BROWARD COUNTY
BOARD OF COUNTY COMMISSIONERS

COUNTY ADMINISTRATOR

Monica Cepero

HUMAN SERVICES DEPARTMENT

Tara Williams, Director

Fiscal Year 2027 General Funds Request for Proposals for Housing Options Solutions and Supports Division Services Information Package and Application

FY27GF

Available: Monday, March 9, 2026

Closes: Thursday, April 9, 2026, 11:59 P.M.

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CHAPTER I: REQUEST FOR PROPOSAL INFORMATION

A. Overview

The Broward County (County) Human Services Department (HSD) is requesting proposals in response to the Fiscal Year (FY) 2027 General Funds Request for Proposals (RFP) for the service categories identified in the **FY 2027 General Funds Funding Chart** below. The funding chart may be used as reference for the program and service categories and the estimated funding available. Use the links provided in each service category (Chapters II through VI) to review the applicable Standards and Service Delivery Model (SSDM) outlining the minimum service delivery standards that must be followed by applicant agencies (Applicants) and service providers (Providers).

The mission of HSD is to deliver innovative, meaningful services, support, and resources to Broward County residents that empowers them to improve their quality of life. The following divisions and sections fall under the Human Services Department: Broward Addiction Recovery Center (BARC); Community Partnerships Division (CPD), including Children's Services Administration (CSA) Section and Health Care Services (HCS) Section; Crisis Intervention and Support Division (CISD); Elderly and Veterans' Services Division (EVSD); Family Success Administration Division (FSAD); Housing Options, Solutions, and Supports Division (HOSS-D); Evaluation and Planning Section (EPS) and Operations and Administrative Services (OAS). HOSS-D is advertising services in the RFP. Additional description of the divisions and sections can be found in the HSD Provider Handbook for Contracted Service Providers (Handbook).

The initial term of a grant agreement awarded pursuant to the RFP will be from October 1, 2026, to September 30, 2027, with two (2), optional, one-year (1-year), renewal periods, unless otherwise noted in the applicable chapter. The funding amounts listed in the RFP are estimates and are contingent upon the Broward County Board of County Commissioners' (the Commission's) approval of HSD's FY 2027 budget and recommended awards. Successful Applicants may also be considered for inclusion in HSD applications to federal and / or state funders, if applicable.

FY 2027 General Funds Funding Chart

Housing Options, Solutions, and Supports (HOSS-D)	Homeless Supportive Services	Housing Case Management	$ 52,741.00
	Permanent Housing	Permanent Supportive Housing (PSH)	$ 4,502,310.00

General Funds Funding Chart			
Funding Category	**Program Category**	**Service Category**	**Estimated Available Funds**
		Rapid Rehousing	$ 1,059,474.00
	Support Services Only	Homeless Street Outreach (HSO) for Individuals	$ 587,625.00
		Homeless Street Outreach - Broward County Transit (HSO-BCT)	$ 540,000.00
		Homeless Street Outreach - Fort Lauderdale-Hollywood International Airport (HSO-FLL)	$ 550,000.00
	Shelter	Transitional Housing-Recovery Residences	$ 594,222.00
		HOSS-D Subtotal:	**$ 7,886,372.00**
		Total HSD Services Funding:	**$ 7,886.372.00**

The primary purpose of funding for the advertised programs is to strengthen the capacity and expand the number of agencies selected to provide services. All participants (clients) served by the services advertised in the RFP must be living in Broward County.

Funding advertised in the RFP may be increased or decreased at any time at the sole discretion of the County HSD Director or designee. Additionally, for each advertised service category, the County may fund more than one Applicant with the number of awardees being at the sole discretion of the County. Each chapter of the RFP describes the Statement of Current Funding Opportunity / Program Description, Population of Focus / Eligible Population / Clients, Collaboration, Additional Program Documents for the service, and Eligible Billing Components / Taxonomy Definitions and Credentials Table (Taxonomy Chart). Required outcomes, indicators, and service delivery standards are outlined in each SSDM. Applicants submitting proposals to provide services advertised in the RFP are required to adhere to the designated SSDM.

Unit of service definitions and the maximum reimbursement rates are identified in the Taxonomy Chart and will supersede any other existing definitions or rates for services. **Note:** The County may use funds awarded to satisfy the Florida Department of Children and Families (DCF) / Broward Behavioral Health Coalition (BBHC) local match requirements for eligible mental health and substance use disorder services or the US Department of Housing and Urban Development (HUD) Emergency Solutions Grant Program match requirements. Information regarding the County's terms of agreement, method of reimbursement, and other policies related to County agreements are located in the Handbook.

B. Cone of Silence

In accordance with the Broward County Code of Ordinances, Chapter 1 Administration, Article XIII. Lobbying Activities, Section 1-266. Cone of Silence (Cone of Silence), as amended, the Cone of Silence is a period of time during which Providers and their representatives are prohibited from communicating with certain individuals regarding an active competitive solicitation. This RFP is a competitive solicitation. The Cone of Silence prevents any influence on (or appearance of) an outcome or decision regarding the RFP. It protects all Applicants and ensures a competitive and open procurement process. The Cone of Silence applies to communications between (1) any person or entity, including Providers and their representatives, seeking a contract, award, recommendation, or approval for the RFP, or is subject to being evaluated, or having its response evaluated, in connection with the RFP; and (2) any of the following: Any Broward County Commissioner (Commissioner) and / or any staff member reporting to a Commissioner or otherwise directly assigned to work in that Commissioner's office; Employees of the County, regardless of their role or participation (if any) in the RFP; Any other person engaged by the County to perform services relating to the RFP, except for persons outside of the Cone of Silence (including the RFP Coordinator); and Members of the evaluation committee for the RFP. Once the RFP is advertised: Providers and their representative(s) CANNOT contact a Commissioner's office, county staff, or the RFP evaluation committee members while the Cone of Silence is in effect; and Appointed evaluation committee members CANNOT engage in any oral or written communication with each other regarding the RFP unless it is at a Sunshined meeting. Except as noted, a Commissioner's office or County staff CAN initiate contact with Providers or Provider's representative to get more information on the RFP while the Cone of Silence is in effect. The Cone of Silence begins upon the advertising of the RFP and ends upon the Commission or award authority awards or approves resultant contracts, when all proposals are rejected, or when action is otherwise taken that ends the solicitation process.

C. Collaborations, Required Use of SSDMs, Eligible Billing Components, and Signatures

HSD chose the SSDM as the most effective way to communicate the standards necessary for the provision of services. The intent of utilizing an SSDM is to enhance the relationship between HSD and the provider network, increase efficiency of the application process, ensure contracted Providers deliver high quality services to County residents, and eliminate barriers in accessing services. Use of SSDMs is required as indicated in the advertised services.

If collaborations are not specifically identified under the advertised service, HSD requirements indicated in the Handbook apply for all proposals and the appropriate Program Document(s) submitted. If Program Documents are not specifically identified under advertised services, the requirements indicated in Appendix I- Proposal Form, Section I. Organizational Attachments and Program Documents (Appendix I, Section I) checklist apply.

HSD strongly encourages Applicants to engage participants (clients) through forums and other customer engagement practices to ensure participants' (clients') input and feedback are captured and assessed in order to ensure that appropriate services have been designed, implemented, and delivered.

In each advertised service, the eligible billing components chart contains a specific column for required services and when available, a separate column for optional services. Applicants must

apply for all required services identified in the eligible billing components chart. Applicants may also apply for all optional services identified in the eligible billing components chart (unless otherwise indicated in the advertised service). In the event the Applicant is recommended for funding, selecting optional services in the proposal will increase the Applicant's flexibility to provide the funded services to its clients and help to maximize subsequent utilization of the agreement's funds. Some advertised services may indicate service proposal restrictions or have additional requirements for proposed services.

Documents requiring signature of Applicants' authorized official, witnesses, or notary are included in the RFP. It is the Applicant's responsibility to ensure all attachments and program documents are identified with the appropriate information to ensure Quality Raters / Reviewers can identify the required documents. Refer to Appendix I, Section I and Appendix II – Proposal Rating Tools, Part I: Required Attachments and Documents Checklist (Appendix II, Part I).

D. Agencies Eligible to Apply

Non-profit organizations (NPOs) incorporated in the State of Florida identified as active with a 501(c)(3) status, for-profit organizations (FPOs) incorporated in the State of Florida identified as active, and public entities (also known as governmental entities) are eligible to respond to the funding opportunities advertised in the RFP, unless otherwise specified in the advertised service chapter.

E. Timeline and Deadlines

The County must receive all required information by the specified dates and times at the location specified. The County reserves the right to modify and / or cancel the RFP and to modify the RFP timeline and deadline dates. Changes to the timeline and deadlines will be posted on the AccessBroward webpage(RFP Website).

1. FY 2027 General Funds RFP Timeline Chart

1	Monday March 9, 2026	RFP Release Date	N / A	RFP Website
2	Wednesday March 18, 2026	RFP Applicant Workshop (Workshop)	Applicants can attend in person or virtually at 1:00 P.M.	Broward County Government Center 115 South Andrews Avenue Room 422 (Commission Chamber) Fort Lauderdale FL, 33301 Or virtually at: https://vimeo.com/event/5767946
3	Friday March 20, 2026	Applicant Written Questions Deadline	All Applicant questions must be emailed no later than 5:00 P.M.	HSDproposals@broward.org
4	Tuesday March 24, 2026	Final Posted Responses to Applicant Written Questions	Applicant questions received by the deadline (noted above) can review posted	RFP Website

Item Number	Date/Deadline	Item	Description	Location
			written responses.	
5	**Thursday April 9, 2026**	**PROPOSAL SUBMISSION DEADLINE**	**Submit proposal packets by email 11:59 P.M.** **HSD office hours for RFP support are 9:00 A.M. to 5:00 P.M.** **Late or incomplete proposals are fatally flawed and will not be considered for funding.**	**HSDproposals@broward.org**
6	Monday May 4, 2026, through Friday June 5, 2026	Applicant Interviews	Applicants must attend interviews in person. Reviewers can attend interviews in person or virtually.	Applicants will be contacted by email to schedule the interviews.
7	Friday June 12, 2026	Notice of Funding Recommendation	Estimated date to make announcement	Emailed to Applicants and HS List serve.
8	Tuesday August 20, 2026	Commission Approval Date	Estimated date of Commission approval	N / A
9	Friday October 1, 2026	Resultant Agreement Start Date	Estimated start date of resultant agreement	N / A

2. RFP Applicant Workshop

RFP Applicants may attend the RFP Applicant Workshop (Workshop) on Wednesday, March 18, 2026, at 1:00 P.M. in person at 115 South Andrews Avenue, Room 422 or may participate in the Workshop virtually at https://vimeo.com/event/5767946. Applicants attending in person can ask questions during the Workshop. Applicants participating virtually can ask questions using Vimeo's chatroom. As many questions as possible will be answered during the Workshop. The Workshop will be recorded, and the link to the recording will be available for download from the RFP Website**.** There will be no minutes / meeting notes for the Workshop.

Following the Workshop, the County will accept written questions only. Written questions must be emailed to HSDproposals@broward.org. Responses to all Workshop and written questions will be posted to the RFP Website**.**

In compliance with the Cone of Silence, the County will not communicate with Applicants about the RFP outside of the Workshop or the process of submitting written questions.

3. Applicant Interviews

Applicants are expected to participate in the in-person Applicant Interviews. Applicant representatives identified in accepted Applicant proposals will be contacted via email with an appointment for a specific interview time. Representatives are encouraged to share the appointment with agency employees who can address programmatic, budgetary, and operational questions relating to the agency and the proposed service.

Applicants are assigned twenty-five (25) minutes to provide a program overview and to respond to the quality raters' questions. Quality raters are members of the Rating / Review Committee, as defined by Broward County Administrative Code, Chapter 23. During the twenty-five minutes, Applicants will provide a ten (10)-minute PowerPoint presentation. The presentation serves as an opportunity for Applicants to present key points about the proposed services orally. The template for the presentation, which identifies the specific questions the Applicants must address, is located on the RFP Website. Information presented must reflect or clarify information already included in the proposal. The PowerPoint presentation must be submitted to HSDproposals@broward.org at least two days before the assigned Applicant Interview time slot.

All Applicant Interviews will be recorded.

