Opportunity Details

Opportunity Information

Title
Dallas Real Time Rapid Rehousing (DRTRR)

Description
The Dallas Real Time Rapid Rehousing Initiative, or DRTRR aims to rehouse over 2,700 individuals experiencing homelessness by October 2023. An unprecedented amount of money is flowing through our system to house people. The plan is to leverage federal dollars and housing vouchers from the American Rescue Plan Act and collect private funding, for a total commitment of $70 million.

DRTRR has two components: Rapid Rehousing through temporary subsidies and through permanent subsidies:

Temporary Subsidies: Situationaly homeless individuals who are assessed and likely to succeed in stable housing in the long term, will be placed in apartments of their choosing and their rent will be paid for 12 months. During that period, clients will be provided case managers, who will be charged with facilitating access to supportive services, from food assistance to mental healthcare to job training and placement.

Permanent Subsidies: For clients who are chronically homeless, or who, through an in-depth assessment are determined to be unlikely to be able to sustain housing after one year, DRTRR will utilize Emergency Housing Vouchers (EHVs). EHV’s provide permanent rental subsidies and services for as long as a client qualifies financially. With the 758 EHV’s available to DRTRR, approximately 100 will be provided to survivors of domestic violence; 100 will be provided to families experiencing homelessness, and the remaining vouchers will be provided to unsheltered individuals who will need subsidies for longer than one year. Recipients of EHV’s will receive the case management services for up to 2 years.

MDHA seeking to partner with nonprofits to provide case management for rapid rehousing clients, case management for emergency housing voucher, and housing navigation to support DRTRR.

Learn more here: https://www.mdhadallas.org/rrt/

Awarding Agency Name
Metro Dallas Homeless Alliance

Agency Contact Name
Nissy New

Agency Contact Email
Nissy.New@mdhadallas.org

Fund Activity Category
Housing

Opportunity Manager
Rae Clay

Opportunity Posted Date
8/25/2021

Public Link
https://www.gotomygrants.com/Public/Opportunities/Details/8e97354e-91fc-42a7-95c0-0d445dce500c

Funding Information

Funding Source Description
American Recovery Plan Act (ARPA)
Funding Restrictions
Reimbursement Grant

Award Information

Award Period
10/01/2021 - 10/30/2023

Award Type
Competitive

Submission Information

Submission Window
08/30/2021 12:00 AM - 09/15/2021 6:00 PM

Submission Timeline Type
One Time

Submission Timeline Additional Information

Allow Multiple Applications
No

Application Review Start Date / Pre-Qualification Deadline
08/30/2021 12:00 AM

Other Submission Requirements

Question Submission Information

Question Submission Open Date
08/30/2021 12:00 AM

Question Submission Close Date
09/15/2021 12:00 AM

Question Submission Email Address
nissy.new@mhdrdallas.org

Question Submission Additional Information

Attachments

Technical Assistance Session

Technical Assistance Session
Yes

Session Date and Time
08/31/2021 8:00 AM

Conference Info / Registration Link
https://www.eventbrite.com/e/168316191259

Eligibility Information
Eligibility Type
   Public

Eligible Applicants
   • Nonprofits with 501(c)(3) status (excludes institutions of higher education)

Additional Eligibility Information
   SAM Registration Required;
   DUNS Number Required;
   An independent audit within the last 18 months with no significant findings;
   An 990 or 990ez within the last 18 months;

Additional Information

Additional Information URL
   https://www.mdh dall as.org/rtr/
Project Information

Application Information

Application Name

Award Requested

Total Award Budget

$0.00

Primary Contact Information

Name

Email Address

Address

Phone Number
Project Description

Organization Information

Organization Audit Information

Did your agency have an independent audit within the last 18 months as of the funding date of October 1st?

☐ Yes
☐ No

Thank you for your interest in applying for DRTRR. Currently, this opportunity is only available for agencies that have conducted an independent audit.

In the independent audit, was there a management/internal control letter included in the audit?

☐ Yes
☐ No

Please upload the management letter

Is there a response letter from organization leadership explaining how issues are being addressed?

☐ Yes
☐ No

Does the management letter identify or describe any material weaknesses and/or significant deficiencies?

☐ Yes
☐ No

Does the management letter identify an "on-going concern"?

☐ Yes
☐ No

Does the management letter have an adverse opinion and/or a disclaimer opinion,

☐ Yes
☐ No

Does the auditor's report indicate that the agency complies with all GAAP (Generally Accepted Accounting Principles)?

☐ Yes
☐ No

Does the auditor's report contain an "unqualified" opinion?

☐ Yes
☐ No

Contact Information

Executive Director or President Name (First and Last)

Executive Director or President Position or Title

Executive Director or President Email:

Executive Director or President Phone Number:
Physical address (if different from project information page)
Physical address City:
Physical address State
Physical address zip code
Physical Address County

Organization Background
Date Founded
Tax ID Number (XXX-XX-XXXX)

Legal Name

DBA (if applicable)

Organization Mission Statement
Organization Vision Statement (if applicable)

Can you share the top 5 organizations you would collaborate with to implement this project, aside from MDHA?

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Project Information

Description of grant request (25 words or less)

Geographic area served - Dallas and/or Collin Counties:

☐ Dallas
☐ Collin

Timeframe in which funds will be used?

