – policies, practices and /or activities that:	Examples
B1. Provide emergency assistance to assist the individual/ household in bridging a short-term economic shortfall	<ul style="list-style-type: none"> • Emergency financial assistance with rent and/or utilities to avoid loss of housing or to obtain new housing • Legal advocacy
B2. Service is free or fees are based on client’s ability to pay	<ul style="list-style-type: none"> • Fees may be utilized to demonstrate a commitment by the client to improved financial self-management
B3. Program has active participation in Pathways network (HMIS)	<ul style="list-style-type: none"> • Active participation is defined as the following: • Level of use for each client <ul style="list-style-type: none"> – Referrals for non-clients – Transactions – Ability to produce reports – Data quality

C. Preferred Program Components

Preference will be given to programs that, in addition to the required components, are able to demonstrate the following preferred components:

Preferred Program Components – policies, practices and /or activities that:	Examples
C1. Assist families to improve their financial management abilities and empower clients to act on their own behalf	<ul style="list-style-type: none"> • Assist clients in identifying barriers to meeting their basic needs • Develop a plan to resolve or address the problems that led to the financial crisis • Financial literacy classes • Housing counseling
C2. Provides effective training and support to staff and volunteers	<ul style="list-style-type: none"> • Program provides evidence that staff are trained to: assess the presenting need, apply agency criteria for various types of assistance and link the client to appropriate services both within the agency and through other programs • Provider has written protocols for linking families to needed resources provided by other agencies • Provider has written memoranda of understanding with agencies that can make services available to families • Program has a policy for identifying and addressing abuse and neglect
C3. Develop an Individual Service Plan (ISP) for each client	<ul style="list-style-type: none"> • Assist clients in identifying goals for finding/maintaining employment, budgeting money, financial planning, etc.

D. Required Indicators

All programs that receive funding under this strategy must measure and report on all of the indicators below:

Path	Initial	Intermediate	Long Term
Financial Assistance	Number of individuals provided with emergency financial assistance	Number of individuals who remained in stable housing 30 days after receiving assistance	Number of individuals who remained in stable housing 90 days after receiving assistance

FY11-12 Strategy Guidance Letter

Focus Area: Homelessness: Homeless people will be housed within one year.

Cluster: Housing with Supportive Services

Strategy: Transitional and Permanent Housing

Focus Area Outcome: By 2013, we are committed to ending chronic homelessness, improving community response time to temporarily homeless families and effectively preventing future homelessness.

Context: Providing safe, clean, affordable housing combined with effective case management and supportive services has proven to be the most effective strategy in moving people off the streets and out of shelters. Depending on the situation of clients, they will either be placed in transitional housing with eventual placement in permanent housing or placed directly into permanent housing.

Strategy Description: In this housing, clients can stay **181 days or more**. Affordable quality housing in apartment settings allows a homeless person to become stable. Effective case management along with housing moves a person towards self-reliance. Permanent housing is for formerly homeless persons and families who have reached self-sufficiency and need a lesser level of supportive services.

A. Target Populations

All programs that receive funding must serve one or both of the following populations at a meaningful level:

1. Chronically homeless individuals
2. Homeless women and children

B. Required Program Components

All programs that receive funding must demonstrate the following key components of effective programming that relate to the selected service priority:

Required Program Components – policies, practices and /or activities that:	Examples
B1. Case managers are responsible for follow up and assisting clients with development and implementation of individual service plan (ISP)	<ul style="list-style-type: none"> • Case managers are assigned to each participant • Service interactions between the case manager and the client are conducted with respect for client privacy, dignity, and with appropriate confidentiality • Documentation of services provided and results
B2. Program has active participation in Pathways network (HMIS)	<ul style="list-style-type: none"> • Active participation is defined as the following: <ul style="list-style-type: none"> – Level of use for each client – Referrals for non-clients – Transactions – Ability to produce reports – Data quality

Required Program Components – policies, practices and /or activities that:	Examples
B3. Facility is appropriately configured to provide a safe and healthful environment for housing uses, is in compliance with zoning, building, fire and safety codes, and is safe, clean and in good condition	<ul style="list-style-type: none"> • Regular maintenance of the facility
B4. Utilize program fees as appropriate to motivate clients, but fees do not create a barrier to necessary housing services	<ul style="list-style-type: none"> • Fees cannot be more than 30% of a clients income

C. Preferred Program Components

Preference will be given to programs that, in addition to the required components, are able to demonstrate the following preferred components:

Preferred Program Components – policies, practices and /or activities that:	Examples
C1. Demonstrate effective collaboration with other programs and services	<ul style="list-style-type: none"> • Provider has written protocols for linking families to needed resources provided by other agencies • Provider has written memorandum of understanding with agencies that can make services available to families • If consumers are primarily families: <ul style="list-style-type: none"> - Connection to public school system - Connection to childcare or provision of child care - Formal linkages are in place for supportive services (e.g. medical or mental health care)
C2. Facility is <u>ADA</u> compliant	<ul style="list-style-type: none"> • Program makes special provisions for individuals with physical health and medication needs • Facility is physically accessible, or has the ability to accommodate persons with a disability in an affiliated program nearby • Facility is able to provide assistance to persons with a disability to meet their basic needs

D. Required Indicators

All programs that receive funding under this strategy must measure and report on all of the indicators below:

Path	Initial	Intermediate	Long Term
Transitional and Permanent Housing	Number of individuals placed in a program bed <u>and</u> completed an individual service plan (ISP)	Number of individuals that have maintained safe and stable housing 90 days or more	Number of individuals who successfully graduated from transitional housing <u>or</u> live in permanent housing for one year

FY11-12 Strategy Guidance Letter

Focus Area: Homelessness: Homeless people will be housed within one year.

Cluster: Housing with Supportive Services

Strategy: Assessment Centers

Focus Area Outcome: By 2013, we are committed to ending chronic homelessness, improving community response time to temporarily homeless families and effectively preventing future homelessness.

Context: The trend has been to move away from just warehousing people and giving them a bed for the night (in a shelter). An assessment center provides the ability to assess clients to determine what kind of services they need and then provide them with appropriate services and housing. If not assisted, many of these individuals and families will continue to be homeless or become homeless.

Strategy Description: While essential housing services are provided, Assessment Centers are primarily focused on homeless women and children. Individuals must be assessed and plans developed and followed to address their immediate barriers. Connection with longer term housing and services is a goal. However, many individuals are able to move to self sufficiency from these centers. The stay in an assessment center is **6 months (180 days) or less.**

A. Target Populations

All programs that receive funding must serve the following population at a meaningful level:

1. Homeless individuals and families

B. Required Program Components

All programs that receive funding must demonstrate the following key components of effective programming that relate to the selected service priority:

Required Program Components – policies, practices and /or activities that:	Examples
B1. Provide time limited housing for up to six (6) months with a plan for moving clients into transitional or permanent housing	<ul style="list-style-type: none">• Time limited housing refers to: emergency shelter, safe haven programs, recovery residences assessment centers designed for short-term stays.
B2. A paid staff member or trained volunteer is on-site during operating hours	<ul style="list-style-type: none">• There must be one paid staff member for every (twenty) 20 residents
B3. Case managers are responsible for follow up and assisting clients with the development and implementation of individual service plans (ISPs)	<ul style="list-style-type: none">• Case managers are assigned to each participant• Service interactions between the case manager and the client are conducted with respect for client privacy, dignity, and with appropriate confidentiality

Required Program Components – policies, practices and /or activities that:	Examples
	<ul style="list-style-type: none"> • Documentation of services provided and results
B4. Program has active participation in Pathways network (HMIS)	<ul style="list-style-type: none"> • Active participation is defined as the following: <ul style="list-style-type: none"> – Level of use for each client – Referrals for non-clients – Transactions – Ability to produce reports – Data quality
B5. Facility is appropriately configured to provide a safe and healthful environment for transitional housing uses, is in compliance with zoning, building, fire and safety codes, and is safe, clean and in good condition	<ul style="list-style-type: none"> • Regular maintenance of the facility

C. Preferred Program Components

Preference will be given to programs that, in addition to the required components, are able to demonstrate the following preferred components:

Preferred Program Components – policies, practices and /or activities that:	Examples
C1. Service locations are in the communities where the target population resides/has convenient access	<ul style="list-style-type: none"> • Facility is accessible via public transportation, transportation is provided by the shelter, or transportation is provided by a 3rd party free of charge
C2. Demonstrate effective collaboration with other programs and services	<ul style="list-style-type: none"> • Provider has written protocols for linking families to needed resources provided by other agencies • Provider has written memorandum of understanding with agencies that can make services available to families • If consumers are primarily families: <ul style="list-style-type: none"> - Connection to public school system - Connection to childcare or provision of childcare - Formal linkages are in place for supportive services (e.g. medical or mental health care)

Preferred Program Components – policies, practices and /or activities that:	Examples
C3. Facility is <u>ADA</u> Compliant	<ul style="list-style-type: none"> • Program makes special provisions for individuals with physical health and medication needs • Facility is physically accessible, or has the ability to accommodate persons with a disability in an affiliated program nearby • Facility is able to provide assistance to persons with a disability to meet their basic needs

D. Required Indicators

All programs that receive funding under this strategy must measure and report on all of the indicators below:

Path	Initial	Intermediate	Long Term
Assessment Center	Number of individuals completing an individual service plan after getting a bed	Number of individuals that meet at least one goal (must be related to employment, obtaining a benefit, or housing)	Number of individuals who graduated into safe and stable housing (preferably 30 days after leaving the program)

FY11-12 Strategy Guidance Letter

Focus Area: Homelessness: Homeless people will be housed within one year.

