**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**

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

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# Application Instructions

## NOFA Information

Information regarding funding eligibility, program types, and City contracting can be found in the ***25-26*** ***NOFA Informational Packet***. Please review this document prior to responding to this NOFA opportunity.

## Application Requirements

For an application to be accepted, it MUST:

* Meet threshold requirements as outlined
* Include narrative responses for all program components you are seeking funding for
* Include all applicable forms and attachments referenced under the Forms and Attachments Checklist section
* Upload the completed Application Packet, applicable Sections, and all attachments in Oracle by submission deadline of **February 24, 2025**, by 1:00pm.

|  |
| --- |
| **Important:** The City requires only **ONE APPLICATION PER ORGANIZATION**. You must fill out this packet’s narrative questions for the entire organization **as well as** the program component sections for each program you are seeking funding for. |

## New and Renewal Applications

Applicants with an active subrecipient agreement awarded under the City of Detroit Homelessness Solutions NOFA and had an agreement valid between ***January 1, 2022 - December 31, 2024*** are considered a **Renewal Applicant.**

Applicants that have not had a subrecipient agreement awarded under the City of Detroit Homelessness Solutions NOFA OR had a subrecipient agreement prior to ***January 1, 2022,*** are considered a **New Applicant.**

## Submission Method

Agencies must submit their application through Oracle. To register through Oracle, please go [here](https://ebkk.fa.us8.oraclecloud.com/fscmUI/redwood/supplier-registration/register-supplier/register-supplier-verification). A tutorial on this process can be found [here](https://detroitmigov.app.box.com/s/01lnt7wqlqt332akp2bfefmya9nzerl8). Additional instructions for Oracle can be found on the [City’s website](https://detroitmi.gov/departments/office-chief-financial-officer/ocfo-divisions/office-contracting-and-procurement). **Please note that you must use a Firefox or Chrome web browser; the Supplier Portal does NOT work well with Internet Explorer.**

## Timeline

Please be aware of the following important dates associated with this NOFA:

|  |  |
| --- | --- |
| **Date & Time** | **Description** |
| **January 21, 2025** | NOFA opens in Oracle |
| **January 27, 2025, 1:00pm** | NOFA Pre-Bid Webinar- [Registration Link](https://events.gcc.teams.microsoft.com/event/8f29553f-0a9c-481b-a347-0e3a0eedbc81@e154a760-1d2d-4ef6-8fd3-ebc8b4ef31fd)  **Attendance is mandatory for all applicants** |
| **February 10, 2025, 1:00pm** | NOFA Question and Answer Webinar- [Registration Link](https://events.gcc.teams.microsoft.com/event/be74e607-5b3b-4e5c-8756-0862513dcfbc@e154a760-1d2d-4ef6-8fd3-ebc8b4ef31fd) |
| **February 17, 2025, 11:00am** | Questions close in Oracle |
| **February 24, 2025, 1:00pm** | **NOFA closes in Oracle** |

The Applications must be uploaded into the [Oracle system](https://ebkk.login.us8.oraclecloud.com/) and time stamped no later than **1:00pm on February 24, 2025.** Applicants are strongly encouraged to submit applications before the deadline to allow time for resolving any technical difficulties. **Late submissions will not be accepted.**  **Mailed, faxed**, **or emailed copies of the application will not be accepted.**

## Completeness

**The City will not contact organizations for missing information.** All applications meeting threshold requirements will be reviewed and scored “as is.” Missing and/or incomplete information will negatively impact the overall application score and/ or result in total disqualification of an application. **Organizations are encouraged to begin uploading all required documents prior to the deadline to ensure adequate time to address any technical challenges.**

Any questions regarding application content or process must be submitted via the [Oracle system](https://ebkk.login.us8.oraclecloud.com/). Prior to submitting questions in oracle, please review the 2025-2026 Homelessness Solutions NOFA FAQ posted in the Oracle system. The City will provide technical assistance workshops upon release of the application. All questions must be submitted in Oracle by February 17, 2025 at 11:00am.

## Procurement and Non-Discrimination Notice

The City Office of Contracting and Procurement solicitation meets 2 CFR 200 standards for procurement by competitive applications. The City does not discriminate on the basis of race, color, religious beliefs, national origin, age, marital status, disability, public benefit status, sex, sexual orientation, or gender identity or expression. Complaints may be filed with the Civil Rights, Inclusion, & Opportunity Department (313-224-4950, crio@detroitmi.gov)

## Grievance, Appeals, and Termination Procedures

The Detroit City Council/Housing and Revitalization Department (HRD) Homelessness Solutions appeal hearing will serve as a formal opportunity for applicants not recommended for funding to appeal the funding recommendation made to City Council. All applicants who applied for funding will receive notification of the date, time, and location for the Appeals Hearing. **Appeals may only be made by those organizations that were not recommended for funding.** Appeals are to be made in writing using the form that will be provided when funding recommendations are announced. Organizations are asked to retain a copy of the form for your records. Final decisions will not be made on the day of the appeal, but they will be addressed during the City Council's subsequent deliberations. Any applicant making an appeal after The Hearing of Appeals or desiring to appeal the subsequent decisions of the City Council may make such an appeal in writing through the Office of the City Clerk utilizing the normal petition process.

