**City of Detroit**

Office of Contracting and Procurement (OCP)

on behalf of the

Housing and Revitalization Department (HRD)



2025-2026 Homelessness Solutions ESG and CDBG

Notice of Funding Availability (NOFA)

NOFA #185372

**NOFA Application Section 3:**

**Rapid Rehousing (RRH) Applicants**

|  |
| --- |
| **NOFA #185372**  Release Date: January 21, 2025  Closing Date: February 24, 2025 |

# Application Instructions

## Completing the Application:

**All applicants are required to submit the *25-26 Homelessness Solutions NOFA Application* and relevant Sections, as outlined below. Agencies must complete and upload the applicable Section in full if requesting funding for a program.**

* 25-26 Homelessness Solutions NOFA Application
  + Application Cover Sheet
  + Organizational Experience and Capacity in Addressing Homelessness;
  + Financial Capacity to Manage City of Detroit Grants;
  + Data; and
  + Forms and Attachments Checklist
* Section 1: Street Outreach (if applicable)
* Section 2: Emergency Shelter and Warming Center (if applicable)
* **Section 3: Rapid Rehousing (RRH) (this packet)**
* Section 4: Homelessness Prevention (if applicable)

NOTE: If you are applying for more than one program of the same program type (ex: 2 shelter programs), you will only need to submit the above section once.\*

**Example:** ABCXYZ Inc. is applying for 1 emergency shelter program, 1 warming center program, and 1 homelessness prevention program. They will need to complete and submit the following documents for their application:

* 25-26 Homelessness Solutions NOFA Application
* Section 2: Emergency Center and Warming Center
* Section 4: Homelessness Prevention
* All required forms and attachments

***\*Please note:*** *while only one section is required for multiple programs of the same type responses must highlight any differences in program designs as well as complete a separate Budget (Form 7), Benchmark Calculations Workbook (Form 9), and location specific attachments for* ***each unique program****. See additional information in the Forms and Attachments Checklist.*

# NOFA Application Section 3: Rapid Rehousing (RRH)

*NOFA Application Section 3 is for Rapid Rehousing Applicants ONLY. If you are not applying for Rapid Rehousing, you do NOT need to submit this Section.*

**Rapid Rehousing Applicants:** Please complete the following to confirm whether you are a Renewal Applicant (complete **Part A** below) or a New Applicant (complete **Part B** below).

**Yes,** \_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert program name)* had an active subrecipient agreement \_\_\_\_\_\_\_\_\_\_\_ *(insert contract #(s))* between January 1, 2022 and December 31, 2024.

Complete **Part A: Rapid Rehousing – Renewal Applicants** below.

**No,** this program did not have an active subrecipient agreement between January 1, 2022 and December 31, 2024.

Complete **Part B: Rapid Rehousing – New Applicants** below.

# NOFA Application Section 3: Rapid Rehousing (RRH)

## Part A: Rapid Rehousing – Renewal Applicants

*(40 points possible)*

**SCORING GUIDELINES:** Please limit your response to each question to ***300 words*** or fewer. Failure to do so will result in a reduction in points.

Guidance on how responses will be scored is in *italicized text* below each question. Do not alter or delete this narrative, it is a reference to guide your application.

**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Type:** ☐ Standard RRH ☐ Sheltered Housing Placement

**1A. Fill out the below chart with your projected program capacity in *total units.***

**REMINDER: In years past, this NOFA has asked for the *total households* a program projects to serve for the full contract term. In 2024, this question was updated to align with the CoC application: please provide your capacity in *total units.* Unit utilization expectations will align with CoC requirements: at any given point in time during the contract, the agency should be using at least 90% of units.**

***Sheltered Housing Placement applicants* – please provide projected households served for the full contract term and how you determined this number.**

|  |  |
| --- | --- |
| **Program Overview**  *Fill out the below chart with your projected program type and capacity* | |
| **Household Type(s) Served** | ☐ Singles ☐ Families  ☐ Youth (18-24) ☐ Adults  ☐ This program can serve any household regardless of size, age, or gender |
| **Total units by household type (Standard RRH Only) *or***  **Total households served – full contract term (SHP Only)** |  |
| **Use this space to describe how you determined total units / projected households served** |  |

*Scoring will be based on the following:*

* *Response indicates that the program will provide at least 10 units*
* *Response indicates the program has the flexibility to serve all household types (ie youth, single adults, and families with children, all genders)*
* *Projected unit capacity matches calculations for the rental assistance line in the agency’s budget*
* *Process for determining projected number of units uses previous contract data as a baseline and accounts for maximum caseload ratio of 1:25*

**2A. Describe how your Rapid Rehousing program incorporates peer support specialists\*\*. In your response, describe how peer support specialists are included as part of the service team to enhance services provided to residents. Describe the trainings provided and how peers are supervised.**

