**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 2:**

**Emergency Shelter 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 (this packet)**
* 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.*

# NOFA Application Section 2: Emergency Shelter

*NOFA Application Section 2 is for Emergency Shelter and Warming Center Applicants ONLY. If you are not applying for Emergency Shelter or Warming Centers, you do NOT need to submit this Section.*

**Emergency Shelter & Warming Center 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).

NOTE: Eligible program types that currently have ESG/CDBG funding for the 2025 calendar year will be prioritized for awards under this NOFA.

***Copy and paste the info below*** if your agency is applying for multiple shelter programs.

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

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

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

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

# NOFA Application Section 2: Emergency Shelter

## Part A: Shelter – 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.

Applicants only need to submit Section 2 ONCE, for all emergency shelters and warming centers the agency is applying for.

If shelter programs require ***different responses*** to any of the below questions, please specify that in your response. Word counts for unique responses will be counted separately in order for the applicant to respond fully to the question.

|  |  |
| --- | --- |
| **Shelter Program Overview**  *Copy and paste this table as needed to create a new table for* ***EACH Shelter / Warming Center*** *the applicant is applying for.* | |
| Shelter Name: |  |
| Emergency Shelter or Warming Center: |  |
| Location: |  |
| Congregate or Non-Congregate: |  |
| If congregate, how many households per room: |  |
| Number of beds (not including cribs): |  |
| Population Served: |  |
| New or Renewal Program: |  |
| 1st year of shelter operations for this site (i.e. 2007) |  |

**1A. Households entering shelter must be provided housing focused case management services that are unique to the household’s needs and will help them quickly resolve their homelessness. Describe the strategies and action steps your program uses to reduce the length of time in shelter by connecting households to housing resources. In your response, describe barriers to reducing length of time in shelter and how your program works to overcome them.**

*Scoring will be based on the following:*

* *Response details comprehensive housing-focused strategies, including case management and housing planning practices and outlines specific action steps the agency is taking to reduce length of time in shelter*
* *Response details how case managers use evidence-based practices like progressive engagement to work with residents resistant to case management*
* *Response describes service enhancements the provider has made or is making to better meet people’s needs and improve housing outcomes*
* *Response details coordination with CoC and outside partners, as necessary, to achieve positive housing outcomes*
* *Response describes barriers to reducing the length of time in shelter and how it works to overcome them*

**2A. Describe how your agency ensures that Shelter Community Standards (Appendix F) are implemented within your program(s). In your response, explain how your program aligns with a low-barrier shelter model. Describe how your program reports daily (M-F) bed vacancies to CAM by 9:00am and ensures that all beds are filled through this process.**

**Attach Form 8: Emergency Shelter Community Standards Affidavit.**

*Scoring will be based on the following:*

* *Response describes a detailed account of how the agency is implementing the Community Standards*
* *Response describes a clear ongoing staff training plan with timeframes*
* *Response describes how program policies and procedures align with Community Standards*
* *Response describes policies and procedures that align clearly with low-barrier shelter models, including minimal rules and barriers to program entry and exits, harm-reduction strategies, and other steps taken to minimize involuntary termination and ensure positive housing destinations are being met*
* *Response describes the specific procedures for reporting daily bed vacancies to CAM, including which staff are responsible, and confirms that all beds are filled through this process*
* *Form 8 is uploaded and filled out completely*

**3A. Please outline your agency’s key strategies and approaches to assess and protect resident safety and health within your shelter program(s). Highlight improvements your agency has made to your shelter program facilities and/or operating procedures to promote, assess, and address health and safety issues and/or security concerns.**

*Scoring will be based on the following:*

* *Response describes specific agency strategies to assess and protect resident safety and health, including describing a plan in place to routinely evaluate the overall shelter environment*
* *Response highlights at least 2 clear and specific examples of improvements the agency has made (e.g., security concerns from residents, preventing and mitigating the spread of infectious diseases, safety-related policy reviews and revisions)*

**4A. Describe how your agency handles households that show up for shelter without a CAM referral after standard business hours. In your response, describe how your agency handles situations when your shelter is already at capacity, including highlighting how staff use diversion strategies and provide overflow.**

**In addition, please fill out the below chart regarding your agency’s overflow space in 2024, 2025, and 2026.**

|  |  |
| --- | --- |
| **Overflow Space**  **Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Copy & paste this chart as needed for additional Emergency Shelter / Warming Center programs*** | |
| Did this program offer overflow space in 2024?  *\*if yes, add a brief description of the space in your narrative response below (number of spaces, chairs, costs, floor, etc.)* | * Yes\* * No |
| Does this program offer overflow space in 2025? | * Yes * No |
| Will this program offer overflow space in 2026? | * Yes * No |