The City may terminate awards or subrecipient agreements at any time if subrecipients violate program requirements as outlined in this NOFA, the City’s policies, and/or the subrecipient agreement. The termination will follow due process to protect subrecipients’ rights based on the City’s Grievance and/or written policies, subject to the department director’s approval.

# Threshold Requirements

**All applications must meet the following basic eligibility requirements to be accepted and considered for funding.**  Before completing your application, review the ***25-26*** ***NOFA Informational Packet*** for further detail on each program component, funding availability, and other eligibility requirements. Refer to the Forms and Attachments Checklist for more information on the threshold requirements.

**Important:** If you had an active City of Detroit Homelessness Solutions division subrecipient agreement at any time between ***January 1, 2022- December 31, 2024,*** you are considered a **Renewal Applicant.**  If you have not had a contract with City of Detroit Homelessness Solutions division OR had a subrecipient agreement prior to ***January 1, 2022,*** you are considered a **New Applicant.**

1. Submit a completed application by **February 24, 2025, at 1:00pm** in Oracle. Your application’s timestamp will be reviewed once submitted in Oracle to verify timely submission.
2. Attend the **NOFA Pre-Bid Webinar** held on **January 27, 2025, at 1:00pm**. Registration information can be found in ***Informational Packet*** or by clicking the [link here](https://events.gcc.teams.microsoft.com/event/8f29553f-0a9c-481b-a347-0e3a0eedbc81@e154a760-1d2d-4ef6-8fd3-ebc8b4ef31fd). **Note:** HRD will track attendance through Microsoft Teams. Organizations must be present within 15 minutes of the start time and stay the duration of the webinar.
3. Document at least one **person with lived experience of homelessness** **is on the applicant agency’s Board of Directors** or agree to comply if awarded funds. This person must be clearly marked on the Board of Directors Roster, evidenced as **Attachment 1** or if unable to disclose the person’s name, you may submit a verification letter.
4. Applicants must have adequate funds available for timely payments to landlords, utility companies, and other third-party vendors. The City requires that all applicants seeking Homelessness Solutions funding to certify that they have cash on hand to cover three (3) months of working capital. Submit **Form 1** as proof of this financial capacity.
5. Agency must have an active **System for Award Management (SAM) registration** and be in good standing. Submit current SAM registration as **Attachment 2**.
6. Agreement to adhere to HUD and City of Detroit sub-recipient terms, conditions, and regulations. Submit **Form 2, Certifications and Assurances**, to verify compliance.
7. Must be a non-profit, 501(c)(3), under state and local law with a current tax exemption ruling from the IRS, voluntary board of directors, with no part of its earnings inuring to its members, founders or an individual, as verified by the IRS.
   1. Must show proof of 501(c)(3) status by uploading letter from the IRS as **Attachment 4.**
   2. Submit an affidavit stating the agency is in good standing with the IRS and has maintained their 501(c)3 status as **Form 3.**
8. Emergency shelters and warming centers must apply for a minimum of 20 beds in order to be considered for funding.
9. **For new applicants only:** Applicant has at least two (2) years of experience operating social service programs with public and/or private funding through a submission of award letter(s) as **Attachment 5**.

# Application Scoring

Applications must meet the threshold requirements outlined on the previous pages in order to be scored.

**A competitive application will reflect the scoring criteria outlined below**.

|  |  |
| --- | --- |
| **Application Section** | **Points Possible** |
| **Organization Experience and Capacity in Addressing Homelessness** | 15 |
| **Financial Capacity to Manage City of Detroit Grants** | 20 |
| **Program Budget**  *Note: If you are applying for multiple programs, each budget will be scored separately* | 15 |
| **Data** | 10 |
| **Program Component Narrative & Benchmarks**  **\****Note: If you are applying for multiple programs, each narrative and benchmarks section will be scored separately.*  **Substantiated Grievances and Contract Violations:** *-1 point for each*  **HUD and City of Detroit HRD Monitoring Findings:**   * Unresolved Monitoring Findings: *-1 point for each* * Repeat Findings: *-2 points for each* | 40 |
| **Application Attachments** | -1 for each missing or incomplete attachment  *(max -5 points)* |
| **Total Possible Points** | **100** |

## Funding Recommendations

**All funding decisions are made at the discretion of the City and subject to competition and funding availability.** **Meeting threshold does not guarantee funding.**

Funding recommendations will consider the overall score, with higher scoring applications having the potential to be recommended for higher amounts of funding. When determining funding, the following factors are taken into consideration: overall application score, funding amount requested, funding amount in previous years (if applicable), and past recaptured funds (if applicable). **Submission of an application does not guarantee funding.**

**Applicants that score a minimum of 80% will be prioritized for funding.** If an applicant scores below 80%, funding will be contingent based on the system need for the available service, such as providing a status quo of shelter beds. These decisions will be made based on availability of funding; applicants will also be required to enter into a monthly performance improvement plan for the duration of the contract.

