

### **Application Overview**

#### **Street Outreach Grant**

The City has prioritized investment in the Housing Crisis Response System (HCRS) as a collaborative and coordinated system response to address the complex issue of homelessness in our community. The HCRS is designed to achieve the community's shared goal of Making Homelessness Rare, Brief, and Nonrecurring. The HCRS is built on a continuum of services working together on multiple fronts to meet the diverse set of needs in our community.

Street outreach is a critical tool in the City's response to homelessness. Street Outreach (SO) ensures that people living on the street are provided information and referrals, diverted from homelessness through Diversion strategies (when possible), have access to housing (when available) through the Coordinated Entry (CE) assessment process for housing placement, crisis intervention, and follow-up supportive services.

People experiencing homelessness have increased barriers to housing. Through local outreach experience, reviewing existing research, and learning first-hand from other communities about evidenced-based strategies, additional tools associated with successful housing outcomes have been identified. This includes increasing the frequency of outreach to individuals living unsheltered and connecting to behavioral health services and addressing barriers to housing.

Street Outreach is a cross-sector collaboration of nonprofit agencies, Denton Police Department's (DPD) Homeless Outreach Officers, DPD's mental health initiative Crisis Intervention Response Team (CIRT), along with other resources such as Denton Fire Paramedics.

The \$128,450 annual grant supports a multidisciplinary outreach team approach. Specifically, having a dedicated non-profit resource coordinating with the Homeless Outreach Team to reach people experiencing literal homelessness and living with a behavioral health disorder or other housing barriers will improve housing outcomes and stability for people to move from unsheltered to sheltered and permanent housing. This grant supports case management, housing barrier elimination, counseling, diversion, and treatment for people living unsheltered.

This grant may be used for qualified salaries and/or in support of services addressing housing barriers (critical documents, emergency medication or medical treatment, etc.), mental health treatment services, behavioral health case

management, financial costs that support diversion, and substance use treatment services provided to people experiencing literal homelessness and living with a substance use disorder. Grant applicants are encouraged to propose a project and detail how it could meet the needs for street outreach in Denton. All organizations interested in meeting this need and applying for the Street Outreach grant must submit a grant application to Community Development.

- All application information and additional requested information must be submitted to Community Development on or before the deadline of August 1, 2022 by 11:59 p.m. Agency must be available for a brief presentation to the Community Services Advisory Committee Friday, August 12th at 12:00pm.
- Funds will only be awarded to a single recipient.
- No late applications will be accepted

For questions regarding the application contact:

Megan Ball Homeless Programs Coordinator (940) 349-7234 Megan.Ball@CityofDenton.com



### **Application Overview**

#### Street Outreach Grant

Applicants must be eligible and be able to comply with program limitations as described below.

#### AGENCY ELIGIBILITY

- Agency must be a 501(c)3 in operation for more than two years and providing services to people/households experiencing homelessness.
- Agency must be willing to obtain or have staff that have training, experience
  addressing and removing housing barriers, behavioral health case management,
  counseling and treatment programs. Agency should be able to provide
  documentation of training and qualifications.
- Agency must be currently using HMIS and actively participating in Denton's Coordinated Entry process including participating in Monthly Case Conferencing.

### **PROGRAM LIMITS & REQUIREMENTS**

- Maximum request is \$128,450 annually.
- Funding term is October 1 through September 30, available for reapplication annually, contingent upon Council budget approval.
- Grant funds will be provided as reimbursement providing funding to grant recipients after expenses have been incurred.
- Status of homelessness living unsheltered must be verified and documented in HMIS.
- Funds may only be used for qualified salaries and/or in support of street outreach for addressing housing barriers (critical documents, emergency medication or medical treatment, etc.), behavioral health case management and services provided to people experiencing literal homelessness and living with a behavioral health disorder.
- Clients served through the program MUST be enrolled in the HMIS and CE.



### **Application Contents**

#### Street Outreach Grant

#### Section 1: General Information

· Fill in each listed item

#### **Section 2: Project Information**

- Fill in project name
- Provide a detailed description of the project to meet the identified needs

### **Section 3: Performance Measures (15 points total)**

List at least <u>one</u> and up to three performance measures (0-5 points for each measure) that will be used to assess whether the project or program is successful. Examples of performance measures include:

- Clients entered into Homeless Management Information System (HMIS) and Coordinated Entry (CE)
- Clients referred to shelter or other temporary housing from street outreach
- Clients successfully referred to and enrolled in behavioral health programs specific to substance use and/or mental health treatment.
- Clients receiving behavioral health services from Street Outreach qualified Mental Health professional staff.
- Housing barriers addressed through the program.
- An increase in successful, permanent home placements

## Section 4: Financial Management (10 points total)

#### **Income/Revenue**

- State amount of funds requested for the project up to maximum grant amount
- List additional funding sources, including any Federal, State or Local funds that will also support the proposed project

### **Expenditures**

List expenditures for each category

### **Project Management**

- Describe the organization's experience in managing and operating projects or activities funded with other Federal, State, Local funds. (0-5 points)
- Please provide the names and qualifications of the person(s) that will be

primarily responsible for the implementation of the proposed project. Include experience/education/certifications of relevant staff. (0-5 points)

#### **Attach Agency's YTD Profit and Loss Statement**

**Section 5: Timeline (5 points total)** 

Provide a project schedule that specifically details how the organization plans to accomplish the proposed project/plan, including a timeline and how funds would be expended by September 30, 2022. (0-5 points)

**Section 6: Project Narratives (25 points total)** 

Provide a brief narrative in response to each of the items listed below. Please use no more than 200 words per item.