From:

To:

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Grant Details
Service To Be Provided

For the following questions please indicate whether you are planning to partner with MDHA to provide the listed service. Applicants can apply for any or all services.

12 months of case management per client receiving rapid rehousing rental assistance
  ○ Yes
  ○ No

24 months of case management per client receiving an emergency housing voucher
  ○ Yes
  ○ No

Housing navigation - locating clients, building rapport, collecting program enrollment documents, collecting housing documents, completing Housing Needs Assessments, accompanying clients to unit viewing, assisting with unit applications, requesting move-in kits and furniture, completing unit inspections
  ○ Yes
  ○ No

Agency Experience

Please share your agency’s experience housing individuals experiencing homelessness. In this section, please identify the subpopulation you serve and what key services you provide the subpopulation. Please share any relevant data.

Please share your agency’s experience helping unsheltered individuals experiencing homelessness access housing. Please share any relevant data.

Please share your agency’s experience helping individuals experiencing homelessness obtain and maintain Rapid Rehousing. This could be helping clients achieve self-sufficiency and access supportive services. Please share any relevant data.

Please share your agency’s experience helping individuals experiencing homelessness obtain and maintain housing after she/he received public housing. Please share any relevant data.

Please share your agency’s experience helping clients with housing navigation? Please share any relevant data.

Please share your agency’s experience working with the Coordinated Access System. If you do not have experience, please share your agency’s willingness to participate in CAS.

Please share your agency’s experience working with the HMIS system. If your organization does not have any experience, please share your willingness to participate in HMIS.

Please share your agency’s experience working with landlords to obtain housing for clients experiencing homelessness.

For each type of program being applied for, provide unduplicated number to be served annually by proposal (if applicable):

<table>
<thead>
<tr>
<th>Number of unduplicated clients to be served annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid Rehousing</td>
</tr>
<tr>
<td>Emergency Housing Vouchers</td>
</tr>
<tr>
<td>Housing Navigation</td>
</tr>
</tbody>
</table>

Project and Organizational Specifics
Please share how the client voice shapes the program(s) at your organization. Please provide one example on consumer input informed service delivery.

Please share how your organization participates in the CoC. Please share participation in the workgroups and CoC Executive Council.

How does the organization address equity? Speak about diversity in leadership positions including board members and trainings around equity for BIPOC and LGBTQIA+ groups.

Provide an update on key staff and personnel that are engaged in your work, including a brief description of their roles/duties. Please highlight how many staff you intend to hire to achieve the goals you set out to do.

Do you have current Full Time Employees that are able to start working on this initiative prior to October 1st?

☐ Yes
☐ No

Implementation Timeline (specifically related to this request if applicable) Please include major events, activities and when they will take place. (bullet point and chronological order)

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Goals - Baseline and Target Numbers

*Goals should relate to the specific proposal. More than three goals may be provided. See Glossary of Terms for definitions and examples.*

Baseline Numbers should reflect the time period of August 1, 2021 - August 31, 2021.

Target Numbers should reflect the performance measure goal at the completion of the initiative.

Goals:

<table>
<thead>
<tr>
<th></th>
<th>Baseline #</th>
<th>Target #</th>
<th>Goal Description for additional goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Performance Measures – Jobs and income growth for homeless persons in CoC Program-funded projects</td>
<td></td>
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<tr>
<td>System Performance Measures – Successful housing placement</td>
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<tr>
<td>System Performance Measures – Retaining housing in permanent housing – 6 months to more</td>
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</tr>
<tr>
<td>Additional Goal *provide description in last column</td>
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<td>Additional Goal *provide description in last column</td>
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<td>Additional Goal *provide description in last column</td>
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</tbody>
</table>

Has the goals table been completed?

- [ ] Yes
- [ ] No

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*Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.*
Budget

Budget Instructions

For your proposed budget, please download and use the template below provided by MDHA. See below for key definitions and instructions for completing. This budget is for staff dedicated to this initiative and not intended to cover current staffing positions.

1. Input should only be made in the yellow cells.

2. Only fill in the budget column that pertains to what you are applying for. EXAMPLE: If you are applying for Case Management for both RRH and EHV, fill in the budget details in columns C - “Case Manager for RRH” and D - “Case Managers for EHV”. Column E - “Case Manager for Housing Navigation” will be left blank.

3. Max Per Employee BUDGET: The Number of Staffing, cell B8, can be changed. It will show the max allowable amounts that can be requested based on the number of staff entered here. NOTE: This column is only for reference. It will not be used towards your budget calculation. If you are applying for a different number of staffing for each program, you can change cell B8 to see the max allowable for each program.

4. Please reach out to rae.clay@mdhadallas.org if you have questions about the budget template.

Budget Proposal

Please download and complete the attached budget template

DRTRR Grant_Expenditure_Report_Template Update 0827.xlsx

Please attach your completed budget narrative

Provide more detail on each budget line, including how costs were determined

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Attachments

Most recent Form 990 or Form 990-EZ

Signed audited financial statements (if available) for most recent two years

Copy of your 501(C)(3) IRS determination letter

Proof the nonprofit is not a suspended or debarred contractor from SAM.gov

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