**New this year:** Awards may result in contracts of up to 2 years. Funding amounts will be dependent on availability of funding.

## Funding Priorities

Funding through this NOFA is limited. If the City receives more applications than available funding, the following priorities will be taken into consideration:

* Maintain the current number of shelter beds available during the 2025 calendar year
* Fund shelter/warming center programs that provide a minimum of 20 beds
* Fund 1-2 Prevention providers, as determined by the final NOFA score
  + Prioritize programs that provide as many eligible activities as possible for prevention allowable under ESG regulations, with the exception of legal services, which is not an eligible activity under this NOFA
  + Expected that no more than $300,000 allocated to this program activity however, this may change based on applications received
* Prioritize Rapid Rehousing providers that can serve all populations (families, single, and youth)
  + Consistent with previous years, may fund one youth specific program dependent upon applications and scoring
  + Expected that no more than $1,000,000 allocated to this program activity, however, this may change based on applications received
* Eligible program types that currently have ESG/CDBG funding for the 2025 calendar year will be prioritized for awards under this NOFA

## Strategic System Improvement Plan Alignment

Funding through this NOFA is intended to align with the vision, goals, and priorities identified in the Strategic System Improvement Plan for Detroit’s Homelessness Response System. This Strategic Plan was carefully developed over a year-long planning process involving the City of Detroit, the Homeless Action Network of Detroit, members of the Detroit Continuum of Care, people with lived experience of homelessness, and other community stakeholders. Rooted in principles of equity and justice and a vision for an effective, comprehensive, and collaborative homelessness response system, the Plan sets forth priorities and strategies to improve service delivery in Detroit’s homelessness system and ultimately enhance life outcomes and housing stability for residents experiencing homelessness.

The City highly encourages respondents to this NOFA to be familiar with the Strategic Plan and demonstrate alignment in your responses, where applicable.

The Plan is available at the link below:

[Strategic System Improvement Plan for Detroit’s Homelessness Response System (2024-2028)](https://detroitmi.gov/sites/detroitmi.localhost/files/2024-08/BPA%200813%20FINAL%20PLAN.pdf)

# Application Instructions

## Completing the Application:

**All applicants are required to submit the *25-26 Homelessness Solutions NOFA Application* (this packet) 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 (this packet)
  + 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) (if applicable)
* 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.*

# Application Cover Sheet

|  |  |
| --- | --- |
| **Agency Information**  ***ALL APPLICANTS:*** *Fill out the table below providing an overview of your Agency* | |
| Applicant Organization Legal Name  *must match UEI #* |  |
| Applicant Mailing Address: |  |
| Unique Entity ID (UEI): |  |
| Federal ID Number: |  |
| Contact Person *responsible for answering questions & receiving notification about this application:* |  |
| Contact Person - Telephone Number: |  |
| Contact Person - Email: |  |
| Agency Website: |  |
| Is this Organization a 501(c) (3)? | ☐ Yes ☐ No |
| Is your organization a faith-based entity? | ☐ Yes ☐ No |
| Number of employees in your agency: |  |
| Number of agency employees that reside in the City of Detroit: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Information**  ***ALL APPLICANTS****: For any applications you are submitting under this NOFA, complete the table below. An example is listed in the first row (you may delete this example and use this row).* | | | |
| **Program Component** | **New or Renewal Project?** | **Population(s) Served** | **Requested Amount** |
| *Ex: RRH* | *Ex: Renewal* | *Ex: Youth* | *Ex: $350,000* |
|  |  |  |  |
|  |  |  |  |

# Organizational Experience and Capacity in Addressing Homelessness

*(15 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. |

1. **Complete the chart below, listing all homeless programs your agency offers and how long they have been operational. If your agency has not operated specific homeless programming, please list all programs targeted to underserved populations. All applicants must attach their most recent Organizational Chart as Attachment 6. *New Applicants* should also provide a brief description of the agency’s mission and vision.**

|  |  |  |
| --- | --- | --- |
| **Current 2025 Programs Only** | | |
| **Project Type** | **Year Started** | **Brief Description, no more than 2 sentences, include annual # served for most recently completed service year** |
| ***Example: Street Outreach Program*** | ***2018*** | ***Provide basic needs and housing navigation to unsheltered households. In 2024 the program served 100 households.*** |
|  |  |  |
|  |  |  |