***Note: Agencies that offered overflow space in 2024, 2025 and will continue to do so in 2026 will be scored a higher number of points.***

*Scoring will be based on the following:*

* *Response describes procedures, specifically for evening/midnight staff, that include diversion conversations between household and other CoC partners to find a safe solution for the household*
* *Response details that agency has resources to assist with diversion (e.g., bus tickets) included in their budget or provided from another funding source*
* *If agency is offering overflow, response describes the number of spaces and type*
* *High scores will be awarded to agencies that offered overflow space in 2024, 2025 AND will continue to do in 2026, as noted in the chart*

**5A. How does your shelter accommodate households in wheelchairs, those with limited mobility, hard-of-hearing/deaf residents, blind residents, and those with service animals?** **Describe the accommodations offered and how residents can access them.**

*Scoring will be based on the following:*

* *Response describes the agency’s policies and procedures around accepting and accommodating residents with disabilities*
* *Response describes the physical modification of the building to serve residents in wheelchairs or with other mobility issues*
* *Response is in alignment with the Americans with Disabilities Act (ADA)*
* Responses that are inclusive of multiple different forms of assistive technology will score higher

**6A. Describe how your agency works to ensure resident bans are rare occurrences, utilized only in the most extreme situations. Describe how your program staff use or will use de-escalation strategies and trauma-informed approaches in working with program participants to help mitigate and resolve incidents and reduce the likelihood of participants being banned from services.**

***Reminder: shelter bans are limited to no more than 6 months and must be documented in HMIS.***

*Scoring will be based on the following:*

* *Response describes how agency staff utilize de-escalation strategies and trauma-informed approaches to address problematic behaviors*
* *Response outlines how staff are trained in trauma-informed practices and working with individuals exhibiting challenging behaviors*
* *Response describes clear process for how resident ban decisions are made, including which staff roles are authorized to ban individuals from services*

**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 shelter 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 shelter 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. Emergency Shelter Program Benchmarks**

*(Worth up to 10 points)*

**Please complete the table below using the HMIS CoC APR report for dates 10/1/2023- 9/30/2024. Upload HMIS CoC APR as Attachment 15.**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Shelter and Warming Center** | | | |
| **Program Name** |  | | |
| **Performance Measure** | **2023-2024**  **Performance Benchmark** | **2023-2024**  **Program Performance\*** | **Performance Benchmark Met (Yes/No)** |
| A) Shelter utilization rate | 90% |  |  |
| B) % of households who exit to a permanent housing destination    *Note: Please complete the columns based on applicable shelter type for your program.* | Families  73% |  |  |
| Single Adults  34% |  |  |
| Youth  70% |  |  |
| Warming Center  17% |  |  |
| C) % of leavers who exit within 90 days or less\* | N/A |  | N/A |
| D) Average length of time enrolled in program (leavers)\* | N/A |  | N/A |

*\*Informational purposes only. 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.*

*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*** *and is for the appropriate shelter type (family, single, youth, warming center)*
* ***Metric C –*** *Performance will not be scored; however, the agency must still calculate their performance.**Data from* ***Form 9*** *matches the APR submitted under* ***Attachment 15***
* ***Metric D –*** *Performance will not be scored; however, the agency must still calculate their performance.**Data from* ***Form 9*** *matches the APR submitted under* ***Attachment 15***
* ***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 2: Emergency Shelter

## Part B: Shelter – 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.

Applicants only need to submit Section 2 ONCE, for all emergency shelters and warming centers the agency is applying for.

If shelter programs require ***different responses*** to any of the below questions, please specify that in your response. Word counts for unique responses will be counted separately in order for the applicant to respond fully to the question.

|  |  |
| --- | --- |
| **Shelter Program Overview**  *Copy and paste this table as needed to create a new table for* ***EACH Shelter / Warming Center*** *the applicant is applying for.* | |
| Shelter Name: |  |
| Emergency Shelter or Warming Center: |  |
| Location: |  |
| Congregate or Non-Congregate: |  |
| If congregate, how many households per room: |  |
| Number of beds (not including cribs): |  |
| Population Served: |  |
| New or Renewal Program: |  |
| 1st year of shelter operations for this site (i.e. 2007) |  |

**1B. Describe how your agency will provide housing-focused case management services for residents that are unique to the household’s needs and will help them resolve their homelessness as quickly as possible (refer to Performance Benchmarks). Please outline your strategies and action steps.**