**\*\*NOTE:** *“Peer support specialists” are any individuals who have lived experience, usually the same or similar circumstances of those in the program. Peer support staff may or may not have a formal certification****.***

*Scoring will be based on the following:*

* *Response details that program staff include at least one peer support specialist*
* *Response describes the role that peer supports play on service team and how they enhance services provided to residents*
* *Response describes ongoing training provided to peer support staff*
* *Response describes how peer supports are supervised and supported in their role*

**3A. RRH units must pass Housing Quality Standards (HQS) inspection and/or other HUD mandated inspections at the time the participant moves in and at an annual inspection thereafter. Describe how your agency works with landlords to ensure the unit remains up to this standard, complete timely repairs, and how staff pivot if repairs take an extended prior of time to complete. In your response, describe how staff communicate with and support participants during this process.**

*Scoring will be based on the following:*

* *Response outlines the agency’s experience conducting housing inspections to ensure standards are met*
* *Response describes how staff communicate with landlords around necessary repairs*
* *Response describes how and when staff pivot if repairs are not feasible or inhibit participant’s ability to be quickly housed or remain housed*
* *Response describes how staff communicate changes or delays to units with participants and adapt plans based on their needs*

**4A. How does your program assist households who are able/interested in obtaining gainful employment? Discuss the process and the specific services households are connected to. For those with children, include assistance with connection to childcare services. For those unable to work, how do your staff help households connect to social security and Michigan Department of Health and Human Services (MDHHS) benefits?**

*Scoring will be based on the following:*

* *Response describes connecting households with a variety of community resources, including workforce development programs*
* *Response describes specific examples of working with households to overcome barriers to employment, such as accessing childcare, transportation, or obtaining identification documentation*
* *Response describes connecting households with MDHHS cash benefits, non-cash services, childcare assistance and social security disability benefits*
* *Response describes using progressive engagement to involve the household in the process*

**5A. Describe how your program has shifted case management services to focus on successful transition from RRH without a MSHDA Homelessness Preference Housing Choice Voucher. Highlight how your program connects households to other opportunities for subsidized/affordable housing with the goal of household stability and reduced returns to homelessness.**

*Scoring will be based on the following:*

* *Response describes the specific ways case management services have shifted since the MSHDA HCV pause was announced*
* *Response describes how changes to the HCV process are communicated to residents at intake and throughout time in program*
* *Response describes a shift in case management to focus on obtaining income and completing applications for other types of housing subsidies*

**6A. Provide an example of an innovative approach or model used in your RRH program. In your response, detail how this approach or model ensures or will ensure the successful transition of program participants from the program.**

*Scoring will be based on the following:*

* *Response describes a specific and clearly innovative approach or model unique to their RRH program. The approach should go beyond local requirements and HUD regulations*
* *Response clearly outlines the ways this approach helps or will help transition program participants from the program*

**7A. All programs will be scored on 1) grievances and 2) unresolved and repeat HUD and City of Detroit HRD Homelessness Solution’s Division monitoring findings.**

1. **Has your agency and/or RRH program received any substantiated grievances in calendar year 2024? If so, note the number of grievances and describe what action steps have been put in place to address grievances. How are you working to prevent future grievances? In your response, include which staff positions are involved and their responsibilities.**

**If neither your program nor the agency have received any substantiated grievances in 2024, write “N/A”.**

1. **Does your agency or RRH program have any unresolved\* or repeat\*\* City of Detroit HRD Homelessness Solution’s Division or HUD monitoring findings? If so, note the number of unresolved and/or repeat findings and describe what action steps have been put in place to address and resolve them. In your response, include which staff positions are involved and their responsibilities.**

**If your program does not have any unresolved or repeat HRD or HUD monitoring findings, write “N/A”.**

*\*Unresolved findings are findings that are still open at the time of application submission*

*\*\*Repeat findings are findings found in 2024 and at least one year prior*

*Scoring will be based on the following:*

* *Full points will be awarded to programs without any substantiated grievances in 2024, unresolved or repeat monitoring findings*
* *Programs with substantiated grievances describe specific action steps to address grievances at an agency level, steps to prevent future grievances (e.g. implementing staff trainings, policy changes) and name the specific staff involved and their responsibilities*
* *Programs with unresolved or repeat monitoring findings describe, using specific examples, how the program is working to address and resolve findings as quickly as possible and name the specific staff involved and their responsibilities*

**8A. Rapid Rehousing Program Benchmarks**

*(Worth up to 10 points)*

**Please complete the table below. If benchmarks below were not met, how will you ensure that the proposed program will meet the benchmark(s) in the proposed subrecipient year?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rapid Rehousing** | | | |
| **Program Name** |  | | |
| **Performance Measure** | **2024-2025**  **Performance Benchmark** | **2024-2025**  **Program Performance** | **Performance Benchmark Met (Yes/No)** |
| A) % of households who exit to a permanent housing destination | 98% |  |  |
| B) % of households who exit within 180 days of program entry | 30% |  |  |
| C)  Average length of time to housing move-in date from referral date\* | N/A - baseline data to be collected during 2025-26 grant year. | | |
| D) Program utilization rate\* | N/A - baseline data to be collected during 2025-26 grant year. | | |