*Scoring will be based on the following:*

* *Organizational Chart for 2025 is attached and labeled as* ***Attachment 6***
* *Completed the chart below in its entirety*
* *High scores will be awarded to agencies with at least 1 year of experience – from any funding source - providing homelessness programming*
* *New Applicants provide a brief description of the agency’s mission and vision*
* *If New Applicants have not provided programs for people experiencing homelessness, they list other programs that are targeted for underserved populations*

1. **How does your agency implement strategies to ensure equity and justice principles are upheld, such as racial equity, equity for people with disabilities, LGBTQIA+ populations, and survivors of intimate partner violence. Provide at least 2 specific strategies your agency is committed to support: for example, increased education and training specifically about racial equity, a special area reserved for the use of a marginalized group, resident groups, etc.**

*Scoring will be based on the following:*

* *Response describes at least 2 specific strategies to support equity & justice principles that the agency will implement*
* *Response clearly states how these strategies will be carried out during the grant term*
* *Response provides a detailed timeline for implementation, if strategies are not currently in place*
* *Response designates who will organize these strategies to ensure completion, including specific staff titles*

1. **Describe the strategies and practices your agency employs to deepen trust with, and representation of, people with lived experience in guidance and decision-making roles.**

*Scoring will be based on the following:*

* *Response describes how people with lived experience are represented in decision-making roles within the agency (e.g., management-level roles, board of directors)*
* *Response provides specific strategies used to build trust with people with lived experience, including describing barriers to deepening trust and plans to overcome them.*

1. **Outline a process or policy that was revised in 2024 as a result of feedback from a program participant(s). Describe the specific changes that were implemented and explain how the program participant(s) contributed their feedback and collaborated in the development of this change. If your agency does not currently have programs for people experiencing homelessness, please provide an example from a different program.**

*Scoring will be based on the following:*

* *Response describes a SPECIFIC process or policy that was recently updated as a result of feedback or collaboration from program residents (Renewal Applicants) or another program you currently operate (New Applicants)*
* *Response describes how residents were engaged (ex: surveys, focus groups), which staff gathered feedback and how the change was incorporated into the program design*
* *Renewal applicants provided a recent policy change that differs from the example used in last year’s application*

1. **Describe your agency policies that equitably value people with lived experience of homelessness (PWLEH). In your response, provide the specific hiring policies that your agency uses to ensure the unique perspectives of PWLEH are valued in the hiring and compensation processes. Please describe how these criteria have led to the successful employment of PWLEH at your agency.**

*Scoring will be based on the following:*

* *Response clearly states that the agency prioritizes hiring PWLEH for all positions, including both frontline staff AND management positions*
* *Response describes specific methods used to identify and recruit PWLEH for positions, such as job posting methods and locations, staff referrals, etc.*
* *Response indicates that the agency’s employment application process accounts for life experience in place of education*
* *Response describes how agency practices have led to successful hiring of PWLEH*
* *Response describes how agency policies and practices ensure pay equity with consideration to hiring PWLEH.*

1. **Describe how your agency is working to enhance staffing and capacity within your homelessness program(s). Highlight any key strategies that you are employing to add depth, consistency, skills, and knowledge within your programs. New applicants should refer to a comparable social services program as well as highlight how they’ll ensure sufficient staffing and training.**

*Scoring will be based on the following:*

* *Response discusses specific strategies that support recruiting and maintaining qualified staff*
* *Response outlines specific measures or plans agency has to enhance staffing and capacity*
* *Response describes how staff input is gathered and used to address areas of improvement, assess training needs, and inform programmatic changes that will better meet the needs of residents*

# Financial Capacity to Manage City of Detroit Grants

*(20 points possible)*

|  |
| --- |
| **SCORING GUIDELINES:** Agencies scoring will be based on Financial Performance and Financial Capacity and Compliance. 6 points are allocated to Financial Ratio Analysis (refer to Appendix E in ***Part 1: Informational Packet*** for more information) utilizing applicant CPA prepared Financial Statements, Budgets, and/or IRS 990’s. Fourteen points are allocated to Financial Capacity and Compliance utilizing financial monitoring history, resolution of finding history and narratives related to financial management processes.  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. |

1. **Describe the agency’s financial management system that is in alignment with 2 CFR 200. Include in your response: (a) specific accounting system in place and (b) safeguards and internal control policies. Attach your agency’s financial policies and procedures as Attachment 7.**

*Scoring will be based on the following:*

* *Response describes the financial management system per 2 CFR 200.302, and describes how it:*
  + *Produces accurate, current and complete financial records (include accounting system);*
  + *Safeguards and effectively controls funds for authorized purposes;*
  + *Utilizes/status of written accounting policies and procedures*
  + *Financial Management Policies and Procedures are attached as* ***Attachment 7*** *and include page numbers*
  + *Response matches the policies and procedures attached*