F. Inquiries About the Proposal Process

Contact for County RFP Process

RFP Coordinator
Broward County Governmental Center
115 South Andrews Avenue, Room 310B
Fort Lauderdale, Florida 33301
Email: HSDproposals@broward.org

The RFP is available to download from the RFP Website until the closing date, Thursday, April 9, 2026, at 11:59 P.M. **County office hours for RFP support are Monday through Friday, 9:00 A.M. to 5:00 P.M**. The County will review the advertised services, application format, and the RFP process at the Workshop. Attendees can direct verbal inquiries regarding the RFP and the advertised services to HSD during the Workshop. After the Workshop and in line with the Cone of Silence, no County staff, advisory board member, or County Commissioner can be contacted to discuss the RFP or accept requests for additional information outside the stated process. Violations may be reported to the County's Office of Intergovernmental Affairs and Professional Standards. HSD will post responses to written questions on the RFP Website in accordance with this published RFP timeline.

HSD will post a notice on the RFP Website in the event of a delay in publication of the written responses. If clarification of RFP policy, process, or an advertised service is needed after the written responses are published, HSD reserves the right to publish the information on the RFP Website. Applicants must check the RFP Website periodically during the RFP application process to ensure they receive all posted notifications before submission.

G. Completing a Proposal

Applicants must submit complete and accurate proposal packets for each proposed service category. The County requires that all proposals include signatures from officials authorized to legally bind the Applicant.

1. Font Type and Size

Applicants must complete narrative responses using Arial, Aptos, or Times New Roman in at least a twelve (12) point font size. Page numbers are required on all pages and margins in the Proposal Form must be maintained. Proposals are limited to thirty (30) pages, excluding attachments and program documents.

2. Insurance and Subcontracting

Applicants must review all guidelines for insurance and subcontracting in the Handbook prior to submitting proposals. A Provider is subcontracting if the Provider engages a third-party entity or individuals, via formal agreement or any other mechanism' to perform the proposed services, in whole or in part, required by the funding agreement. A Provider may not subcontract proposed services without the County's prior written approval or as authorized in the funding agreement.

3. Attachments and Program Documents

Applicants are required to submit complete and accurate proposal packages that include the Proposal Form, Budget Spreadsheet, all documents required for compliance with applicable County policies (Attachments), and program documents. **NOTE**: Attachments, program documents, and budget documents are excluded from the thirty (30)-page proposal limit. It is the responsibility of Applicants to ensure all required items are clearly identified and organized, allowing quality raters to easily locate responses and supporting documents. If Applicants need to correct a submitted proposal package, Applicants must resubmit the entire proposal package with the correction before the application deadline, indicating in the email that the resubmitted package replaces earlier versions. After the deadline, the County may allow Applicants to provide corrected documents (cure), as specified in Appendix I, Section I. Items identified as non-curable, not submitted (if applicable), or submitted incorrectly will impact the Applicants' quality rating score.

H. Budget Spreadsheet and Budget Requirements

All Applicants are required to use the Budget Spreadsheet to submit the proposed program budget. Applicants must download from the RFP Website and use the Budget Spreadsheet and budget completion instructions. For Applicants convenience, formulas have been pre-set in the spreadsheet. However, Applicants must ensure calculations are correct prior to submitting the document with proposals. ***Applicants must ensure all applicable Budget Spreadsheets are completed and submitted.***

1. Required Match

A ten percent (10%) match is required for all grant agreements resulting from the RFP, unless otherwise noted below. Applicants are required to designate the required match amount as units of service, in-kind services, or a combination of both. For the purposes of the RFP, in-kind services are defined as those services and items dedicated to, and utilized solely by, the proposed project.

If awarded, Applicants will be required to document selected match contributions on monthly invoices to ensure the yearly match requirements are met. If Applicants propose the use of in-kind match, then Applicants must certify that the match is committed solely to the proposed project.

The ten percent (10%) match requirement is *not* applicable to the following service categories:

- Chapter IV, Housing, Options, Solutions, and Supports Division:
  - Permanent Supportive Housing (PSH)
  - Rapid Rehousing
  - Homeless Street Outreach.
  - Homeless Street Outreach – Broward County Transit (HSO-BCT).
  - Homeless Street Outreach – Fort Lauderdale-Hollywood International Airport (HSO-FLL).

2. Administrative Costs

Certain services funded by General Funds may qualify for an administrative cost allowance. The maximum allowed administrative cost for CPD and HOSS-D services is fifteen percent (15%) of the combined total of the Personnel and Non-Personnel direct costs.

3. Disallowed Expenses

Applicants' proposed project budgets must not include disallowed expense items for reimbursement or as in-kind match, unless expressly stated under the advertised service. No duplication of expenses or amounts invoiced is allowed. The County is the payer of last resort. The following items are not eligible for funding under the County's guidelines.

a. Costs incurred related to compiling the Applicant's proposal for this grant funding opportunity.
b. Costs that cannot be either directly assigned or directly allocated to the funding request.
c. Costs already paid by a governmental or nongovernmental entity.
d. Capital expenses, defined by Broward County as items valued at $5,000 or more and not consumed by the end of the fiscal year.
e. Non-expendable property expenses, defined by Broward County as durable (e.g., equipment and furniture), lasting for a year or longer with a high dollar value. The Applicant must account for non-expendable property throughout its useful life.
f. Costs to support activities serving individuals or families outside of Broward County.
g. Participant training, unless specifically indicated in the solicitation service description.
h. Staff training for licensing and / or certification, unless specifically indicated in the solicitation service description.

i. Food services, unless specifically indicated in the SSDM.
j. Housing and living expenses, unless specifically indicated in the solicitation service description.
k. Insurance, other than for personnel-related costs for employment, such as Federal Insurance Contributions Act (FICA) or Workers Compensation, which the Applicant should address under Personnel Expenses, Fringe Benefits. Professional Insurance and Property Insurance are examples of ineligible insurance expenses.
l. Entertainment expenses.
m. Audit expenses.
n. Archives, unless specifically indicated in the solicitation service description.
o. General security investigation services, unless specifically indicated in the solicitation service description.
p. Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringements, fines, penalties, and related legal fees.
q. Participant incentives, unless specifically indicated in the SSDM.
r. Lobbying and related expenses.

I. Organizing the Proposal Package

Applicants must submit one proposal package for each proposed service in an electronic format, preferably in PDF or Microsoft Word, and Microsoft Excel (for the budget). Proposal packets include a Proposal Form for the proposed service, related attachments and program documents (with original signatures and / or notarizations, as applicable), proposal responses, and the Budget Spreadsheet. Budgets must be submitted using the budget spreadsheet provided in Excel or PDF formats. Applicants must ensure all submitted documents are complete and legible.

At a minimum, file names must identify Applicants, proposed services, and type of documents. Applicants are asked to use the following naming convention:

- For Proposal Form file: Agency Short Name_Service Name_Proposal_FY27GF.
- For Attachments and Program Documents file: Agency Short Name_Service Name_A-PD_Proposal_FY27GF.
- For Budget Spreadsheet file: Agency Short Name_Service Name_Budget_FY27GF.
- For the Proposal Package email subject line: FY27GF Service Name Proposal Package, Agency Name. If all the files cause the email to be too large, add a dash (-) and the file type (i.e. Proposal, Attachments and Program Documents, Budget) to the email subject line.

If the proposal contains any information deemed confidential, in accordance with Florida Statutes, Chapter 119, Applicants must provide a redacted version of the proposal labeled ***REDACTED***.

Quality Rater Copies: No additional copies are required for Applicants' proposal packets submitted in response to the RFP. Applicants' submitted proposal packets emailed to HSD will be forwarded to the quality raters for review.

Packaging: Applicants must submit one email per proposal package. The total size of the proposal package email **MUST NOT** exceed 50 megabytes. If file sizes are too large for one email, use one email per file, utilizing the naming convention described above. HSD **is not** responsible for proposals it did not receive because Applicants' emails exceeded the size limits.

J. Submitting the Proposal

Submit proposal packets by email to HSDproposals@broward.org by **11:59 P.M., Thursday, April 9, 2026.** County office hours for RFP support are Monday through Friday, 9:00 A.M. to 5:00 P.M. **Late proposals will not be accepted or reviewed for consideration during this RFP process.**

K. Fatal Flaws

In accordance with Broward County Administrative Code, Chapter 23.2.a., Request for Proposals (RFP), completed proposals must be received by the advertised time and date specified in the published notice, unless otherwise provided for in Appendix I, Section I. Any submission received after the stated deadline will not be accepted.

L. Proposal Review Information

Eligible proposals will be reviewed using a uniform set of criteria, including organizational capacity, financial viability, program implementation, compliance with the appropriate SSDM, and proposed program costs.

1. Cure Process

The County will notify Applicants' contacts by email if there are items requiring correction and resubmission. This process is known as a ***cure***. Only items identified as curable in Appendix I, Section I are eligible to be cured. Applicants will be allowed **one (1) business day** from the date of notification to provide the requested cure.

If the quality rating committee recommends proposals for funding, completion of additional documents may be required at the request of the County during the negotiation process. HSD will not recommend funding for Applicants who fail to provide required documents.

2. Administrative Review

If a proposal contains incorrect information, intentional or unintentional, HSD reserves the right, at its sole and absolute discretion, to disqualify that proposal. Notifications during the RFP proposal review and funding process will be made by email to Applicants' contacts identified in proposals and / or though the RFP Website.

HSD is not obligated to award funds for each category and retains the right to reject all proposals, or to accept, modify, reject entirely, or reject portions of a proposal. HSD reserves the right to waive any required element in the service categories. HSD does not have the authority to waive Applicants' failure to submit proposals by the due date and time.

3. Appeals Process

Eligible grievants must use the HSD appeals process described in Broward County Administrative Code ,Section 23.10, available for download on the RFP Website.

Chapter II: HOUSING OPTIONS, SOLUTIONS, AND SUPPORTS DIVISION CURRENT FUNDING OPPORTUNITIES

Documentation of Eligibility

Successful Applicants must verify clients' program eligibility for services prior to the clients receiving services. Successful Applicants must refer to their Broward County agreements and the Handbook for client eligibility guidelines for each service. Successful Applicants or another third party, such as outreach providers or emergency shelter intake workers, must verify client homelessness.

Requirements for HOSS-D's Advertised Services

Successful Applicants must utilize the Homeless Management Information System (HMIS) to enter services provided to clients. Successful Applicants must also participate in the Local Providers and Stakeholders Council, Housing Action Committee, and other Broward County Homeless Continuum of Care (HCoC) meetings, as required.

In addition, awarded Applicants must participate in HSD's Coordinated Entry and Assessment (CEA) system as described in the Handbook Chapter VIII: HOSS-D, E. Coordinated Entry/Assessment, page 49.

Proposals must include staffing structures / levels that will ensure proposed services are delivered in a manner that effectively serves client needs and in accordance with the standards in the Standard and Service Delivery Model (SSDM) for each service described below. If required, proposals must include twenty-four / seven (24 / 7) support or oversight to best serve this vulnerable population. In the event of staffing challenges, Applicants must include contingency plans that ensure operations are not disrupted. Applicants must use an Evidence Based Practice (EBP), Evidence Informed Model (EIM), and / or Promising Practice (PP) that is appropriate. Applicants' case managers must be trained in the proposed EBP, EIM, and / or PP.

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A. Advertised Service: Housing Case Management

1. Statement of Current Funding Opportunity / Program Description

Broward County seeks to fund Housing Case Management (HCM) services. HCM involves obtaining and maintaining permanent housing for individuals and families experiencing homelessness. HCM services develop plans for the evaluation, treatment, and / or care of clients who, because of age, illness, disability, or other difficulties, need assistance in planning and arranging for services which assess the client's needs; coordinate the delivery of needed services; ensure that services are obtained in accordance with the case plan; follow up and monitor progress to ensure that services are having a beneficial impact for the client; and ensure that the housing intervention is appropriate and sustainable. HCM is a collaborative process characterized by communication, advocacy, and resource management to promote high-quality, cost-effective interventions and outcomes. HCM is a client-centered, multi-step process that ensures timely access to and coordination of services that include, but is not limited to, the following processes: intake, assessment of needs, individualized planning, individualized plan implementation, service coordination, monitoring and follow-up, reassessment, case conferencing, crisis intervention, and case closure. HCM will assist with services or activities designed to help individuals or households in locating, obtaining, and retaining permanent housing. Services or activities may include tenant counseling, assisting individuals and households to understand leases, securing utilities, making moving arrangements, representative payee services concerning rent and utilities, and mediation with property owners related to landlord / tenant issues. Locations for the delivery of HCM services may include home, office, and other approved locations convenient for the clients to ensure access to services in the least restrictive environment necessary.