*\* Performance will not be scored on the 2025-2026 NOFA. Baseline data will be collected during the 2025-2026 performance year to inform future performance target.*

*Renewal applicant scoring will be based on the following:*

* ***Metric A –*** *Performance benchmark was met; data from* ***Form 9*** *matches the CoC APR submitted under* ***Attachment 15***
* ***Metric B*** *– Performance benchmark was met; data from* ***Form 9*** *matches the CoC APR submitted under* ***Attachment 15***
* ***Metric C –*** *Performance will not be scored; baseline data will be captured as part of 25-26 grant year to inform future performance targets.*
* ***Metric D –*** *Performance will not be scored; baseline data will be captured as part of 25-26 grant year to inform future performance targets.*
* ***Programs who did not meet the benchmarks:***
* *Response provides a clear and comprehensive plan for regular monitoring and analysis of data, implementation of best practices and strategies to improve or maintain performance*
* *Response identifies staff who will be responsible for ensuring this process is executed*

# NOFA Application Section 3: Rapid Rehousing (RRH)

## Part B: Rapid Rehousing – New Applicants

*(40 points possible)*

**SCORING GUIDELINES:** Please limit your response to each question to ***300 words*** or fewer. Failure to do so will result in a reduction in points.

Guidance on how responses will be scored is in *italicized text* below each question. Do not alter or delete this narrative, it is a reference to guide your application.

**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Type:** ☐ Standard RRH ☐ Sheltered Housing Placement

**1B. Fill out the below chart with your projected program capacity in *total units.***

**REMINDER: In years past, this NOFA has asked for the *total households* a program projects to serve for the full contract term. In 2024, this question was updated to align with the CoC application: please provide your capacity in *total units.* Unit utilization expectations will align with CoC requirements: at any given point in time during the contract, the agency should be using at least 90% of units.**

***Sheltered Housing Placement applicants* – please provide projected households served for the full contract term and how you determined this number.**

|  |  |
| --- | --- |
| **Program Overview**  *Fill out the below chart with your projected program type and capacity* | |
| **Household Type(s) Served** | ☐ Singles ☐ Families  ☐ Youth (18-24) ☐ Adults  ☐ This program can serve any household regardless of size, age, or gender |
| **Total units by household type (Standard RRH Only) *or***  **Total households served – full contract term (SHP Only)** |  |
| **Use this space to describe how you determined total units / projected households served** |  |

*Scoring will be based on the following:*

* *Response indicates that the program will provide at least 10 units*
* *Response indicates the program has the flexibility to serve all household types (ie youth, single adults, and families with children, all genders)*
* *Projected unit capacity matches calculations for the rental assistance line in the agency’s budget*
* Process for determining projected number of units uses previous contract data as a baseline and accounts for maximum caseload ratio of 1:25

**2B. Describe how your Rapid Rehousing program will incorporate peer support specialists\*\*. In your response, describe how peer support specialists will be included as part of the service team to enhance services provided to residents. Describe the trainings provided and how peers will be supervised.**

**\*\*NOTE:** *“Peer support specialists” are any individuals who have lived experience, usually the same or similar circumstances of those in the program. Peer support staff may or may not have a formal certification****.***

*Scoring will be based on the following:*

* *Response details that program staff will include at least one peer support specialist*
* *Response describes the role that peer supports will play on service team and how they will enhance services provided to residents*
* *Response describes ongoing training provided to peer support staff*
* *Response describes how peer supports will be supervised and supported in their role*

**3B. RRH units must pass Housing Quality Standards (HQS) inspection and/or other HUD mandated inspections at the time the participant moves in and at an annual inspection thereafter.**

***If your agency operates other housing programs:* Describe how your agency works with landlords to ensure the unit remains up to required standards, complete timely repairs, and how staff pivot if repairs take an extended prior of time to complete. In your response, describe how staff communicate with and support participants during this process.**

***If your agency does not operate other housing programs:* Describe how you will ensure staff are trained on these standards, including if inspections will be done internally or through a contractor. What techniques will you use with landlords that are hesitant or slow to make repairs to ensure the households remains successfully housed.**

*Scoring will be based on the following:*

***Applicants with experience operating other housing programs:***

* *Response outlines the agency’s experience conducting housing inspections to ensure standards are met*
* *Response describes how staff communicate with landlords around necessary repairs*
* *Response describes how and when staff pivot if repairs are not feasible or inhibit a participants ability to be quickly housed or remain housed*
* *Response describes how staff communicate changes or delays to units with participants and adapt plans based on their needs*