1. **List all federal grant awards received and/or expended during the timeframe of 1/1/24-12/31/24. Provide the names and qualifications for financial personnel in place who are or will be overseeing the CDBG/ESG funded operations and administration.**

*Scoring will be based on the following:*

* *Agency include a list of grant awards received and/or expended during the timeframes of 1/1/24-12/31/24*
* *Refers to all grant awards received and/or expended during the timeframe noted (Applicants can indicate “Refer to Schedule of Federal Awards (SEFA), where this list is lengthy and only list housing-related awards)*
* *Lists the qualifications of finance staff in place to oversee CDBG/ESG funded operations and administration.*

1. **Complete the chart below to describe the systems your organization will use to record staff time and activities to ensure accurate billing of eligible activities. Per 2 CFR 200, all staff time billed to a HUD grant must be supported with staff time sheets.**

|  |  |  |
| --- | --- | --- |
| **Recording Staff Time & Activities**  *Per 2 CFR 200, all staff time billed to a HUD grant must be supported with staff time sheets or certifications* | | |
| **Insert name of timekeeping system agency uses:** |  | |
|  | **Y / N** | **Policy Name & Page #** |
| Policies & procedures governing timekeeping are uploaded as **Attachment 8** | ​​☐​ Yes ​☐​ No |  |
| Policies & procedures related to record retention of time keeping documents are uploaded as **Attachment 8** | ​​☐​ Yes ​☐​ No |  |

*Scoring will be based on the following:*

* *Applicant completed the chart in its entirety*
* *Policies and procedures including software and/or process, to track, record, approve and allocate staff time and activities to grant and/or multiple grants are uploaded as* ***Attachment 8***
* *Policies and procedures references use of* [*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/or HUD eligible activity guidance and contract budget to ensure allowability and accuracy of invoices.*
* *Policies and procedures ensure that staff time is not double billed to multiple grants/grantors*

1. **Timely submission of reimbursement packages are required and must be submitted monthly, by the 15th of the following month. Renewal Applicants will be scored on their history of reimbursement packet submission based on HRD records; a narrative response is not required.**

***New Applicants* must describe the process you will put into place to ensure that reimbursement packets are submitted on the 15th of the month following the period when expenses were paid. Provide an example of another grant that requires monthly reconciliation or reimbursement requests.**

*Scoring for* ***Renewal Applicants*** *will be based**on agency submission of reimbursement packages; scores will be based on the following:*

* *A high score will be given to those applicants who submitted packets to HRD by the 15th of the following month at 90% of the year*
* *A medium score will be given to those applicants who did so at least 75% of the year*
* *A low score will be given to those applicants who did so at least 50% of the year*
* *No score (0 points) will be given to those applicants who did so less than 50% of the year*

*Scoring for* ***New Applicants*** *will be based**on the following:*

* *Detail the staffing and procedures that will be put in place to meet the submission deadline each month, including identifying staff responsible for submission.*
* *Provide an example of another grant that requires monthly reconciliation or reimbursement requests*

1. **Single Audit or Prepared Financial Audit- Please fill out the chart below.**

|  |  |
| --- | --- |
| **Single Audit or Prepared Financial Audit**  *Please respond with a check in the appropriate box to answer the questions.* | |
|  | **Y / N** |
| 1. Expended $750,000 or more in federal funds in most recently closed fiscal year | ☐ Yes ☐ No |
| 1. If yes to number 1, included Single Audit as **Attachment 3** | ☐ Yes ☐ No |
| 1. If no to number 1, included CPA-Audited Financials as **Attachment 3** | ☐ Yes ☐ No |

*Scoring will be based on the following:*

* *Single Audit or Prepared Financial Audit uploaded as Attachment 3 and is from Fiscal Year ending in 2023 or later.*
* *Agencies with open findings that relate to fraud, significant waste or misuse of funds will not be considered for grant funding*
* *Agency will receive full points if unmodified opinion (clean audit) for an audit completed within 9 months of the end of the agency’s most recent fiscal year*
* *Agencies that did not expend more than $750,000 must submit CPA audited financials from Fiscal Year ending in 2023 or later*
  + *Non-CPA audited financials will receive* ***zero*** *points.*