See the Housing Case Management SSDM for a detailed description and requirements for this service.

2. Population of Focus

Individuals or the head of household:

- Are eighteen (18) years of age and older.
- Are residents of Broward County, Florida.
- Are experiencing homelessness under U.S. Department of Housing and Urban Development (HUD) Category 4 - Fleeing / Attempting to Flee Domestic Violence. HUD Category 4 are defined in HSD Provider Handbook for Contracted Service Providers (Handbook), Chapter II: General Information, A. Definitions, 3. HOSS-D Definitions, page 13.

NOTE: The list above describing the population of focus is not exhaustive. See the Housing Case Management SSDM for a complete eligibility list for the population of focus.

Successful Applicants must maintain documentation of client eligibility for homeless services in accordance with 24 CFR 578.103 Recordkeeping Requirements, HEARTH Act Final Rule, 24 CFR 576.500(b) Record Keeping and Reporting Requirements, CPD-16-11 Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in

Permanent Supportive Housing, and CPD-17- 01 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.

3. Collaboration

Collaboration is strongly encouraged. Broward County expects Applicants to coordinate and collaborate with ancillary service providers to ensure participants' needs are met. Proposals must address how Applicants will coordinate participants' care with support services agencies. If there are any activities complementary to the required services outlined in the funding agreement that cannot be adequately offered by the Applicant, successful Applicants are expected to enter Memoranda of Understanding (MOUs), Memoranda of Agreement (MOAs), and Interagency Agreements (IAAs), and submit the agreements to the County, in accordance with the guidelines in the Handbook.

4. Additional Program Documents for this Service

Program Document 1: Gantt Chart.
Program Document 2: MOUs, MOAs, and IAAs, as applicable.
Program Document 3: Resumés and Job Descriptions of funded positions.
Program Document 5: Organizational Chart.
Program Document 6: Flex Fund / Client Incidentals Policies and Procedures.

5. Eligible Billing Components

Required Services	Service / Taxonomy Numbers
Administrative Services	TD-0350
Housing Case Management	PH-1000.5000
Housing Navigation	BH-3900
Client Incidentals	NT-01

NOTES:

- Proposals must incorporate and comply with the standards for the provision of this service identified in the Handbook, including the Housing Case Management SSDM and the Taxonomy Definition and Credentials Table. The description of each billing component is found in the Taxonomy Definition and Credentials Table.

- The number of Providers selected for this service:
  ☐ One (1) Provider. ☒ One (1) or More Providers.

- Proposals must incorporate one or more of the following that have been shown to improve outcomes for the identified population of focus:
  ☒ Evidence Based Practice (EBP). ☒ Evidence Informed Models (EIM).
  ☒ Promising Practice (PP).
  ☐ Best Practice. Applicants must explain in their proposals.

☐ Other. Applicants must explain in their proposals.

- ☒ A Match is required for this service. See Chapter I, H. Budget Requirement, 1 Required Match on page 11.

B. Advertised Service: Permanent Supportive Housing

1. Statement of Current Funding Opportunity / Program Description

Broward County seeks to fund Permanent Supportive Housing (PSH) services. PSH is a housing intervention that offers tenant-based rental assistance and supportive services to individuals and families experiencing homelessness. The PSH program is limited to tenant-based rental assistance in scattered site housing that is not owned by the Applicant. Applicants may only serve individuals and families referred through HSD's CEA system. The program must include rental assistance coupled with supportive services that are appropriate for and tailored to the unique needs and preferences of clients. Services must include housing case management and housing navigation. There are no program-imposed time limits, and Applicants must re-certify client eligibility annually. The rental assistance for each client must be the difference between the full rent and thirty percent (30%) of client's monthly income. Applicants must review continued eligibility and income annually or when the client income increases by one hundred dollars ($100) or more per month. Components of rental assistance include monthly rent, housing application fees, if necessary, security / damage and utility deposits in an amount not to exceed one (1) month rent and paid to the owner of housing.

Applicants must review the Permanent Supportive Housing SSDM for a detailed program description and requirements.

2. Population of Focus - Eligible Population / Clients

Individuals or the head of household:

- Are eighteen (18) years of age and older.
- Are residents of Broward County, Florida.
- Are experiencing homelessness under U.S. Department of Housing and Urban Development (HUD) Category 1 - Literally Homeless or Category 4 - Fleeing / Attempting to Flee Domestic Violence. HUD Category 1 and 4 are defined in HSD Provider Handbook for Contracted Service Providers (Handbook), Chapter II: General Information, A. Definitions, 3. HOSS-D Definitions, page 13.

NOTE: The list above describing the population of focus is not exhaustive. See the Permanent Supportive Housing SSDM for a complete eligibility list for the population of focus.

Successful Applicants must maintain documentation of client eligibility for homeless services in accordance with 24 CFR 578.103 Recordkeeping Requirements, HEARTH Act Final Rule, 24 CFR 576.500(b) Record Keeping and Reporting Requirements, CPD-16-11 Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, and CPD-17- 01 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.

3. Collaboration

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure participants' needs are met. Proposals must address how Applicants will coordinate participants' care with support services agencies. If there are any activities complementary to the required services outlined in the funding agreement that cannot be adequately offered by the Applicant, successful Applicants are expected to enter Memoranda of Understanding (MOUs), Memoranda of Agreement (MOAs), and Interagency Agreements (IAAs), and submit the agreements to the County, in accordance with the guidelines in the Handbook.

4. Additional Program Documents for this Service

Program Document 1: Gantt Chart
Program Document 2: MOUs, MOAs, and IAAs, as applicable.
Program Document 3: Resumés and Job Descriptions of funded positions.
Program Document 5: Organizational Chart.
Program Document 6: Flex Fund / Client Incidentals Policies and Procedures.

5. Eligible Billing Components

Required Services	Service / Taxonomy Numbers
Administrative Services	TD-0350
Client Incidentals	NT–01
Housing Case Management*	PH-1000.5000
Housing Navigation*	BH-3900
Rent Payment Assistance*	BH–3800.7000

NOTES:

- Proposals must incorporate and comply with the standards for the provision of this service identified in the Handbook, including the Permanent Supportive Housing SSDM, Housing Case Management SSDM, and Taxonomy Definition and Credentials Table. The description of each billing component is found in the Taxonomy Definition and Credentials Table.

- The number of Providers selected for this service:
  ☐ One (1) Provider. ☒ One (1) or More Providers.

- *Proposals must incorporate one or more of the following that have been shown to improve outcomes for the identified population of focus:
  ☒ Evidence Based Practice (EBP). ☒ Evidence Informed Models (EIM).
  ☒ Promising Practice (PP).
  ☐ Best Practice. Applicants must explain in their proposals.
  ☐ Other. Applicants must explain in their proposals.

- ☐ A Match is required for this service. See Chapter I, H. Budget Requirement, 1 Required Match on page 11.

C. Advertised Service: Rapid Rehousing

1. Statement of Current Funding Opportunity / Program Description

Broward County seeks to fund Rapid Rehousing (RRH) services. RRH is a housing intervention designed to help individuals and families experiencing homelessness or to divert them from experiencing homelessness through the provision of housing throughout the community. Participating programs may only serve households referred through the HSD CEA system. The primary focus of assessments and assistance should be to resolve the client's current housing crisis with an emphasis on the household's barriers to obtaining and maintaining housing. RRH resources and services must be tailored to the unique needs of the household. The rental assistance model must be graduated for client to obtain self-sufficiency and is established on a case-by-case basis. The initial rental assistance for clients must be the difference between the full rent and thirty percent (30%) of clients monthly income. A graduated subsidy may be income-based or fixed, and the subsidy must decline in "steps" based on either a fixed timeline or when the individual has reached specific goals or until the household assumes full financial responsibility for monthly housing costs. The steps are known and documented in advance and act as deadlines for increasing income contribution towards rent. All clients must be re-certified for eligibility in RRH every three (3) months and documented in client files / HMIS. Rental assistance may not exceed twenty-four (24) months. Components of rental assistance include monthly rent up to 24 months, housing application fees, if necessary, security / damage and utility deposits equal to no more than one (1) month rent and paid to the owner of housing.

Applicants must review the Rapid Rehousing SSDM for a detailed program description and requirements.

2. Population of Focus - Eligible Population / Clients

Individuals or the head of household:

- Are eighteen (18) years of age and older.
- Are residents of Broward County, Florida.
- Are experiencing homelessness under U.S. Department of Housing and Urban Development (HUD) Category 1 - Literally Homeless or Category 4 - Fleeing / Attempting to Flee Domestic Violence. HUD Category 1 and 4 are defined in HSD Provider Handbook for Contracted Service Providers (Handbook), Chapter II: General Information, A. Definitions, 3. HOSS-D Definitions, page 13.

NOTE: The list above describing the population of focus is not exhaustive. See the Rapid Rehousing SSDM for a complete eligibility list for the population of focus.

Successful Applicants must maintain documentation of client eligibility for homeless services in accordance with 24 CFR 578.103 Recordkeeping Requirements, HEARTH Act Final Rule,

24 CFR 576.500(b) Record Keeping and Reporting Requirements, CPD-16-11 Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, and CPD-17- 01 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.

3. Collaboration

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure participants' needs are met. Proposals must address how Applicants will coordinate participants' care with support services agencies. If there are any activities complementary to the required services outlined in the funding agreement that cannot be adequately offered by the Applicant, successful Applicants are expected to enter Memoranda of Understanding (MOUs), Memoranda of Agreement (MOAs), and Interagency Agreements (IAAs), and submit the agreements to the County, in accordance with the guidelines in the Handbook.

4. Additional Program Documents for this Service

Program Document 1: Gantt Chart
Program Document 2: MOUs, MOAs, and IAAs, as applicable.
Program Document 3: Resumés and Job Descriptions of funded positions.
Program Document 5: Organizational Chart.
Program Document 6: Flex Fund / Client Incidentals Policies and Procedures.

5. Eligible Billing Components

Required Services	Service / Taxonomy Numbers
Administrative Services	TD-0350
Client Incidentals	NT–01
Housing Case Management*	PH-1000.5000
Housing Navigation*	BH-3900
Rent Payment Assistance*	BH–3800.7000

NOTES:

- Proposals must incorporate and comply with the standards for the provision of this service identified in the Handbook, including the Rapid Rehousing SSDM, Housing Case Management SSDM, and Taxonomy Definition and Credentials Table. The description of each billing component is found in the Taxonomy Definition and Credentials Table.

- The number of Providers selected for this service:
  ☐ One (1) Provider. ☒ One (1) or More Providers.

- Proposals must incorporate one or more of the following that have been shown to improve outcomes for the identified population of focus:
  ☒ Evidence Based Practice (EBP). ☒ Evidence Informed Models (EIM).

☒ Promising Practice (PP).
☐ Best Practice. Applicants must explain in their proposals.
☐ Other. Applicants must explain in their proposals.

- ☐ A Match is required for this service. See Chapter I, H. Budget Requirement, 1 Required Match on page 11.

D. Advertised Service: Homeless Street Outreach for Individuals

1. Statement of Current Funding Opportunity / Program Description

Broward County seeks to fund Homeless Street Outreach (HSO) services. HSO services involve moving outside of the agency's walls to engage individuals experiencing homelessness who may be disconnected and alienated from services and supports. This program is designed to establish supportive relationships, provide assessments for the most appropriate housing interventions for individuals, and support and enhance access to services and supports to help clients transition to secure placements. Outreach strategies require an understanding of the client's circumstances and needs. Additionally, strategies should address barriers that may prevent individuals from accessing services. Successful Applicant will provide targeted outreach, individual counseling, referral services, and housing navigation to individuals experiencing homelessness in Broward County. Successful Applicant will conduct a comprehensive assessments to identify specific housing and service needs. These assessments will consider health conditions, employment status, and background. Services to be provided must include street-based education and outreach; referral and access to emergency shelter; survival aid; individual assessments to establish housing and service needs; trauma-informed treatment and counseling; prevention and education activities including, but not limited to, alcohol and drug use, sexual exploitation, sexually transmitted infections, including HIV, and physical and sexual assault; crisis intervention to include providing information and referrals and case management to help manage client's housing crisis; and follow-up support. Successful Applicant is expected to offer services county-wide from 7:00 AM to 10:00 PM, Monday through Sunday, including holidays, and year-round. Additionally, Providers will be required to respond to inbound calls to the County's Homeless Helpline (954-563-4357) from 5:00 PM to 7:00 PM, Monday to Friday; 8:00 AM to 7:00 PM, Saturdays and Sunday; and 10:00 AM to 2:00 PM on holidays.