***Applicants without experience providing housing:***

* *Response describes how staff will be trained on ESG housing requirements, including providing all trainings in the* [*Homelessness Solutions Manual*](https://detroitmi.gov/sites/detroitmi.localhost/files/2025-01/City%20of%20Detroit%20Homelessness%20Solutions%20Policies%20and%20Procedures%20Manual_January%202025.pdf) *and HUD-provided materials*
* *Response notes whether inspections will be completed internally or through a contractor*
* *Response describes specific techniques for working with landlords to make necessary repairs*

**4B. How will your program assist households who are able/interested in obtaining gainful employment? For those with children, include assistance with connection to childcare services. For those unable to work, how do your staff help households connect to social security and Michigan Department of Health and Human Services (MDHHS) benefits?**

*Scoring will be based on the following:*

* *Response describes agency’s experience connecting households with a variety of community resources, including workforce development programs*
* *Response describes specific examples of how the program will work to connect to services and supports such as cash and non-cash benefits, childcare assistance, etc.*

**5B. Provide an example of an innovative approach or model used in your agency’s programming that involves housing individuals experiencing homelessness. In your response, detail how this approach or model ensures or will ensure the success of program participants.**

*Scoring will be based on the following:*

* *Response describes a specific and clearly innovative approach or model unique to their program*
* *Response clearly outlines the ways this approach or model ensures the success of program participants*

**6B.** **Describe how the agency will ramp up this project. In your response, describe how the agency will plan for project staffing needs and program development (such as development of policies and procedures, becoming oriented to CAM and HMIS, etc). Describe how the agency will ensure that the project will be ready to enroll the first participants within the first 90 days of the contract start date.**

**In addition to narrative response, fill out the below chart with projected dates of completion.**

|  |  |
| --- | --- |
|  | ***Projected Date (Jan 1 contract start)*** |
| New project staff hired, or existing staff assigned to this project |  |
| Development of internal policies and procedure (if needed) |  |
| Initial staff training completed so that referrals may begin |  |
| HMIS training completed and licenses obtained |  |
| Initial CAM referrals requested |  |
| Participant enrollment and supportive services begin |  |
| Participants begin to occupy units |  |
| Units or service provision at 100% capacity |  |

*Scoring will be based on the following:*

* *Chart completed in its entirety; dates provided indicate that all tasks will be completed within 90 days of contract start (03/31/2026)*
* *Response provides a phase-by-phase overview of the ramp up plan*
* *Ramp up plan details processes and key milestones of the program such as procedural guidance and operating standards; compliance management with HUD regulations and HMIS data standards; employee on-boarding and training; service delivery and performance monitoring*

**7B. All programs will be scored on 1) grievances and 2) unresolved and repeat HUD and City of Detroit HRD Homelessness Solution’s Division monitoring findings.**

1. **Has your agency and/or RRH program received any substantiated grievances in calendar year 2024? If so, note the number of grievances and describe what action steps have been put in place to address grievances. How are you working to prevent future grievances? In your response, include which staff positions are involved and their responsibilities.**

**If neither your program nor the agency have received any substantiated grievances in 2024, write “N/A”.**

1. **Does your agency or RRH program have any unresolved\* or repeat\*\* City of Detroit HRD Homelessness Solution’s Division or HUD monitoring findings? If so, note the number of unresolved and/or repeat findings and describe what action steps have been put in place to address and resolve them. In your response, include which staff positions are involved and their responsibilities.**

**If your program does not have any unresolved or repeat HRD or HUD monitoring findings, write “N/A”.**

*\*Unresolved findings are findings that are still open at the time of application submission*

*\*\*Repeat findings are findings found in 2024 and at least one year prior*

*Scoring will be based on the following:*

* *Full points will be awarded to programs without any substantiated grievances in 2024, unresolved or repeat monitoring findings*
* *Programs with substantiated grievances describe specific action steps to address grievances at an agency level, steps to prevent future grievances (e.g. implementing staff trainings, policy changes) and name the specific staff involved and their responsibilities*
* *Programs with unresolved or repeat monitoring findings describe, using specific examples, how the program is working to address and resolve findings as quickly as possible and name the specific staff involved and their responsibilities*

**8B. Rapid Rehousing Program Benchmarks**

*(Worth up to 10 points)*

**How will you ensure that the proposed program will meet the Rapid Rehousing Performance Benchmark(s) in 2025-2026, as outlined in the NOFA Informational Packet? Detail how you will monitor and track performance.**

*Scoring will be based on the following:*

* *Response provides clear and comprehensive plan for regular monitoring and analysis of data, implementation of best practices and strategies to improve or maintain performance*
* *Response identifies staff who will be responsible for ensuring this process is executed*