1. **Resolution of Findings: Fill out the below chart detailing any audit or audit findings that have arisen in the past three (3) years. For any findings, attach supporting documentation in Attachment 9 to explain and demonstrate resolution of the solution/finding.**

|  |  |
| --- | --- |
| **Resolution of Findings**  *Detail any audit or audit findings that have arisen in the past three (3) years and their subsequent resolution or status* | |
|  | **Y / N** |
| City of Detroit OCFO | ​​☐​ Yes ​☐​ No |
| Unresolved IRS Findings | ​​☐​ Yes ​☐​ No |
| Outstanding Federal or State audit findings, regardless of funding source, or closed audit findings demonstrating significant fraud or misuse of funds | ​​☐​ Yes ​☐​ No |
| For response of “Yes” to any of the above, applicant attached supporting documentation in **Attachment 9** to explain and demonstrate resolution of the solution / finding | ​​☐​ Yes ​☐​ No  ​☐​ N/A |

*Scoring will be based on the following:*

* *Chart completed in full with corresponding attachments*
* *No unresolved findings or clearly demonstrates that a response has been submitted, and agency is awaiting review/resolution from the respective agency*
* *Agencies with open findings that relate to fraud, significant waste or misuse of funds will not be considered for grant funding*
* *Points will be awarded to applicants who do not have any current or prior year audit findings based on the following scale:*
  + *0-2 findings will be awarded 1 point*
  + *3-5 findings will be awarded ½ point*
  + *6 or more findings will not be awarded points*

1. **Grant Funds Expenditure:**

**Renewal Applicants: No narrative is needed for this question as scoring for will be determined by HRD staff based on the most recent 23’24 subrecipient agreement (2024 calendar year) completed billing packets.**

**New Applicants: provide a narrative description of the process by which you will monitor spending to ensure that all awarded funds are expended fully and on eligible activities only. Include staff titles, and the duties for which those staff members will be responsible. Also, include examples of other federal awards that you spent down completely.**

*Scoring for* ***Renewal Applicants*** *will be based on the following expenditure rates:*

* *A high score will be given to those applicants that have expended 100% of their total award by February 1, 2025\**
* *A medium score will be given to those applicants that have expended at least 90% of their total award by February 1, 2025\**
* *A low score will be given to those applicants that have expended at least 80% of their total award by February 1, 2025\**
* *No score will be given to applicants that have expended less than 80% of their total award by February 1, 2025\**

*\*NOTE\* - If an applicant turned in excess funds early, in collaboration with their Program Manager, that amount has already been accounted for and deducted from the “total award”.*

*Scoring for* ***New Applicants*** *will be based on the following:*

* *Fully addresses ongoing communication between grants accounting and program staff and demonstrates a thorough understanding of the program component being applied for.*

*\*Please note that agencies that have never received a federal award can use other philanthropic funds that were completely expended but will receive a lower score.*

1. **Financial Ratio Analysis:** Applicants should review the Financial Ratio Analysis located in the **Informational Packet Appendix E**. This analysis is conducted by the City of Detroit, Office of The Chief Financial Officer, and is worth 6 points. The following attachments are required for the Financial Ratio Analysis:
   1. **For agencies that expend $750,000 or more in federal funds in one year:** Submit Single Audit, previously known as the OMB Circular A-133 audit, as **Attachment 3**. The single audit must be from the end of the fiscal year 2023 or later.
   2. **For agencies that did not expend more than $750,000 in federal funds:** Submit CPA audited financials from **no earlier than Fiscal year 2022-2023** as **Attachment 3**.
   3. Current year organizational budget as **Attachment 11**
   4. Most recent Profit and Loss Statement as **Attachment 12**

*Failure to submit these required documents will result in a loss of points.*

# Data

*(10 points possible)*

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,** agency\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert agency name)* has had ***at least one*** active subrecipient agreement between January 1, 2022 and December 31, 2024.

Complete **Part A: Data – Renewal Applicants** below.

**No,** agency\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert agency name)* has not had any active subrecipient agreement between January 1, 2022 and December 31, 2024.

Complete **Part B: Data – New Applicants** below.

# Data

## Part A: Data – Renewal Applicants

*(10 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. |

**1A. Data Quality and Completeness:**

Provide a CoC APR report generated using HMIS that reflects COMBINED data for all programs your agency is seeking Homelessness Solutions funding through this NOFA from **October 1, 2023, to September 30, 2024**. Attach the report as **Attachment 13**.

**Domestic Violence Providers:** As HMIS data entry is not required for this population, attach a report from a pre-approved comparable database as **Attachment 13.**

*Scoring will be based on the following:*

* *Provide a single CoC APR Report that reflects COMBINED data for all programs seeking HS funding through this NOFA and whose error rates are no greater than 5% for each data quality element. The error rate will be scored based on the CoC APR Report section 6a – Data Quality: Personally Identifiable Information and 6b Data Quality: Universal Data Elements*
* ***DV Renewal Applicants:****Provide a single data report that reflects COMBINED data for all programs seeking HS funding through this NOFA and whose error rates are no greater than 5% for each data quality element.*