Applicants must review the Homeless Street Outreach SSDM for a detailed program description and requirements.

2. Population of Focus - Eligible Population / Clients

Individuals or the head of household:

- Are eighteen (18) years of age and older.
- Are residents of Broward County, Florida.
- Are experiencing homelessness under U.S. Department of Housing and Urban Development (HUD) Category 1 - Literally Homeless or Category 4 - Fleeing / Attempting to Flee Domestic Violence. HUD Category 1 and 4 are defined in HSD

Provider Handbook for Contracted Service Providers (Handbook), Chapter II: General Information, A. Definitions, 3. HOSS-D Definitions, page 13.

NOTE: The list above describing the population of focus is not exhaustive. See the Homeless Street Outreach SSDM for a complete eligibility list for the population of focus.

Successful Applicants must maintain documentation of client eligibility for homeless services in accordance with 24 CFR 578.103 Recordkeeping Requirements, HEARTH Act Final Rule, 24 CFR 576.500(b) Record Keeping and Reporting Requirements, CPD-16-11 Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, and CPD-17- 01 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.

3. Collaboration

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure participants' needs are met. Proposals must address how Applicants will coordinate participants' care with support services agencies. If there are any activities complementary to the required services outlined in the funding agreement that cannot be adequately offered by the Applicant, successful Applicants are expected to enter Memoranda of Understanding (MOUs), Memoranda of Agreement (MOAs), and Interagency Agreements (IAAs), and submit the agreements to the County, in accordance with the guidelines in the Handbook.

4. Additional Program Documents for this Service

Program Document 1: Gantt Chart
Program Document 2: MOUs, MOAs, and IAAs, as applicable.
Program Document 3: Resumés and Job Descriptions of funded positions.
Program Document 5: Organizational Chart.
Program Document 6: Flex Fund / Client Incidentals Policies and Procedures.

5. Eligible Billing Components

Required Services	Service / Taxonomy Numbers
Administrative	TD-0350
Homeless Street Outreach*	PH-8000
Client Incidentals	NT-01
Housing Case Management*	PH-1000.5000
Housing Navigation	BH-3900
Comprehensive Intake/ Assessment	RP-5000.1400
Individual Counseling	RF-3300
Mental Health Evaluation	RP-5000
Psychosocial Evaluation	RP-5000.6601

NOTES:

- Proposals must incorporate and comply with the standards for the provision of this service identified in the Handbook, including the Homeless Street Outreach SSDM, Housing Case Management SSDM, CPD-HCS Mental Health Services – Outpatient SSDM, and Taxonomy Definition and Credentials Table. The description of each billing component is found in the Taxonomy Definition and Credentials Table.

- The number of Providers selected for this service:
  ☐ One (1) Provider. ☒ One (1) or More Providers.

- Proposals must incorporate one or more of the following that have been shown to improve outcomes for the identified population of focus:
  ☒ Evidence Based Practice (EBP). ☒ Evidence Informed Models (EIM).
  ☒ Promising Practice (PP).
  ☐ Best Practice. Applicants must explain in their proposals.
  ☐ Other. Applicants must explain in their proposals.

- ☐ A Match is required for this service. See Chapter I, H. Budget Requirement, 1 Required Match on page 11.

E. Advertised Service: Homeless Street Outreach – Broward County Transit

1. Statement of Current Funding Opportunity / Program Description

Broward County seeks to fund Homeless Street Outreach – Broward County Transit (HSO-BCT) services. HSO-BCT services involve moving outside the agency's walls to engage individuals and families experiencing homelessness at Broward County Transit terminals, bus stops, and aboard Broward County Transit vehicles who may be disconnected and alienated from services and support. This program is designed to establish supportive relationships, provide assessments for the most appropriate housing intervention, prioritize clients for shelter beds, complete housing packets to expedite permanent housing interventions for clients, and support and enhance access to services and supports to help clients transition to secure placements. Outreach strategies require an understanding of the client's circumstances and needs. Additionally, strategies should address barriers that may prevent clients from accessing services. Successful Applicant will provide targeted outreach, individual counseling, referral services, and housing navigation to clients experiencing homelessness in Broward County. Successful Applicant will conduct a comprehensive assessments to identify specific housing and service needs. These assessments will consider health conditions, employment status, and background. Services to be provided must include street-based education and outreach; referral and access to emergency shelter; survival aid; individual assessments to establish housing and service needs; trauma-informed treatment and counseling; prevention and education activities including, but not limited to, alcohol and drug use, sexual exploitation, sexually transmitted infections, including HIV, and physical and sexual assault; crisis intervention to include providing information and referrals and case management to help manage their housing crisis; and follow-up support.

Applicants must review the Homeless Street Outreach SSDM for detailed program description and requirements.

2. Population of Focus - Eligible Population / Clients

Individuals or the head of household:

- Are eighteen (18) years of age and older.
- Are residents of Broward County, Florida.
- Are experiencing homelessness under U.S. Department of Housing and Urban Development (HUD) Category 1 - Literally Homeless or Category 4 - Fleeing / Attempting to Flee Domestic Violence. HUD Category 1 and 4 are defined in HSD Provider Handbook for Contracted Service Providers (Handbook), Chapter II: General Information, A. Definitions, 3. HOSS-D Definitions, page 13.
- Are frequently located or residing at Broward County Transit terminals, bus stops, or aboard Broward County Transit vehicles.

NOTE: The list above describing the population of focus is not exhaustive. See the Homeless Street Outreach SSDM for a complete eligibility list for the population of focus.

Successful Applicants must maintain documentation of client eligibility for homeless services in accordance with 24 CFR 578.103 Recordkeeping Requirements, HEARTH Act Final Rule, 24 CFR 576.500(b) Record Keeping and Reporting Requirements, CPD-16-11 Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, and CPD-17- 01 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.

3. Collaboration

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure participants' needs are met. Proposals must address how Applicants will coordinate participants' care with support services agencies. If there are any activities complementary to the required services outlined in the funding agreement that cannot be adequately offered by the Applicant, successful Applicants are expected to enter Memoranda of Understanding (MOUs), Memoranda of Agreement (MOAs), and Interagency Agreements (IAAs), and submit the agreements to the County, in accordance with the guidelines in the Handbook.

4. Additional Program Documents for this Service

Program Document 1: Gantt Chart
Program Document 2: MOUs, MOAs, and IAAs, as applicable.
Program Document 3: Resumés and Job Descriptions of funded positions.
Program Document 5: Organizational Chart.
Program Document 6: Flex Fund / Client Incidentals Policies and Procedures.

5. Eligible Billing Components

Required Services	Service / Taxonomy Numbers
Administrative	TD-0350
Homeless Outreach*	PH-8000
Client Incidentals	NT-01
Housing Case Management*	PH-1000.5000
Housing Navigation	BH-3900
Comprehensive Intake/ Assessment	RP-5000.1400
Individual Counseling	RF-3300
Mental Health Evaluation	RP-5000
Psychosocial Evaluation	RP-5000.6601

NOTES:

- Proposals must incorporate and comply with the standards for the provision of this service identified in the Handbook, including the Homeless Street Outreach SSDM, Housing Case Management SSDM, CPD-HCS Mental Health Services – Outpatient SSDM, and Taxonomy Definition and Credentials Table. The description of each billing component is found in the Taxonomy Definition and Credentials Table.

- The number of Providers selected for this service:
  ☐ One (1) Provider. ☒ One (1) or More Providers.

- Proposals must incorporate one or more of the following that have been shown to improve outcomes for the identified population of focus:
  ☒ Evidence Based Practice (EBP). ☒ Evidence Informed Models (EIM).
  ☒ Promising Practice (PP).
  ☐ Best Practice. Applicants must explain in their proposals.
  ☐ Other. Applicants must explain in their proposals.

- ☐ A Match is required for this service. See Chapter I, H. Budget Requirement, 1 Required Match on page 11.

The remainder of this page is intentionally blank.

F. Advertised Service: Homeless Street Outreach – Fort Lauderdale - Hollywood International Airport

1. Statement of Current Funding Opportunity / Program Description

Broward County seeks to fund Homeless Street Outreach – Fort Lauderdale - Hollywood International Airport (HSO-FLL) services. HSO-FLL services involve moving outside the agency's walls to engage individuals and families experiencing homelessness at Fort Lauderdale - Hollywood International Airport who may be disconnected and alienated from services and support. This program is designed to establish supportive relationships, provide assessments for the most appropriate housing intervention, prioritize clients for shelter beds, complete housing packets to expedite permanent housing interventions for clients, and services and supports to help clients transition to secure placements. Outreach strategies require an understanding of the client's circumstances and needs. Additionally, strategies should address barriers that may prevent clients from accessing services. Successful Applicant will provide targeted outreach, individual counseling, referral services, and housing navigation to clients experiencing homelessness in Broward County. Successful Applicant will conduct a comprehensive assessments to identify specific housing and service needs. These assessments will consider health conditions, employment status, and background. Services to be provided must include street-based education and outreach; referral and access to emergency shelter; survival aid; individual assessments to establish housing and service needs; trauma-informed treatment and counseling; prevention and education activities including, but not limited to, alcohol and drug use, sexual exploitation, sexually transmitted infections, including HIV, and physical and sexual assault; crisis intervention to include providing information and referrals and case management to help manage clients housing crisis; and follow-up support.

Applicants must review the Homeless Street Outreach SSDM for detailed program description and requirements.

2. Population of Focus - Eligible Population / Clients

Individuals or the head of household:

- Are eighteen (18) years of age and older.
- Are residents of Broward County, Florida.
- Are experiencing homelessness under U.S. Department of Housing and Urban Development (HUD) Category 1 - Literally Homeless or Category 4 - Fleeing / Attempting to Flee Domestic Violence. HUD Category 1 and 4 are defined in HSD Provider Handbook for Contracted Service Providers (Handbook), Chapter II: General Information, A. Definitions, 3. HOSS-D Definitions, page 13.
- Are frequently located or residing at Fort Lauderdale – Hollywood International Airport.

NOTE: The list above describing the population of focus is not exhaustive. See the Homeless Street Outreach SSDM for a complete eligibility list for the population of focus.

Successful Applicants must maintain documentation of client eligibility for homeless services in accordance with 24 CFR 578.103 Recordkeeping Requirements, HEARTH Act Final Rule,

24 CFR 576.500(b) Record Keeping and Reporting Requirements, CPD-16-11 Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, and CPD-17- 01 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.

3. Collaboration

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure participants' needs are met. Proposals must address how Applicants will coordinate participants' care with support services agencies. If there are any activities complementary to the required services outlined in the funding agreement that cannot be adequately offered by the Applicant, successful Applicants are expected to enter Memoranda of Understanding (MOUs), Memoranda of Agreement (MOAs), and Interagency Agreements (IAAs), and submit the agreements to the County, in accordance with the guidelines in the Handbook.

4. Additional Program Documents for this Service

Program Document 1: Gantt Chart
Program Document 2: MOUs, MOAs, and IAAs, as applicable.
Program Document 3: Resumés and Job Descriptions of funded positions.
Program Document 5: Organizational Chart.
Program Document 6: Flex Fund / Client Incidentals Policies and Procedures.

5. Eligible Billing Components

Required Services	Service / Taxonomy Numbers
Administrative	TD-0350
Homeless Outreach*	PH-8000
Client Incidentals	NT-01
Housing Case Management*	PH-1000.5000
Housing Navigation	BH-3900
Comprehensive Intake/ Assessment	RP-5000.1400
Individual Counseling	RF-3300
Mental Health Evaluation	RP-5000
Psychosocial Evaluation	RP-5000.6601

NOTES:

- Proposals must incorporate and comply with the standards for the provision of this service identified in the Handbook, including the Homeless Street Outreach SSDM, Housing Case Management SSDM, and CPD-HCS Mental Health Services – Outpatient SSDM, and Taxonomy Definition and Credentials Table. The description of each billing component is found in the Taxonomy Definition and Credentials Table.

- The number of Providers selected for this service:
  ☐ One (1) Provider. ☒ One (1) or More Providers.