- 1. Discuss how this project directly benefits those who experience homelessness; living unsheltered or in places not meant for human habitation. (0-5 points)
- 2. Describe how the proposed project involves community collaboration. (0-5 points)
- 3. Briefly describe your program's approach and plan to working with clients to address and eliminate housing barriers. (0-5 points)
- 4. Describe how the organization plans to continue the project/work after the General Fund dollars are expended. (0-5 points)
- 5. Has your organization ever had unexpended or recaptured funds from grants awarded (examples: local grant funding awards not fulling expended, state/federal grant funds recaptured)? Explain.(0-5 points)

**Total Points: 55 points** 



## **Section 1: General Information**

* 1. Organization In	ormation	
Legal Agency Name		
Doing Business As (DBA)		
Organization Address		
City		
State		
Postal Code		
Main Phone Number		
Organization EIN/Tax ID Number		
* 2. CEO or Executiv	re Director Contact Information	
CEO First Name		
CEO Last Name		
CEO Direct Phone Number		
CEO Email Address		
* 3. Primary Contac	for Application	
Primary Contact First Name		
Primary Contact Last Name		
Primary Contact Phone Number		
Primary Contact Email Address		
Primary Contact Job Title		



# Section 2: Project Information

* 4. Name of Project
* 5. Project Funds (\$) Requested *Must not exceed \$64,600
* 6. Project Description: (needs, location, partnerships, expected results, and benefits to the community/city at-large)
* 7. Does your organization currently have staff with HMIS License(s) for Denton County's HMIS database?
Yes
☐ No
8. If you answered 'yes' to Question 7, how many staff members who would be working on the
Street Outreach program have HMIS licenses?



## **Section 3: Performance Measures**

9. Performance Me	easures
Performance Measure	
(Unit of measurement, like # of People Served)	
Performance Measure	
(Unit of measurement, like # of People Served)	
Performance Measure	
(Unit of measurement, like # of People Served)	



## Section 4: Financial Management

# \* 10. Income/Revenue

Amount of funds requested for the project up to maximum grant amount	
Additional funding source (Federal, State or Local funds used to support the project)	
Additional funding source (Federal, State or Local funds used to support the project)	
Additional funding source (Federal, State or Local funds used to support the project)	

if including 'Other'	please be specific)
Salaries (Number of staff/\$)	
Mental Health Treatment Costs (Item/\$)	
Substance Use Treatment Costs (Item/\$)	
Diversion costs (minimum 25%) (Item(s)/\$)	
Other Street Outreach/Housing Barriers Costs (Item(s)/\$)	
Other Street Outreach/Housing Barriers Costs (Item(s)/\$)	
Total Expenditures	
will be supported b	
-	gement: Describe the organization's experience in managing and operating s funded with other Federal, State, Local funds.
will be primarily re	ment: Please provide the names and qualifications of the person(s) that sponsible for the implementation and administration of the proposed perience/education/certifications of relevant staff.
* 15. YTD Profit an	l Loss Statement
Please upload a co	by of the agency's YTD Profit and Loss Statement
Choose File Ch	No file chosen

\* 11. EXPENDITURES: List expenditures for each category. ('Other' categories not required,



### **Section 5: Timeline**

Provide a project schedule that specifically details how the organization plans to accomplish the proposed project/plan, including a timeline and how funds would be expended by September 30, 2022.

* 16. Project Schedul	.e	
		11



## **Section 6: Project Narratives**

Provide a brief narrative in response to each of the items listed below. Please use no more than 200 words per item.

more than 200 words per recall
* 17. Discuss how this project directly benefits those who experience homelessness; living unsheltered or in places not meant for human habitation.
* 18. How does the proposed project involve community collaboration? Please include any agencies your organization plans to collaborate with and the service(s) the partnering agencies would provide.
* 19. Describe your program's approach and plan to working with clients to address and eliminate housing barriers.
$\ast$ 20. Describe if and how the organization would plan to continue the project/work after the General Fund dollars are expended.
21. Has your organization ever had unexpended or recaptured funds from grants awarded (examples: local grant funding awards not fulling expended, state/federal grant funds recaptured)? Explain.(0-5 points)
Todaptaroa). Explain.(0-5 points)