**2A. HMIS Participation:**

**No response is needed as your agency will be scored based on HAND attendance records.**

|  |
| --- |
| ***2024 Meeting Dates*** |
| March 5, 2024 |
| *April 16, 2024 (eblast)* |
| May 28, 2024 |
| *July 9, 2024 (eblast)* |
| August 20, 2024 |
| *October 1, 2024 (eblast)* |
| *November 12, 2024 (eblast)* |

*Scoring will be based on the following:*

* *Agency will be scored based on attendance at HMIS Agency Administrator Meetings in 2024:*
* *A high score will be given to applicants who have attended all 3 scheduled meetings*
* *A medium score will be given to applicants who attended 2 out of 3 of the scheduled meetings*
* *No score (0 points) will be given to applicants who attended 1 or less of the scheduled meetings*

**3A. Annual ESG CAPER Report Submission**

**No response is needed as your agency will be scored based on timely submission of the ESG CAPER Report/Comparable Database report (DV shelters only) to HAND.**

*Scoring will be based on the following:*

* *Agency will be scored based on the timely submission of clean data to HAND*
* *Agencies with multiple programs will be scored based on the average of all submissions*
* *A high score will be given to applicants who submitted accurate and timely data; accuracy is determined by SAGE validation confirming your report passed all validations*
* *A medium score will be given to applicants who submitted on time, but the report was rejected due to error messages requiring data corrections*
* *No points will be awarded to applicants who submitted their reports after the designated deadline*

**4A. Point-in-Time Data Requirements:**

**No response is needed as your agency will be scored based on timely submission of the HIC Survey and PIT APR, as well as the alignment of the data provided.**

*Scoring will be based on the following:*

* *Agency will be scored based on the timely submission of the HIC Survey and a clean PIT APR report to HAND as well as the alignment of the data provided.**Agencies with multiple programs will be scored based on the average of all submissions.*
* *A high score will be given to applicants who have submitted accurate and timely data, along with the HIC data reported to HAND aligning with the data provided in the scope on file with the City of Detroit.*
* *A medium score will be given to applicants who submitted on time, but the report either included errors or did not align with data provided in the City of Detroit scope*
* *No points will be awarded to applicants who submitted their reports after the designated deadline, data reported did not align, and/or data submission included errors*

## Part B: Data – New Applicants

*(10 points possible)*

**SCORING GUIDELINES:** Please limit your response to the below questions 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 the question. Do not alter or delete this narrative, it is a reference to guide your application.

**1B. ESG-funded programs have significant data entry and reporting requirements. Describe your agency’s data management plan. In your response, describe the specific procedures your agency will put in place to ensure submission of accurate and timely data.**

*Scoring will be based on the following:*

* *Response outlines timeline for developing or revising internal data policies and procedures to align with program requirements*
* *Response names the specific staff title(s) of those responsible for both submission and monitoring of data submissions*

**2B. How will you ensure staff have completed required HMIS trainings within 90 days of contract start? In your response, include which staff will be designated as the agency administrator for attendance at required HMIS Agency Admin meetings.**

*Scoring will be based on the following:*

* *Response clearly describes how the agency will plan for staffing needs, including timelines for hiring data-specific staff*
* *Response describes how agency will ensure all staff are trained on HMIS requirements*
* *Response notes which staff will be designated as the Agency Administrator*

**3B. Provide a comprehensive overview of the process and procedures your agency will put in place to ensure compliance with annual ESG CAPER and Point-In-Time data reporting requirements.**

*Scoring will be based on the following:*

* *Response details the steps the agency will take to gather, analyze, and submit data*
* *Response includes data quality control measures to ensure accuracy and timeliness, as well as staff title(s) of those who will be responsible for submissions*

# Forms and Attachments Checklist

## Instructions

The checklist below indicates the forms and attachments that must be submitted with the application.  **Failure to upload and / or use the correct naming convention will result in points lost.**

* Indicate Yes (Y) or No (N) in the “***Attached***” Column to demonstrate if a document is attached.
* Each attachment’s file name must be titled with the appropriate number and title (for example – “A1- Board of Directors”). See bolded text under “Document Description” for document number and title.
* Each form and attachment must be uploaded individually (do not submit all attachments in one PDF)
* Narrative Sections 1- 5 must be uploaded in Microsoft Word Format
* Form 7: Application Budget and Narrative must be uploaded in Microsoft Excel Format
* Form 9: Outcome Calculation Workbook must be uploaded in Microsoft Excel Format