- Proposals must incorporate one or more of the following that have been shown to improve outcomes for the identified population of focus:
  ☒ Evidence Based Practice (EBP). ☒ Evidence Informed Models (EIM).
  ☒ Promising Practice (PP).
  ☐ Best Practice. Applicants must explain in their proposals.
  ☐ Other. Applicants must explain in their proposals.

- ☐ A Match is required for this service. See Chapter I, H. Budget Requirement, 1 Required Match on page 11.

G. Advertised Service: Transitional Housing / Recovery Residences

1. Statement of Current Funding Opportunity / Program Description

Broward County seeks to fund Transitional Housing / Recovery Residences (TH / RR) services. Th / RR provide services to individuals and families experiencing homelessness by offering a low-barrier, transitional, affordable housing and supportive services program. Successful Applicant must offer case management with services such as life skills training, educational programs, healthcare referrals, and other ancillary services to enhance clients' self-care skills through participation in onsite and community services with the purpose of improving clients' housing stability. All clients must be referred through the HSD CEA system. The facility where TH / RR services are provided must be a licensed, structured rehabilitation-oriented group facility that has twenty-four (24) hours a day, seven (7) days a week supervision. Services must include extensive support and supervision for clients. The program must provide a range of assessment, treatment, rehabilitation, and ancillary services in a therapeutic environment with an emphasis on rehabilitation from severe and persistent mental illness or co-occurring disorder.

Applicants must review the Transitional Housing / Recovery Residences SSDM for detailed program description and requirements.

2. Population of Focus - Eligible Population / Clients

Individuals or the head of household:

- Are eighteen (18) years of age and older.
- Are residents of Broward County, Florida.
- Are experiencing homelessness under U.S. Department of Housing and Urban Development (HUD) Category 1 - Literally Homeless or Category 4 - Fleeing / Attempting to Flee Domestic Violence. HUD Category 1 and 4 are defined in HSD Provider Handbook for Contracted Service Providers (Handbook), Chapter II: General Information, A. Definitions, 3. HOSS-D Definitions, page 13.
- Have severe and persistent mental illness or co-occurring disorder.

- Are mandated through the Seventeenth (17th) Judicial Circuit Community Court program for treatment of the individuals or head of household's persistent mental illness or co-occurring disorder.

NOTE: The list above describing the population of focus is not exhaustive. See the Transitional Housing / Recovery Residences SSDM for a complete eligibility list for the population of focus.

Successful Applicants must maintain documentation of client eligibility for homeless services in accordance with 24 CFR 578.103 Recordkeeping Requirements, HEARTH Act Final Rule, 24 CFR 576.500(b) Record Keeping and Reporting Requirements, CPD-16-11 Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, and CPD-17- 01 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.

3. Collaboration

Collaboration is strongly encouraged. The County expects Applicants to coordinate and collaborate with ancillary service providers to ensure participants' needs are met. Proposals must address how Applicants will coordinate participants' care with support services agencies for case management, housing navigation, and other ancillary service(s).

Applicants must ensure the identified participant case management and supportive service relationships allow for the number of proposed participants to be housed within 90 days after participant / client admission to the program.

If there are any activities complementary to the required services outlined in the funding agreement that cannot be adequately offered by the Applicant, successful Applicants are expected to enter Memoranda of Understanding (MOUs), Memoranda of Agreement (MOAs), and Interagency Agreements (IAAs), and submit the agreements to the County, in accordance with the guidelines in the Handbook.

4. Additional Program Documents for this Service

Program Document 1: Gantt Chart
Program Document 2: MOUs, MOAs, and IAAs, as applicable.
Program Document 3: Resumés and Job Descriptions of funded positions.
Program Document 4: Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service. **License must be in good standing**.
Program Document 5: Organizational Chart.
Program Document 6: Flex Fund / Client Incidentals Policies and Procedures.

The remainder of this page is intentionally blank.

5. Eligible Billing Components

Required Services	Optional Services	Service / Taxonomy Numbers
Administrative Services		TD-0350
Transitional Housing - Recovery Residences*		BH-8600
	Client Incidentals	NT-01

NOTES:

- Proposals must incorporate and comply with the standards for the provision of this service identified in the Handbook, including the Transitional Housing / Recovery Residences SSDM, and Taxonomy Definition and Credentials Table. The description of each billing component is found in the Taxonomy Definition and Credentials Table.

- The number of Providers selected for this service:
  ☐ One (1) Provider. ☒ One (1) or More Providers.

- Proposals must incorporate one or more of the following that have been shown to improve outcomes for the identified population of focus:
  ☒ Evidence Based Practice (EBP). ☒ Evidence Informed Models (EIM).
  ☒ Promising Practice (PP).
  ☐ Best Practice. Applicants must explain in their proposals.
  ☐ Other. Applicants must explain in their proposals.

- ☒ A Match is required for this service. See Chapter I, H. Budget Requirement, 1 Required Match on page 11.

The remainder of this page is intentionally blank.

APPENDIX I – PROPOSAL FORM

Section A. Applicant Information

Provide the following information. Applicants must accurately provide all requested information and understanding the terms and conditions expressed in **Appendix I, Section D, Certification of Proposal Accuracy and Compliance**.

1. Applicant legal name: Click or tap here to enter text.

2. Main administrative address: Click or tap here to enter text.

3. City, State and Zip Code: Click or tap here to enter text.

4. Office telephone number with area code: Click or tap here to enter text.

5. Office email address: Click or tap here to enter text.

6. Office website: Click or tap here to enter text.

7. Name and title of chief executive officer (CEO): Click or tap here to enter text.

8. CEO's office phone number with area code: Click or tap here to enter text.

9. CEO's email address: Click or tap here to enter text.

10. Name and title of chief financial officer (CFO): Click or tap here to enter text.

11. CFO's office phone number with area code: Click or tap here to enter text.

12. CFO's email address: Click or tap here to enter text.

13. Applicant's contact person's name and title (Contact): Click or tap here to enter text.

14. Contact's phone number with area code: Click or tap here to enter text.

15. Contact's mailing address, City, State, Zip Code: Click or tap here to enter text.

16. Contact's email address: Click or tap here to enter text.

17. Applicant's Board of Director (Board) chair's name and affiliation: Click or tap here to enter text.

18. Applicant's Board chair's telephone number with area code: Click or tap here to enter text.

19. Applicant's Board chair's email address: Click or tap here to enter text.

20. Applicant's Board secretary's name and affiliation: Click or tap here to enter text.

21. Applicant's Board secretary's telephone number with area code: Click or tap here to enter text.

22. Applicant's Board secretary's email address: Click or tap here to enter text.

23. Date the Applicant's Board approved the proposal submission: Click or tap here to enter text.

24. Indicate Applicant business type. If Applicant is an LLC without a board of directors, indicate under Other:

❑ Private Non-profit IRS Form 501(c)(3): Click or tap here to enter text.

❑ Public Entity* (specify): Click or tap here to enter text.

❑ For-profit Entity* (specify): Click or tap here to enter text.

❑ Other (specify): Click or tap here to enter text.

25. Applicant understands that services must be provided in Broward County.: ❑ Yes ❑ No ❑ N / A

26. Applicant is registered and listed as "Active" on the Florida Department of State, Division of Corporations at www.sunbiz.org. Only units of government are eligible to check N / A:
❑ Yes ❑ No ❑ N / A

27. Applicant's Employer / Taxpayer Identification Number (EIN / TIN): Click or tap here to enter text.

28. Applicant's Unique Entity Identifier (UEI) or Data Universal Numbering System (DUNS) Number: Click or tap here to enter text.

29. Enter starting month and date of Applicant's Fiscal Year: Click or tap here to enter text.

30. Enter ending month and date of Applicant's Fiscal Year: Click or tap here to enter text.

31. Enter Applicant's total agency budget amount for the current fiscal year.: Click or tap here to enter text.

32. Enter the percentage of the Applicant's total agency budget for the current fiscal year that the request represent.: Click or tap here to enter text.

33. Enter the percentage of the Applicant's proposed program budget for the current fiscal year that the request represent: Click or tap here to enter text.

34. Enter the names of all the Applicant's programs and projects for the current fiscal year: Click or tap here to enter text.

35. Submit a list of the Applicant's major funders ($25,000 and more), the amount they provide, and the agency's program/s their funding support. (Submit as **Attachment F – Major Funders**) : Click or tap here to enter text.

36. Submit copies of Applicant's most recently filed IRS Form 990, 990-EZ, 990-PF, audited financial statements, and / or unaudited statements if audited are not available as **Attachment G - Form 990 / 990EZ / 990PF / Financial Statements** : Click or tap here to enter text.

Section B. Funding Request Summary

Enter the requested information.

1. Funding Category: Click or tap here to enter text.

2. Program Category: Click or tap here to enter text.

3. Service Category: Click or tap here to enter text.

4. Dollar Amount Requested: $ Click or tap here to enter text.

Section C. Litigation, Regulatory Action, Corrective Action, and Utilization Disclosures

Applicants must address each of the areas identified below.

1. If Applicant, its parent company, or its subsidiaries have had a corrective action for a Broward County or other funding agency contract in the past three (3) complete calendar years, identify the action(s) in the space below.

Click or tap here to enter text.

2. If Applicant, its parent company, or its subsidiaries have underutilized funds for a Broward County or other funding agency contract (based on the original award amount) in the past three (3) complete calendar years, identify the contract(s), the related amounts not utilized, and the detailed reasons why the funds were not utilized.

Click or tap here to enter text.

3. If contract (based on the original award amount) with Applicant, its parent company, or its subsidiaries has been involved in litigation or regulatory action in the past three (3) complete calendar years, identify the action in the space below. Actions to be identified include but are not limited to civil judgments for fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of a federal or state antitrust statute; embezzlement, theft, forgery, bribery, falsification, or destruction of records; or false statements or receipt of stolen property, presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated above, investigation and license suspension, or revocation), filed against the Applicant, its parent company, or its subsidiaries, and their board members, executive staff, and other key personnel. The Applicant, its parent company, or its

subsidiaries must not appear on any federal, state or County debarment list. Enter response in the area provided below.

Click or tap here to enter text.

The remainder of this page is intentionally blank.

Section D. Certification of Proposal Accuracy and Compliance

I do hereby certify that I have been duly authorized to act as the representative of the Applicant in connection with the proposal and am authorized to submit the proposal. All facts, figures, and representations made in the proposal are true and correct. Furthermore, the Applicant acknowledges responsibility to comply with all applicable federal and state statutes, terms, conditions, regulations and procedures for program compliance and fiscal control, including but not limited to those contained in the HSD Provider Handbook for Contracted Service Providers (Handbook), the Service Delivery Model(s), the RFP and the Unit of Service Funding Agreement. I certify the funds requested in the proposal will not supplant funds that would otherwise be used for the purposes set forth and are a true estimate of the amount needed to operate the proposed program.

Witness Signatures

_____

Authorized Official's Signature

_____	_____	_____
Print Authorized Official's Name	Witness Signature	Witness Signature
_____	_____	_____
Authorized Official's Title	Print / Type Witness Name	Print / Type Witness Name
_____	_____	_____
Date	Date	Date

Section E. Proposed Population of Focus Information.

The Applicant is responsible for addressing each of the areas identified below. Each of these questions is included in the proposal's quality score. *Responses to Section E questions are worth a total of **40 points.***

1. Describe the proposed population(s) of focus to receive services.

a. Describe the relevant demographic composition of the proposed population of focus to be served.

Click or tap here to enter text.

b. Detail the research or data that supports the need for the service in Broward County.

Click or tap here to enter text.

c. Describe the Applicant's mission and discuss how that mission supports the proposed population of focus and service. Provide a list of all the services Applicant provides and a brief description of these services.

Click or tap here to enter text.

d. If the program is new, indicate the total number of unduplicated participants to be served with the requested funding between October 1, 2026, and September 30, 2027 (Fiscal Year (FY) 2027). If the program is existing, indicate the total number of unduplicated participants currently enrolled in the program and the additional number of participants Applicant will serve with the requested funding in FY 2027.

Click or tap here to enter text.

Break down the unduplicated number of participants by Commission District. (Find Your Commission District; Commission District Download Gallery):

District 1: Click or tap here to enter text. District 2: Click or tap here to enter text.
District 3: Click or tap here to enter text. District 4: Click or tap here to enter text.
District 5: Click or tap here to enter text. District 6: Click or tap here to enter text.
District 7: Click or tap here to enter text. District 8 Click or tap here to enter text.
District 9: Click or tap here to enter text.
Broward Municipal Service Districts (Duplicative): Click or tap here to enter text.

e. Explain the Applicant's staff to participant ratio for the proposed service. Include cost per participant and detail the reasonableness of the ratio and cost.