*Scoring will be based on the following:*

* *Response details case management and housing planning practices that support residents exiting shelter to a positive destination within 90 days*
* *Response outlines a case manager to client ratio of no more than 1:25*
* *Response details coordination with CoC and outside partners, as necessary, to achieve positive housing outcomes*
* *Response details how case managers will use evidence-based practices like progressive engagement to work with residents resistant to case management*

**2B. Describe how your agency is or will be implementing Shelter Community Standards, ensuring alignment with low-barrier and housing focused approaches to shelter. All referrals for shelter beds must come from CAM. Describe how your program reports daily (M-F) bed vacancies to CAM by 9am and ensures that all beds are or will be filled through this process.**

**Attach Form 8: Emergency Shelter Community Standards Affidavit.**

*Scoring will be based on the following:*

* *Response describes how program policies and procedures align with Community Standards and/or if current rules are not aligned with the Community Standards, the response clearly shows a willingness to be in compliance with these expectations by the start of the grant term*
* *Response outlines a clear staff training plan related to Shelter Community Standards, including timeframes*
* *Response demonstrates clear understanding of the Shelter Community Standards*
* *Response demonstrates a clear commitment to operating a low-barrier shelter model, including minimal rules and barriers to program entry and exits, harm-reduction strategies, and other steps taken to minimize involuntary termination and ensure positive housing destinations are being met*
* *Response describes the specific procedures for reporting daily bed vacancies to CAM, including which staff are responsible, and confirms that all beds will be filled through this process*

**3B. Please outline how your agency will assess and protect resident safety and health within your shelter program(s). Describe the shelter space where residents will sleep, eat, bathe, and meet with staff. How will your shelter program facilities and/or operating procedures promote, assess and address health and safety issues and/or security concerns, as well as meet the ESG Minimum Habitability Standards (Appendix G)?**

*Scoring will be based on the following:*

* *Response describes clear and specific plan for assessing and addressing potential health and safety issues (e.g., security concerns from residents, preventing and mitigating the spread of infectious diseases, safety-related policy reviews and revisions)*
* *Response describes the shelter space*
* *Acknowledges that shelter must meet ESG Minimum Habitability Standards (Appendix G)*
* *Response demonstrates that the applicant has a plan in place to routinely evaluate the overall shelter environment, including health and safety and security concerns.*

**4B. Describe how your agency will divert households to a safe place if they show up to your shelter as a walk-in household when your shelter is at capacity. If unable to be diverted, will your shelter offer overflow and if so, describe the number of spaces and type (chair, cots, floor, etc.).**

***Note: Agencies offering overflow space in 2026 will be scored a higher number of points.***

*Scoring will be based on the following:*

* *Response includes how shelter program staff are or will be trained in utilizing diversion approaches*
* *Response describes procedures, specifically for evening/midnight staff, that include diversion conversations between household and other CoC partners to find a safe solution for the household*
* *Response details that agency has bus tickets / other resources for household transportation included in their budget or provided from another funding source*
* *If the agency is offering overflow, response describes the number of spaces and type*
* *High scores will be awarded to agencies that will offer overflow space in 2026, as noted in the response*

**5B. How will your shelter accommodate households in wheelchairs, those with limited mobility, hard-of-hearing/deaf residents, blind residents, and those with service animals? Describe the accommodations offered and how residents can access them.**

*Scoring will be based on the following:*

* *Response describes the agency’s policies and procedures around accepting and accommodating residents with disabilities*
* *Response describes the physical modification of the building to serve residents in wheelchairs or with other mobility issues*
* *Responses that are inclusive of multiple different forms of assistive technology will score higher*
* *Response is in alignment with the Americans with Disabilities Act (ADA)*

**6B. Describe how your program staff use or will use de-escalation strategies and trauma-informed approaches in working with program participants to help mitigate and resolve incidents and reduce the likelihood of participants being banned from services.**

*Scoring will be based on the following:*

* *Response describes agency experience with utilizing de-escalation strategies and trauma-informed approaches to prevent and address escalated situations and problematic behaviors*
* *Response outlines how staff will be trained in trauma-informed practices and working with individuals exhibiting challenging behaviors*
* *Response describes clear process for how decisions will be made regarding banning participants from services, including which staff roles will be authorized to ban individuals from services*

**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 shelter 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 shelter 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. Emergency Shelter Program Benchmarks**

*(Worth up to 10 points)*

**How will you ensure that the proposed program will meet the Emergency Shelter 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*