## Checklist

|  |  |  |
| --- | --- | --- |
| **Attachment or Form #** | **Document Description** | **Attached?** |
| **All Applicants**  *Note: Attachments and Forms marked with an asterisk\* are required in order for an application to meet threshold. Applications must meet threshold to be considered for funding* | | |
| 25-26 Homelessness Solutions NOFA Application | **25-26 Homelessness Solutions NOFA Application** (this packet) |  |
| Relevant Program Component Sections | * Section 1: Street Outreach * Section 2: Emergency Shelter and Warming Center * Section 3: Rapid Rehousing (RRH) * Section 4: Homelessness Prevention |  |
| Attachment 1\* | **A1: Board Participation of a Person with Lived Experience of Homelessness:** verification of the participation of a board member who is or has experienced homelessness |  |
| Form 1\* | **F1: Cash on Hand Certification** |  |
| Attachment 2\* | **A2: System for Award Management (SAM):** Agency must have an active System for Award Management (SAM) registration and be in good standing. Agencies must show proof of their current SAM registration. If an agency is not able to be fully registered by the application deadline, they may submit proof of the SAM application submission and an affidavit affirming that they are not currently suspended or debarred from receiving federal contracts. Please visit sam.gov for additional information. |  |
| Form 2\* | **F2: Certifications and Assurances** |  |
| Attachment 3 | **A3: Single Audit or Prepared Financial Audit:**    **For organizations that expend $750,000 or more in federal funds in one year:** Attach Single Audit, previously known as the OMB Circular A-133 audit. Single Audit must be from 2023 or later.    **For organizations that expend less than $750,000 in federal funds in one year:** CPA audited financials from Fiscal Year ending in 2023 or later. |  |
| Attachment 4\* | **A4: Must show proof of 501(c)(3) status by uploading letter from the IRS.** |  |
| Form 3\* | **F3: Non-Profit Status Affidavit** stating the agency is in good standing with the IRS and have maintained their 501(c)(3) status |  |
| Form 4 | **F4: Adherence to implementing Equal Access Requirements.** |  |
| Form 5 | **F5: Certifying that agency does not have active blight tickets at any building where services will be provided.** |  |
| Form 6 | **F6: Subrecipient Agreement Requirements** |  |
| **New Applicants Only**  *Note: Applications must meet threshold to be considered for funding. New applicants must submit the documents below in addition to the documents listed above in the “Threshold: All Applicants” section* | | |
| Attachment 5\* | **A5: Proof of Experience:** funding letter(s) showing 2 years of experience operating social service programs with public and/or private funding |  |
| **Organizational Experience and Capacity in Addressing Homelessness** | | |
| Attachment 6 | **A6: Organizational Chart:** current organizational chart that includes key positions and roles |  |
| **Financial Capacity** | | |
| Attachment 7 | **A7:** Attach Financial Management Policies and Procedures |  |
| Attachment 8 | **A8:** Attach Policies & Procedures Governing Timekeeping and Retention of Time Keeping Records |  |
| Attachment 9 | **A9: Resolution of Findings:** Documentation showing status/resolution of any City, HUD and/or IRS findings that have arisen in the past three (3) years; if not applicable mark as “N/A” |  |
| Attachment 10 | **A10: IRS Form 990, use most recent** |  |
| Attachment 11 | **A11: Current year organizational budget** |  |
| Attachment 12 | **A12: Most recent Profit and Loss Statement** |  |
| **Data Section** | | |
| |  |  |  | | --- | --- | --- | | Attachment 13 | **A13: CoC APR** generated from HMIS or pre-approved comparable database for **October 1, 2023 to September 30, 2024**, that reflects COMBINED data for all programs seeking HS funding through this NOFA. If an applicant did not record data in HMIS or a pre-approved comparable database in the timeframe mark as “N/A” |  | | | |
| **Program Components** | | |
| Form 7 | **F7: Application Budget and Narrative:** excel document must be completed for each program/component for which you are applying. If applying for multiple programs under a single component, you must complete a budget for each. A detailed narrative for each line item under eligible activities outlined in this NOFA must be completed. Match and outside funding must be included. **Submit as an Excel document.** |  |
| Attachment 14 | **A14: City of Detroit Inspection Reports (shelters and warming centers only):** Must submit most recent Building and Safety inspection, Fire Inspection, and Detroit Health Department food safety inspection report (only applicable to programs preparing meals for residents). If reports show noncompliance, applicant must provide timeline and narrative on how they will comply within the next 30 days. |  |
| Form 8 | **F8: Emergency Shelter Community Standards Affidavit** |  |
| **Performance** **Benchmark Section** | | |
| Attachment 15 | **A15: CoC APR Report:** used to complete Form 5 for each program seeking funding, date of report must be from **10/1/2023- 9/30/2024** |  |
| Form 9 | **F9: Outcome Calculation Workbook:** with a worksheet completed for **EACH** PROGRAM seeking funding through this NOFA. Must be submitted as an **excel document.** |  |
| **Appeals Only (Do Not Include with Application)** | | |
| Form 10 | **F10: Appeals Form:** Only to be used by organizations not recommended for funding. Additional information regarding appeals will be provided when applicants are notified of funding recommendations |  |