Click or tap here to enter text.

f. If the requested funding amount is partially allocated, describe how the reduced amount will impact the total number of unduplicated clients proposed. Indicate the percentage of the

requested amount before funding becomes prohibitive for Applicant to provide the proposed services.

Click or tap here to enter text.

g. When available funds are insufficient to meet participant demand, describe Applicant's ability to ensure the continuation of services using other funding resources.

1) How will Applicant prioritize populations, programs, and services?
2) Describe the strategies Applicant will employ to expend Broward County's funds throughout the entire term of the agreement to avoid running out of funds before the agreement terms end.
3) Indicate how the Applicant will expend all the requested funds in compliance with Broward County's allowable use of funds.

Click or tap here to enter text.

h. For all housing services Applicants only: Identify the number of participants anticipated to be housed (Point-in-Time), including presenting problems and / or special conditions using the following charts:

Households *without* Dependent Children
Identify Number of Households: _____

	Total	Severely Mentally Ill	Chronic Substance Use	Veterans	Persons with HIV / AIDS	Victims of Domestic Violence
Adults who are disabled.						
Adults who are not disabled.						
Total Number Adults.						

Households *with* Dependent Children (18 and under)
Identify Number of Households: _____

	Total	Severely Mentally Ill	Chronic Substance Use	Veterans	Persons with HIV / AIDS	Victims of Domestic Violence
Adults who are disabled.						
Adults who are not disabled.						
Children who are disabled.						
Children who are not disabled.						
Total Number in Household.						

Section F. Proposed Service Implementation and Provision.

Responses must be specific. *Responses to Section F questions are worth a total of **65 points**.*

1. Provide a detailed narrative of the proposed program / service(s).

a. Provide a Statement of Need for the proposed service. Discuss why the service is needed and the impact of the service on the proposed population of focus and in improving and / or addressing clients' needs. Supporting citations are to include information source and publication date.

Click or tap here to enter text.

b. Describe the proposed service approach:

1) How will the Applicant implement and follow the standards for the SSDM.

i. **Applicants proposing to provide housing services** must include how the proposed service will assist clients with increasing income and those living independently.
ii. **Applicants proposing to provide housing services** must indicate if the Applicant will provide the service or if another agency will provide the service.
iii. Applicants proposing to provide Client Incidentals must submit **Program Document 6 Applicant's Flex Fund / Client Incidentals Policy and Procedures.**

Click or tap here to enter text.

2) If the Applicant includes discussion of any Evidence Based Practice (EBP), Evidence Informed Models (EIM), Promising Practice (PP), Best Practice, and / or another practice to be used in the service delivery, address model use, training, and mitigating potential fidelity issues.

Click or tap here to enter text.

3) Describe the Applicant's previous experience in serving the proposed population of focus including best practices / lessons learned through experience; demonstrate innovative practices the Applicant has developed in the past or intends to develop and utilize in the future. Indicate if the services are new or existing and the length of time the Applicant has been providing the proposed service.

i. **Applicants proposing to provide housing services** must describe the agency's experience in housing activities, working with individuals experiencing homelessness, service delivery, and HMIS activities.

Click or tap here to enter text.

4) Provide a list of all the locations the proposed services will be provided, a description of the hours of operation for the proposed service at each location, and how these hours will accommodate the proposed population of focus.

Click or tap here to enter text.

5) Provide a detailed process of determining participant eligibility and assessment of participant needs. Address the Applicant's ability to meet the population of focus in their communities. Include the process by which the Applicant verifies participant income, assists with participant application for 3rd party payors, and attempts to prevent participant eligibility lapses.

Click or tap here to enter text.

6) Address how the Applicant demonstrates a coordinated approach to participant's care including initial and ongoing orientation to the current system of care for both funded and non-funded services.

Click or tap here to enter text.

c. Detail how the Applicant proposes to collect, validate, maintain, and secure sensitive participant-level documents and communication. Address issues of reporting participant-level data.

Click or tap here to enter text.

d. Explain how the Applicant intends to address effective engagement to ensure participant linkage to services and retention in care or housing, as applicable to the proposed service. Include reengagement activities for when participants fall out of care / housing. Address how the Applicant initiates discharge / termination procedures for participants and how participants initiate grievances, as applicable to the proposed service. Describe how the Applicant intends to provide follow-up to required program services to participants.

i. **Applicants proposing to provide housing services** must describe how the proposed process conforms with §578.91 HEARTH Act Final Interim Rule.
ii. **Applicants proposing to provide housing services** must describe the Applicant's process for the resolution of clients' grievances and describe how that process conforms with §578.91 HEARTH Act Final Interim Rule. Attach **Program Document 9 Client Grievance and Discharge / Termination Procedures**.

Click or tap here to enter text.

e. Provide an implementation workplan for the proposed program including start and end dates for specific activities affecting service delivery such as staff recruitment, training, certification, Applicant's licensure, applicable accreditation, outreach, marketing, referrals, etc. (Attach **Program Document 1 Gantt Chart**).

i. Discuss how the Applicant will recruit participants.
ii. Indicate if Applicant will recruit participants from the agency's other existing services.
iii. Describe the Applicant's other recruitment strategies.

Click or tap here to enter text.

f. Describe how the Applicant establishes and implements formal links with community providers

that enhance the existing continuum of care and generate efficiencies that increase participant access to needed services.

i. Describe the Applicant's partnership pipelines and how Applicant will effectively utilize these pipelines to recruit clients.
ii. Attach **Program Document 2 Memoranda of Understandings (MOUs), Memoranda of Agreements (MOAs), or Interagency Agreements (IAAs)** that document formal linkages. If awarded, the Applicant will be required to produce current documents prior to contract execution. These documents must be dated within 12 months of RFP close date.

Click or tap here to enter text.

g. If allowable by the advertised service, does the Applicant plan to subcontract any portion of the proposed service? If so, detail the specific roles of the Applicant and the subcontractor.

i. Provide the legal name, address, email, and phone number of the subcontractor.
ii. Explain how Applicant will ensure that the subcontractor is compliant with all the County's requirements and how subcontractor will be held accountable for providing the subcontracted services.

Click or tap here to enter text.

h. Describe the role of current staff / new staff in the direct delivery of the service (Attach **Program Document 3 Resumés and Job Descriptions**).

i. Indicate whether new staff will be hired to provide the proposed service or will current staff roles change to provide the services.
ii. Describe how the Applicant will ensure the services are only delivered by staff who are in compliance with credentialing requirements.
iii. Indicate how the additional funded participants will impact existing and new staff workload.
iv. Describe Applicant's staff retention and succession strategies. Include in the description Applicant's strategies for ensuring seamless transfer of the role of lead proposed program staff to new or existing staff, including the lead staff's knowledge of proposed program agreement requirements, goals, and objectives should the lead staff separate from the agency before the close of the term of the agreement.

Click or tap here to enter text.

Section G. Service Evaluation and Quality Assessment.

1. Provide a detailed narrative addressing the evaluation and quality improvement activities for the proposed service. *Responses to Section G questions are worth a total of **20 points**.*

a. Describe how the Applicant will meet the outcomes and indicators expressed in the SSDM.

Click or tap here to enter text.

b. Describe the Applicant's implementation of a quality management plan and expected service improvements for the proposed population of focus resulting from its implementation.

Click or tap here to enter text.

c. Provide a detailed narrative addressing how the Applicant engages and includes participant voice to improve the quality of the service and ensure positive outcomes throughout the duration of service provision. Include in your response, participants' input in service provisions at the Applicant's leadership level, including the Board of Directors level.

Click or tap here to enter text.

d. Identify how the Applicant will define the success of the program.

Click or tap here to enter text.

Section H. Program Budget Information for All Service Categories.

*Responses to Section H are worth a maximum of **45 points**. Completed Budget Spreadsheet is worth a maximum of **5 points**.*

1. Provide a detailed response for the following budget items.

a. Explain a sustainability plan for the proposed services and the strategy for monitoring and tracking awarded funds. Explain how Applicant will ensure long-term fiscal sustainability.

Click or tap here to enter text.

b. Identify the financial systems, software, and internal controls Applicant uses to track expenses, revenues, and grant funds.

Click or tap here to enter text.

c. Provide a detailed narrative on the Applicant's process to submit accurate, complete, compliant, and timely invoices throughout the term of the award.

Click or tap here to enter text.

d. Provide a detailed narrative on the Applicant's policies and procedures to prevent and / or address invoice processing violations, fraud, and misuse, or abuse of awarded funds by Applicant staff or participants.

Click or tap here to enter text.

2. Describe agency's financial management structure, including responsibility for bookkeeping, accounting, and fiscal oversight. Please include the qualifications and experience of the individual(s) responsible, particularly as it relates to managing public or grant-funded programs.

Click or tap here to enter text.

3. Explain how Applicant manages cash flow and operating reserves. Describe agency's contingency plan in the event that funding is delayed, reduced, or not renewed.

   Click or tap here to enter text.

4. Describe Applicant's approach to meeting, tracking, and documenting required match contributions. Include steps agency will take if it is at risk of not meeting match requirements.

   Click or tap here to enter text.

5. Specify the unit cost per client and provide a detailed breakdown of the calculation methodology.

   i. Does this figure represent the total cost per client for the duration of an agreement, including the initial term and both one-year option periods?
   ii. If not, specify the proposed unit cost for each of the three contract years.

   Click or tap here to enter text.

6. Explain how requested funds align with the proposed service and assess whether the proposed cost per client is reasonable.

   Click or tap here to enter text.

TO COMPLETE THE APPLICANT'S PROPOSED PROGRAM BUDGET, DOWNLOAD THE PROGRAM BUDGET SPREADSHEET FROM THE RFP WEBSITE. The spreadsheet contains pre-set formulas that calculate both subtotals and totals. If additional space for entries and descriptions is necessary, the Applicant may add more rows. **Do not insert any information in the highlighted boxes or delete the highlighted boxes. Additional instructions are available in the Program Budget Spreadsheet under the "Instructions" tab.**

Applicants must ensure that all budget information is included in the spreadsheet and the spreadsheet must be submitted with the proposals electronically.

Applicants must check all calculations in the spreadsheet manually to ensure proposed subtotals and totals are correct. This portion of the budget review is worth **5 points**.

Section I. Organizational Attachments and Program Documents

Applicants must use the checklist below to ensure applicable attachment and program documents are identified and submitted with the proposal in the correct order. Place an ***X*** in the chart below under the ***Item Included*** column to indicate all applicable documents that are submitted with the proposal. Submit the completed checklist with the proposal and insert it before the attachments and program documents.

As indicated in Chapter 1 – RFP Information, Section L – Proposal Review Information of the RFP, if submitted attachments and program documents are incomplete, only items identified as curable will be requested. The Attachments and Program Documents chart below identifies the items that are curable. Only documents submitted with the proposal will be provided for Quality Rater consideration. Applicants

recommended for funding will be required to complete and submit additional documents to the County at the negotiation meeting(s). Review the Handbook for additional information.

Applicant Document Submission Checklist and Cure Availability Information

KEY: NPO=Non-Profit Organization; FPO=For-Profit Organization; Public Entity=Units of Government; All=Each agency type must submit the document.