Cluster: Support Services

Strategy: Mental Health and Addiction Services

Focus Area Outcome: By 2013, we are committed to ending chronic homelessness, improving community response time to temporarily homeless families and effectively preventing future homelessness.

Context: Chronically homeless individuals are often unable to overcome their homelessness due to mental illness and/or addiction issues. Without addressing these issues through medical and social interventions, it is impossible to end their homelessness. They will continue to recycle in and out of jails, hospitals, and other institutions until the community adequately addresses their needs. Stabilizing them with support services is the most efficient way to ensure that they will remain self-sufficient once housed.

Strategy Description: Providing services to the mentally ill and addictive homeless population enables them to address their disabilities and move towards stabilization. The services are not inclusive of housing. These stand alone services work with existing housing programs and other services.

A. Target Populations

All programs that receive funding must serve the following population at a meaningful level:

1. Chronically homeless individuals with mental health and addictive diseases living on streets and in shelters/assessment centers/transitional housing

B. Required Program Components

All programs that receive funding must demonstrate the following key components of effective programming that relate to the selected service priority:

Required Program Components – policies, practices and /or activities that:	Examples
B1. A lead paid program staff must be licensed to provide the appropriate services in mental health and addiction.	<ul style="list-style-type: none">• Staff maybe licensed Social workers (LCSW or LMSW) or licensed addiction counselors.
B2. Service interactions between the case manager and the client are conducted with respect for client privacy, dignity, and with appropriate confidentiality.	<ul style="list-style-type: none">• The agency has clear, written confidentiality policies and procedures, and obtains written informed consent from the client prior to disclosing information to others• Private space is utilized for meeting with clients• Action plans are developed in partnership with the client• The agency has clear, written grievance procedures for clients that are posted in public places as well as given to clients• Written standards for deactivation of client for non-participation, non-compliance, or other causes

Required Program Components – policies, practices and /or activities that:	Examples
B3. Agency has MOU’s to collaborate with other agencies to provide other support services necessary for the focus area	<ul style="list-style-type: none"> • MOUs with others to provide medication or support groups.
B4. Input information into HMIS and document requests for assistance, the services provided as a result, and the impact of the services on the client	<ul style="list-style-type: none"> • Participate in the Pathways information sharing network • Pathways provides the following data tracking services: <ul style="list-style-type: none"> – Level of use by each client – Referrals for non-clients – Transactions – Ability to produce reports – Monitoring data quality

C. Preferred Program Components

Preference will be given to programs that, in addition to the required components, are able to demonstrate the following preferred components:

Preferred Program Components – policies, practices and /or activities that:	Examples
B1. Agency should have relevant professional certification.	<ul style="list-style-type: none"> • CARF certification
B2. Have peer led groups, have other groups and activities to support core services	

D. Required Indicators:

All programs that receive funding under this strategy must measure and report on all of the indicators below:

Path	Initial	Intermediate	Long Term
Mental Health and Addiction Services	Number of individuals completing an Individual Service Plan (ISP)	Number of individuals that meet at least one benchmark on individual service plan 30 days after entering case management	Number of individuals who improved their psychosocial status based on case notes, mental health assessments, <u>and</u> positive social interactions 90 days after entering case management

FY11-12 Strategy Guidance Letter

Focus Area: Homelessness: Homeless people will be housed within one year.

Cluster: Support Services

Strategy: Benefits Enrollment

Focus Area Outcome: By 2013, we are committed to ending chronic homelessness, improving community response time to temporarily homeless families and effectively preventing future homelessness.

Context: Chronically homeless individuals are often unemployable due to disabilities. These are sometimes the hardest individuals to serve because they lack the ability to earn or gain income. Benefits, such as SSDI, are the only way to provide them with an income that can make them self-sufficient and sustain them in housing.