Attachments and Program Documents	Required for agency type	Curable / Not Curable Item	Item Included
Appendix I: Proposal Form. Applicants must complete the most updated form if there is a change to the initial advertised form. *All Applicants are required to provide.*	All*	Missing questions from most updated form.	
Appendix I: Proposal Form. Application form falls within the page limit requirements. Attachments not included. Pages outside the page limit will be redacted. *All Applicants are required to comply.*	All	NOT CURABLE.	
Appendix I: Proposal Form.	All*	Missing financial documents.	
Appendix I: Proposal Form. Section D, Certification of Proposal Accuracy and Compliance is properly witnessed and signed by Applicant's authorized signer. The date of signature for all signers matches. *All Applicants are required to provide.*	All*	Missing signatures for authorized signer and witnesses and matching dates.	
Attachment A: Agency Assurance Form. Applicant acknowledgment of the County's requirements and policies during the application and contracting process.	All	Missing signatures for authorized signer and witnesses and matching dates.	
Attachment B: Internal Revenue Service (IRS) determinization of 501(c)(3) non-profit status. The letter from the IRS that certifies the organization's exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. **NOTE:** No placeholder included for this item.	NPO	Replacement of a pending notice with final approval notice from IRS.	
Attachment C: **Applicant Board of Directors List.** Include contact information. Not applicable to Public Entities. **NOTE:** No placeholder included.	NPO	NOT CURABLE.	
Attachment E: Sunbiz.org. Submit a printout of the Detail by Entity Name page.	All	Missing printout.	
Attachment F: Applicant's Major Funder. Submit list of agency's major funders ($25,000 and more), the amount they provide, and the agency's program/s their funding support. **NOTE:** No placeholder included.	All	Missing or incomplete document.	
Attachment G: Form 990 / 990EZ / 990PF / Financial Statements (audited with notes or unaudited). Applicant must submit most recently filed IRS Form 990, 990-EZ, 990-PF, audited financial statements, and / or unaudited statements if audited are not available. *All Applicants are required to provide.* **NOTE:** No	All	Missing documents	

Attachments and Program Documents	Required for agency type	Curable / Not Curable Item	Item Included
placeholder included.			
Program Document 1: Gantt Chart. Identify milestones of service implementation and delivery.	All*	NOT CURABLE.	
Program Document 2: Memoranda of Understanding (MOU), Memoranda of Agreements (MOA), and / or Interagency Agreements (IAA). Applicant current MOUs / MOAs / IAAs to provide a proposed, related service with other organizations. The MOUs / MOAs / IAAs outline the responsibilities of collaborations and/or assist with the program by providing a location or services. Must be dated within twelve (12) months of RFP close date. If awarded, Applicant will be required to produce current MOUs / MOAs / IAAs prior to contract execution. **NOTE:** No placeholder included.	All*	NOT CURABLE.	
Program Document 3: Resumés / Job Descriptions for proposed funded staff. Provide resumes and job description(s) for the direct services position(s). Indicate if the position is vacant. **NOTE:** No placeholder included.	All*	NOT CURABLE.	
Program Document 4: Proof of valid, current license from applicable federal, state, or local regulatory agency for proposed service. Only mandatory if a license is required under the advertised Service Category. License must be in good standing. **NOTE:** No placeholder included.	As specified for Service*	NOT CURABLE.	
Program Document 5: Organizational Chart identifying responsibility for program oversight and billing. The direct line chart shows where the program would function within the agency if the requested funds were provided. **NOTE:** No placeholder included.	All*	NOT CURABLE.	
Program Document 6: Applicant's Flex Fund / Client Incidentals Policies and Procedures. Only mandatory if Applicant provides flex funds (NT or NT-01). **NOTE:** No placeholder included.	As specified for Service*	NOT CURABLE.	
Program Document 7: Unit Verification Form. Only mandatory for services identified on the form.	As specified for Service*	NOT CURABLE.	
Program Document 8: Work Samples for Customer Experience and Outcome Assessments. Required for Consultant Applicants only. **NOTE:** No placeholder included.	As specified for Service*	NOT CURABLE.	
Program Document 9: Client Grievance and Discharge / Termination Procedures. in compliance with §578.91 HEARTH Act Final Rule. Only required for Housing Services Applicants. **NOTE:** No placeholder included.	As specified for Service*	NOT CURABLE	

*May impact proposal score if document is not submitted.

The remainder of this page is intentionally blank.

Attachment A: Agency Assurance Form

Enter Applicant's legal name. Review each item below. An authorized representative from the agency must sign, along with two witnesses. The dates entered by each signer must be the same.

Legal name of Applicant: _____

I am an official of the above referenced Applicant authorized to legally bind Applicant and do hereby certify the following items, as identified in the Human Services Department (HSD) Provider Handbook for Contracted Service Providers (Handbook):

1. I have participated in and / or read the information provided in the proposal and understand that failure to be truthful in the proposal may result in the rescinding of a funding award.
2. All persons, companies, or parties interested in the proposal prepared it without collusion with any other persons, companies, or parties submitting a proposal, and in all respects, prepared the proposal in good faith.
3. The Applicant's decisions regarding recruitment, hiring, promotions, releases, and conditions of employment will be made without regard to consideration of race, creed, religion, gender, country of national origin, age, physical or intellectual disability, marital status, or any other factor that cannot lawfully be used as a basis for an employment decision and will not otherwise unlawfully discriminate in violation of the Broward County Code, Chapter 16 ½ - Human Rights, as may be amended from time to time.
4. The Applicant has policies in place that are consistent with Broward County requirements for Equal Employment Opportunity, and the Americans with Disabilities Act.
5. The Applicant understands that the HSD encourages Providers to enter into agreements with other providers to facilitate the coordination, provision and delivery of human services and provide a continuum of care in Broward County. Collaborations should address issues of system coordination and integration. The Applicant is encouraged to demonstrate economies of scale.
6. By responding to the solicitation, the Applicant is required to acknowledge its agreement to do business with Broward County-certified County's Business Enterprises (CBE) and / or Small Business Enterprises (SBE) whenever possible. If recommended for funding, the Applicant will complete and submit to Human Services the Small Business Assurance Statement available in the Handbook prior to award. No CBE / SBE reserves or CBE goals will apply to the RFP. For information on the CBE / SBE Programs and the Broward County Small Business Directory, refer to the Handbook.
7. The Applicant has or will provide proof of Workers' Compensation and Employers' Liability insurance in accordance with the amounts required in the Handbook.
8. The Applicant certifies that the agency, its principals, and owners comply with the Executive Order 13224, and are not on the master list of specially designated nationals and blocked persons maintained by the Treasury Department and the list of Foreign Terrorist Organizations maintained by the U.S. Department of State.
9. The Applicant certifies that the agency, its principals, and owners have not been suspended or debarred from receiving federal and state contracts.
10. The Applicant acknowledges that pursuant to Florida Statutes, Chapter 119, all materials and supporting documentation submitted in response to Broward County Human Service Department solicitations become public records and are the property of Broward County.
11. The Applicant certifies that the agency, its principals, and owners have not been convicted of a "public entity crime" as defined in Florida Statutes, Paragraph 287.133(1)(g), and understands "convicted" or "conviction" as defined in Florida Statutes, Paragraph 287.133(1)(b). The Public Entities Crimes Affidavit will be completed in the event of an award.
12. The following documents are not submitted with the proposal. However, the Applicant acknowledges it must submit the documents to the County at the same location identified for proposal submission within ten (10)

days of the date on its Notice of Funding Recommendation. If the Applicant is not recommended for funding, these documents are not required for submission.

- Audited Financial Statement (most recent complete fiscal year) or past two years of IRS 990 forms (applicable to all).
- Public Entities Crimes Affidavit (applicable to all).
- Scrutinized Companies Certification (applicable to all).
- Companies Non-Suspension and / or Debarment Certification (applicable to all).
- Non-Discrimination Policy Certification (applicable to all).
- Applicant Small Business Assurance Statement (only applicable for proposals to provide services advertised in Chapters II through IV of this RFP).
- License to Operate Agency / Program must be provided within three (3) business days of request (applicable if requested).

13. The Applicant agrees to negotiate, if deemed necessary, with the HSD to refine service levels, procedures, objectives, budget, and any other relevant matter for incorporation into an agreement.

14. The Applicant understands that Broward County will award an agreement that is most advantageous to Broward County, taking all other factors into consideration.

If any of the preceding statements cannot be made, please explain on a separate 8 ½ x 11 sheet of paper and attach to the Agency Assurance Form.

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT TO PROPOSAL:

Witness Signatures

_____
Authorized Official's Signature

_____	_____	_____
Print Authorized Official's Name	Witness Signature	Witness Signature
_____	_____	_____
Authorized Official's Title	Print / Type Witness Name	Print / Type Witness Name
_____	_____	_____
Date	Date	Date

The remainder of this page is intentionally blank.

Program Document 1: Gantt Chart

Provide a timeline identifying the proposed implementation and related milestones for year one if awarded. Insert rows as necessary. Please use an "x" in the columns B through E to indicate the time periods the activity will be accomplished.

A	B	C	D	E
List the individual activity	October 1, 2026, to December 31, 2026	January 1, 2027, to March 31, 2027	April 1, 2027, to June 30, 2027	July 1, 2027, to September 30, 2027

Program Document 7: Unit Verification Form

This is a required Program Document for Applicants in the following categories:

- **Children Services Administration Section (CSAS) - Independent Living Skills and Rental Payment Assistance.**
- **Housing Options, Solutions, and Supports Division (HOSS-D) - Rapid Rehousing (RRH).**
- **Broward Addiction Recovery Divisions (BARC) - Transitional Residential Substance Use Disorder Services.**

If applicable, check appropriate box below. If not applicable, keep this page as a placeholder and check the "None" box below.

☐ None. Program is not applicable.

☐ I verify that no housing units for which any of the requested housing units are intended to be used are owned by _____ (Name of Applicant). **NOTE: This item is NOT applicable to BARC Applicants.**

☐ I verify that all housing units proposed for housing clients consist of vacant units available on the date of notice of the RFP. **NOTE: This item is applicable to both BARC and HOSS-D Applicants.**

☐ I verify that all housing units proposed for housing clients will not displace or make homeless any current resident of said housing units as of the date of notice of the RFP. **NOTE: This item is applicable to both BARC and HOSS-D Applicants.**

As an authorized representative of _____ (Name the Applicant), I recognize that before County can execute a Grant Agreement resulting from this Request for Proposal, this agency must either a) submit documentation sufficient to prove that the leasing funds will not be used to lease property it owns or that is owned by any organization listed in the second sentence of 24 CFR 578.49(a)(1); or b) obtain County approval of a good cause exception to 578.49(a)(1) after the recipient's submission of the documents required by 24 CFR 578.49(a)(2).

_____ _____
Executive Director / CEO signature Date

STATE OF _____
COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority, _____ (Name of individual signing) who, after first being sworn by me, affixed his / her signature in the space provided above on the ___ day of _____, 20___.

_____
NOTARY PUBLIC, State of Florida

My commission expires _____.

APPENDIX II – PROPOSAL RATING TOOLS

Notice to Applicants: These Rating Sheets are attached for Applicants' information and contain the relative values Reviewers and Raters will place on the various parts of all submitted, eligible proposals. HSD reserves the right to make changes, as may be required.

Proposal No.

PROPOSAL RATING SHEET
Applicant name:
Funding category:
Program category:
Service category:
Document/checklist reviewer:
Financial rater (program budget):
Quality Rater:

All individuals participating in the County's proposal review and rating process must be free from a Conflict of Interest, in accordance with Florida Statutes, Section 112.3143. Broward County staff will review for eligibility the submitted proposals, including the completed Proposal Form and the required attachments and program documents. Human Service Department (HSD) Accounting staff and / or Broward County Accounting Division, Office of Management and Budget (OMB), Office of Internal Audit (OIA) staff will complete the reviews of the submitted financial documents. The Quality Rating panel will be comprised of individuals who are knowledgeable in the service area and / or are Subject Matter Experts (SMEs). Broward County staff will also be represented on the Quality Rating panel.

PART I: REQUIRED ATTACHMENTS AND DOCUMENTS CHECKLIST

Reviewer Instructions: Check each proposal for the inclusion of the policies, certifications and documents listed below. If the policy or document is missing signatures or notarization (if required), check "Needs clarification." A "No" response is given when the policy or document is applicable but not attached. If the box under "N / A" is gray, the document is required for all Applicants. Check "N / A" if the document is not required.

If there is a "Needs Clarification" or "No" response to any question, the RFP Coordinator will notify the Applicant in accordance with the policies and procedures described in the solicitation. The Applicant must respond in conformity with Broward County cure policy for the proposal to remain in funding consideration status.

No.	Checklist for Attachments and Program Documents	Yes	Cure Required / Needs Clarification	No	N/A
1.	**Appendix I: Proposal Form.** Applicants must complete the most updated form if there is a change to the initial advertised form. All Applicants are required to provide.				
2.	**Appendix I: Proposal Form.** Application form falls within the page limit requirements. Attachments not included. Pages that fall outside the page limit must be redacted. All Applicants are required to comply.				
3.	**Appendix I: Proposal Form.** Section D: Certification of Proposal Accuracy and Compliance is properly witnessed and signed by Applicant's authorized signer with original signatures. The date of signature for all signers matches. All Applicants are required to provide.				
4.	**Attachment A: Agency Assurance Form** is properly witnessed and signed by Applicant's authorized signer with original signatures. All Applicants are required to provide.				
5.	**Attachment B: Internal Revenue Service (IRS) determinization of 501(c)(3) non-profit status.** Submitted. Not applicable to Public Entities. **NOTE:** No placeholder included.				
6.	**Attachment C: Applicant Board of Directors List** with contact information is submitted. Not applicable to Public Entities. **NOTE:** *No placeholder included.*				
7.	**Attachment E: Sunbiz.org.** Printout of the Applicant's ***Detail by Entity Name*** page submitted.				
8.	**Attachment F: Applicant's Major Funder.** Submitted list of Applicant's major funders ($25,000 and more), the amount they provide, and the agency's program/s their funding support. **NOTE:** *No placeholder included*.				
9.	**Attachment G: Form 990 / 990EZ / 990PF / Financial Statements (audited with notes or unaudited).** Most recent tax form or financial documents submitted. **NOTE:** *No placeholder included.*				
10.	**Program Document 1: Gantt Chart.** Properly completed and submitted.				
11.	**Program Document 2: MOUs / MOAs / IAAs** the Applicant has in place to provide a proposed service(s). Must be dated within 12 months of RFP close date. **NOTE:** No placeholder included.				

12.	**Program Document 3**: **Resumés / Job Descriptions** for proposed funded staff. *All Applicants are required to provide.* ***NOTE:*** *No placeholder included.*				
13.	**Program Document 4**: **Proof of Valid, Current License** from applicable federal, state, or local regulatory agency for proposed service. *Only mandatory if a license is required under the advertised Service Category*. ***NOTE:*** *No placeholder included.*				
14.	**Program Document 5: Organizational Chart** identifying responsibility for program oversight and billing. *All Applicants are required to provide.* ***NOTE:*** *No placeholder included.*				
15.	**Program Document 6:** Applicant's **Flex Fund / Client Incidentals Policy and Procedure** is attached. *Only mandatory if the Applicant applies to provide flex funds (NT or NT-01).* ***NOTE:*** *No placeholder included.*				
16.	**Program Document 7: Unit Verification Form**. *Only mandatory if required under the advertised Service Category.*				
17.	**Program Document 8: Work Samples of Customer Experience and Outcome Assessments.** *Only mandatory if required under the advertised Service Category.* ***NOTE:*** *No placeholder included.*				
18.	**Program Document 9: Client Grievance and Discharge / Termination Procedures** is attached. ***NOTE:*** *No placeholder included.*				

Document/Checklist Reviewer	**Staff Reviewer**
Name (Print):	**Name (Print):**
Signature:	**Signature:**
Date:	**Date:**

PART II: FINANCIAL REVIEW
A. REVIEW of BUDGET SPREADSHEETS

Name of Applicant: _____ **Proposal number:** _____

Item	Review Criteria	Point Value 0	Point Value 1	Notes
Program Budget Summary Requires aggregate dollar amounts in each expense category for which funds are being requested.	The positions identified directly support the proposed service.			
	Justifications and calculations support the cost amounts requested.			
	Budget includes funds from sources other than the County to support the proposed program.			
Unit Cost Budget Identifies services to be provided during the Grant Agreement period.	Non-Personnel Requested Funds, Item Justification / Calculations include no disallowed expenses (reference page 12 of the RFP for funding restrictions).			
In-Kind Budget Narrative Provides a description of each proposed item.	Justifications and calculations support the Applicant's proposed in-kind cost amounts.			
Maximum 5 points available.	**Total Budget Spreadsheet Points:**			

The Program Budget Proposal score is used in the calculation of the Applicant's total score for ranking purposes.

Budget Proposal Rater Name: _____ Staff Reviewer Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Broward County Board of County Commissioners
Human Services Department
Fiscal Year 2027 General Services Request for Proposals

NAME OF APPLICANT: _____
SERVICE: _____
PROPOSAL NUMBER: _____
QUALITY RATER NAME: _____

PART III: QUALITY POINT ANALYSIS OF THE PROPOSAL FORM

Assign point values for each Section based on responses provided in the Applicant's proposal. Each question is worth a maximum of 5 points. Do not exceed the maximum assigned point value identified for the section. Place scores from initial reviews in column Initial Review Score. Place final score under Applicant Interview Final Score.

Item	Questions	Initial Review Score	Applicant Interview Final Score	Notes, Questions, Concerns (Raters must leave feedback for a final score of 2 or below)
SECTION E. QUESTION 1 PROPOSED POPULATION OF FOCUS _____ **Section Worth 40 Points**	1.a Demographics of Applicant's population of focus described.			
	1.b. Research or data provided supports the proposed number of unduplicated participants in Broward County that will meet service eligibility and admittance criteria.			
	1.c. Applicant's mission is identified and supports the proposed population of focus and service. List of services applicant provides with brief description.			
	1.d. If program is new, Applicant provided total number of unduplicated participants to be served with requested funding amount for four quarters. (October 1, 2026 to September 30, 2027 (FY 2027).) if program is existing, Applicant provided total number of current participants and the additional number of participants Applicant will serve with requested funding for FY 2027. Unduplicated number of participants is broken down by Commission District.			
	1.e. Proposed staff to participant ratio for service delivery will address the proposed number of participants. Cost per participant and detail of reasonableness of ratio and cost included.			
	1.f. If funding is partially allocated, Applicant described how reduced amount will impact the total unduplicated clients served, indicating the percentage of allocation that becomes prohibitive for Applicant to provide the service.			
	1.g. Applicant described, if insufficient funds, the continuation of services with other funding resources and its prioritization of populations, programs, and services. Applicant described strategies to expend County funding throughout the entire term of the agreement to avoid running out of funds before the agreement ends. Applicant explained how applicant will expend funds in			

Item	Questions	Initial Review Score	Applicant Interview Final Score	Notes, Questions, Concerns (Raters must leave feedback for a final score of 2 or below)
	compliance with County's allowable use of funds.			
	1.h. **Housing Service Applicants Only:** Applicant completed forms identifying the number of clients that will be served under each category.			
	Subtotal:			
SECTION F. QUESTION 1 PROPOSED SERVICE Includes *Program Document 1* Gantt Chart, *Program Document 2* MOUs, and *Program Documents 3* Resumé(s) / Job Descriptions **Section Worth 65 Points**	1.a. Statement of Need addresses why service is needed and discusses the impact of the services on the proposed population of focus. Citations include information source and date of publication.			
	1.b.1. Applicant's implementation of the SSDM and fidelity to the SSDM standards are clear. Includes how program assists clients with increasing income and assists those living independently and how service partners will provide services if Applicant is only providing housing for Housing Services Applicants. **Program Document 6 Applicant's Client Incidental Policy and Procedures** is included.			
	1.b.2. Narrative includes EBP, EIM, and / or PP to be used in the service delivery. Addresses use, training, and potential fidelity issues.			
	1.b.3. Applicant has experience serving the proposed population of focus, including, for housing services providers, agency's experience in housing activities, working with individuals experiencing homelessness, service delivery, and HMIS activities. Includes best practices, lessons learned and demonstrates past and / or future innovation. Applicant indicated if services are new or existing, and if existing, the length of time Applicant has been providing the services.			
	1.b.4. Applicant provided a list of proposed location(s), description of the hours of operation for the proposed services at each location, and how proposed hours will accommodate the proposed population of focus.			
	1.b.5. Applicant clearly outlines the eligibility process and assessment of participant needs. Applicant addresses its ability to meet participants in the community. Applicant includes its process of income verification, assisting with participant applications to third (3rd) party payors, and prevention of eligibility lapses.			
	1.b.6. Addresses coordination of care and participant orientation to the system of care for funded and non-funded services. Narrative			

Item	Questions	Initial Review Score	Applicant Interview Final Score	Notes, Questions, Concerns (Raters must leave feedback for a final score of 2 or below)
	addresses how proposed service will enhance the existing continuum of care.			
	1.c. Details collection, validation, maintenance, and security of sensitive documents and communication. Addresses issues of reporting participant-level data.			
	1.d. Addresses effective participant engagement regarding participant linkage, retention, and reengagement activities when participants fall out of care. Describes follow-up to required program services. Applicant described how program process, and client grievance and discharge / termination conform to HEARTH Act. Program **Document 9 Client Grievance and Discharge / Termination Procedures** is included.			
	1.e. Proposed implementation plan addresses activities affecting proposed service delivery. Applicant discussed recruitment of participants, including recruiting internally from Applicant's existing services and other recruitment strategies. Detailed information provided on **Program Document 1 Gantt Chart.**			
	1.f. Narrative describes how the Applicant establishes and implements formal linkages with community providers that enhance the existing continuum of care and increase participant access to needed services. Applicant described partnership pipeline and how these pipelines are used to effectively recruit clients. Applicant attached **Program Document 2 MOUs, MOAs, IAAs** document formal linkages and are dated within 12 months of RFP close date or language indicates automatic renewals.			
	1.g. If allowable by advertised service, Applicant described plan to subcontract any portion of proposed service with specific roles detailed. Contact information of subcontractors included. Applicant explained how to ensure subcontractors' compliance with and accountability for County requirements.			
	1.h. Description includes role of current staff and / or new staff in the delivery of service(s) to participants, clarifying if new staff will be hired to provide the services. Applicant described how it will ensure compliance with staff credentialling and impact of program on agency staff workload. Applicant described retention and succession strategies, including how Applicant will ensure seamless transfer of staff knowledge of program requirements. **Program Document 3 Resumés and / or Job Descriptions** for direct service staff meet the minimum requirements in the ***HSD***			

Item	Questions	Initial Review Score	Applicant Interview Final Score	Notes, Questions, Concerns (Raters must leave feedback for a final score of 2 or below)
	Provider Handbook for Contracted Service Providers (Handbook).			
	Subtotal:			
SECTION G. QUESTION 1 SERVICE EVALUATION AND QUALITY ASSESSMENT **_____** **Section Worth 20 Points**	1.a. Narrative addresses how the Applicant will meet the Outcomes and Indicators expressed in the SSDM.			
	1.b. Response addresses how Applicant implements its quality management plan and service improvements for the proposed population.			
	1.c. Applicant describes how it will engage participants and use participant voice throughout the duration of the service to improve the quality of the service.			
	1.d. Applicant identifies how it will define the success of the program.			
	Subtotal:			
SECTION H. BUDGET INFORMATION **_____** **Section Worth 45 Points**	1.a. Applicant explains its sustainability plan and its strategy for monitoring / reporting utilization of funds for the proposed services. Applicant explained how it will ensure long-term sustainability.			
	1.b. Applicant identified the financial systems, software, and internal controls it uses to track expenses, revenues, and grant funds.			
	1.c. Applicant details the process for submitting timely, complete, and accurate invoices throughout the term of the award.			
	1.d. Applicant details its policies and procedures to prevent and / or address invoice processing violations, fraud, misuse, or abuse of awarded funds by its staff or participants.			
	2. Applicant described its financial management structure, including responsibility for bookkeeping, accounting, and fiscal oversight. Applicant included the qualifications and experience of the individual(s) responsible, particularly as it relates to managing public or grant-funded programs.			
	3. Applicant explained how it manages cash flow and operating reserves, including contingency plan in the event that funding is delayed, reduced, or not renewed.			

Item	Questions	Initial Review Score	Applicant Interview Final Score	Notes, Questions, Concerns (Raters must leave feedback for a final score of 2 or below)
	4. Applicant describe its approach to meeting, tracking, and documenting required match contributions, including steps it will take if it is at risk of not meeting match requirements.			
	5. Applicant specified the unit cost per client and provided a detailed breakdown of the calculation methodology. Applicant discussed whether the figure represents the total cost per client for the duration of an agreement, including the initial term and both one-year option periods. Applicant specified the proposed unit cost for each of the three contract years.			
	6. Applicant explained how requested funds align with the proposed service and assessed whether the proposed cost per client is reasonable.			
	Subtotal:			

QUALITY RATING TOTAL FOR HOUSING SECTIONS E TO H: Maximum quality points available = 170 points *Maximum quality + budget points available = 175 points*	

Applicant Name: _____ Proposal Number: _____

Applicant Interview date: _____

Quality Rater Name: _____ Quality Rater Signature: _____

Initial rating date: _____ Applicant Interview date: _____

Quality Assurance/Validation Reviewer Signature: _____

Quality Assurance/Validation Reviewer Signature: _____