Strategy Description: Connecting homeless persons with benefits that provide income supports enables them to address their barriers and start making the moves towards becoming stable and self sufficient. There are a number of benefits that individuals must be connected to (including Food stamps, Medicaid, childcare subsidy, general assistance, and SSDI)

A. Target Populations

All programs that receive funding must serve the following population at a meaningful level:

1. Homeless individuals living on streets and in shelters/assessment centers

B. Required Program Components

All programs that receive funding must demonstrate the following key components of effective programming that relate to the selected service priority:

Required Program Components – policies, practices and /or activities that:	Examples
B1. Staff at agency has the demonstrated capacity and skills to assist the consumer to complete applications and connect them with necessary benefits.	<ul style="list-style-type: none">• Agency is able to complete applications for a number of benefits including SSDI, General Assistance and Medicaid.• Agency has track record of providing clients with the benefits.
B2. Assure that case management staff is trained and knowledgeable about both formal and informal resources that are critical for providing supports to homeless persons	<ul style="list-style-type: none">• Staff have been trained in crisis management and in recognition of psychiatric emergencies. For programs serving families, staff have been trained in recognition and reporting of suspected child abuse• The agency has clear, written ethics guidelines for case managers related both to client interactions and service providers• Agency has developed a guide to informal, neighborhood-based resources, such as feeding

Required Program Components – policies, practices and /or activities that:	Examples
	<p>programs, reduced cost medical care and medications, and child care</p> <ul style="list-style-type: none"> • Case managers have access to benefits applications and can ensure that consumers complete and receive the benefits they apply for
<p>B3. Service interactions between the case manager and the client are conducted with respect for client privacy, dignity, and with appropriate confidentiality.</p>	<ul style="list-style-type: none"> • The agency has clear, written confidentiality policies and procedures, and obtains written informed consent from the client prior to disclosing information to others • Private space is utilized for meeting with clients • Action plans are developed in partnership with the client • The agency has clear, written grievance procedures for clients that are posted in public places as well as given to clients • Written standards for deactivation of client for non-participation, non-compliance, or other causes
<p>B4. Program has active participation in Pathways network (HMIS)</p>	<ul style="list-style-type: none"> • Active participation is defined as the following: <ul style="list-style-type: none"> – Level of use for each client – Referrals for non-clients – Transactions – Ability to produce reports – Data quality

C. Preferred Program Components

Preference will be given to programs that, in addition to the required components, are able to demonstrate the following preferred components:

Preferred Program Components – policies, practices and /or activities that:	Examples
<p>C1. Demonstrate effective collaboration with other programs and services</p>	<ul style="list-style-type: none"> • Provider has written protocols for linking families to needed resources provided by other agencies -Provider has written memorandum of understanding with agencies that can make services available to families • If consumers are primarily families: <ul style="list-style-type: none"> - Connection to public school system - Connection to childcare or provision of

Preferred Program Components – policies, practices and /or activities that:	Examples
	childcare - Formal linkages are in place for supportive (e.g. medical or mental health care)
C2. Multi-lingual services available	<ul style="list-style-type: none"> • Access to translators if one is not present for non-English speaking clients • Materials that are commonly used such as policies or procedures should generally be translated into more than one language
C3. Ongoing training opportunities are available to staff.	<ul style="list-style-type: none"> • Training that apply to a staff member’s further educational development within their work area (child care workers are trained in new techniques for child education, service workers are trained in new case management techniques or case narrative techniques)

D. Required Indicators:

All programs that receive funding under this strategy must measure and report on all of the indicators below:

Path	Initial	Intermediate	Long Term
Benefits Enrollment	Number of individuals screened for benefits (SSI, food stamps, childcare subsidy, Medicaid)	Number of individuals that applied for at least one new benefit	Number of individuals that obtained at least one new benefit

PROPOSAL TIMELINE & QUESTIONS

RFP RELEASE

Wednesday, March 16, 2011

RFP TRAINING

RFP Training is optional but highly encouraged. Space is limited and RSVP is required to attend.

Please RSVP online via the United Way of Metro Atlanta website,
<http://www.unitedwayatlanta.org/OurWork/Pages/INVESTMENTPROCESS.aspx>.

You will be required to RSVP for each person attending. These dates will close when seating is full, so please RSVP as soon as possible. Please bring your own copy of the RFP to the session. **To save resources copies will not be provided.**

PROPOSAL SUBMISSION DEADLINE

Program proposals must be submitted online via the Online Database Manager (ODM) **by 200 pm on Thursday, April 28, 2011.** Late submissions will not be accepted.

PROGRAM SITE VISITS

Site Visits will be held at various times from May 5 through June 29.

FUNDING APPROVALS

Funding recommendations are approved by the UW volunteer governance committees with the United Way Board of Directors giving final approval in July. Notification will be sent by mid-July.

FUNDING PERIOD

July 1, 2011 – June 30, 2012

QUESTIONS

If you have questions regarding the 2011 – 2012 Community Impact Fund Grants Process please submit them via e-mail to grantee@unitedwayatlanta.org.

When submitting questions please indicate the category in the SUBJECT line of your email; the categories are as follows:

- General
- Financials
- Site Visits
- EDUCATION
- HEALTH
- INCOME
- HOMELESSNESS