**VERMONT DEPARTMENT OF CORRECTIONS**

**Community & Restorative Justice Unit**

**Transitional Housing Program**

**SECTION II: APPLICATION**

**A) COVER SHEET**

1. Applicant name, business address, telephone
2. DUNS # (if applicable)
3. Legal status of the applicant (non-profit, municipality, corporation, etc.)
4. Fiscal agent name and address (if applicable)

If using a Fiscal Agent, please attach signed written agreement between applicant and fiscal agent.

1. Grant Agreement contact person, telephone and email
2. Local Agency of Human Services (AHS) District(s)
3. Total Funding Request $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant, the Chief Financial Officer (or equivalent), or any persons who may be directly involved in this funded agreement over the past five years been convicted, imprisoned, placed on probation or under supervision, or fined for any violation of any law, including motor vehicle violations?

YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_ (if yes, please describe on separate page)

Has the applicant, the Chief Financial Officer (or equivalent), or any persons who may be directly involved in this funded agreement Disclose if you, Chief Financial Officer (or equivalent), or any persons who may be directly involved in this funded agreement been convicted of a felony?

YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_ (if yes, please describe on separate page)

To the best of my knowledge and belief, information on all forms of this application is true and correct, and the application has been duly authorized by the governing body of the applicant. We certify that our operations are in compliance with all applicable Federal and State laws, and we accept the conditions outlined in this RFP and the State’s grant provisions (Appendix B).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name/Title

**For numbers 8 & 9 below, please list out each project/location separately for clarity. Attach additional pages as needed.**

1. For Congregate sites:
   1. Name and Address of Program location
   2. Site Contact Person, Telephone & Email
   3. Specific population served (youth, sex offenders, those in recovery)
2. The request for funding will support the following transitional housing capacity (list congregate and scattered-site):

|  |  |  |
| --- | --- | --- |
|  | **EXISTING** | **NEW (Proposed)** |
| # of congregate beds: |  |  |
| # of congregate rooms: |  |  |
| # of apartment bedrooms: |  |  |
| # of apartment units: |  |  |

**B) BACKGROUND NARRATIVE**

**(NEW APPLICANTS ONLY, i.e., those not previously direct recipients of DOC funds)**

1. General Background: Provide the following background information on your organization: brief history, structure of organization, board members, staffing, affiliations and activities. Make clear how housing programming or services aligns with the mission of the organization. Disclose any history of defaults, grant terminations, and/or bankruptcies.
2. Management Experience & Capacity: Describe past experience and current capacity of the applicant to manage comparable state or federal grant programs in terms of scale/scope, in terms of program and financial management. Optional: attach organizational chart if available.
3. Housing Program Experience: Briefly describe the experience of the organization in providing housing or services (e.g. transitional housing, apartments, vouchers, housing search and retention, service coordination, etc.) and/or other relevant experience working with the target population.
4. Demonstrated Results: Use data from past performance to demonstrate the applicant’s ability to help people successfully re-enter their community after incarceration, get connected to benefits & services, and reduce the incidence of re-incarceration.

**C) PROGRAM NARRATIVE (please use the following outline; please cross-reference when appropriate)**

1. Program Summary: Briefly describe how funds will be utilized and who the program is designed to serve. Be specific and include any sub-populations to be served; the number of participants to be housed (annually and general capacity); eligibility and acceptance criteria, as well as any exclusionary criteria; description of services to be provided and how they will be delivered (include specific evidence-based curricula or programming); community partnerships that enhance the program; description of communication with the local Probation and Parole office related to the proposal; and identification of start-up requirements and/or permitting status of the proposed housing, if applicable.
2. Permanent Housing: Describe how the applicant intends to partner with housing entities (including private landlords, public housing authorities and/or affordable housing agencies) to foster connections to permanent housing opportunities. Provide details of how the experience of the partners applies to the project and how the partnership will work. If the program is a sober living environment, describe how provisions will be made to prevent exiting residents to homelessness or prison due to program violations.
3. Conflict Resolution: Describe what procedures, approaches, and interventions will be used to prevent and resolve issues that arise with a participant. Please list out the steps involved, and all options used to address and diffuse the conflict. Describe services or consultation that will be offered through local partnerships.
4. Relevant Program Experience: Does your organization have previous experience in providing the housing or services described above?

\_\_\_Yes \_\_\_No

If no, please briefly describe the organization’s relevant experience and expertise that qualify it to operate the proposed program. (NEW APPLICANTS PLEASE SKIP)

1. Program Results: Provide data that demonstrates results your program has achieved in the past year. Use past DOC outcome data or other relevant data. If helpful, provide any analysis or explanation. Include participant stories only if used to provide a deeper understanding of results data provided (not required). (NEW APPLICANTS PLEASE SKIP)
2. Local Coordination:

a) Describe your organization’s role and participation in your local Continuum of Care. While those in the custody of DOC generally do not meet the definition of literal homelessness, an understanding of the resources in place for those who may be eligible is important.

b) Explain the need for the proposed housing/assistance and how it fills a gap or addresses a priority of the Department of Corrections. Will funding preserve existing community resources or will it provide new or expanded housing or services?

1. Mainstream Resources: Describe the plan for connecting participants with mainstream benefits (e.g., Medicaid, 3SquaresVt, Reach Up, WIC, SSDI/SSI, VA, unemployment insurance, etc.) and services such as medical/mental health treatment, counseling, workforce development/job training, childcare, financial empowerment, and other services needed to achieve independent living.
2. Participation of those with lived experience: Describe how, to the maximum extent practicable, the grantee will involve, through peer support, employment or volunteer services, advisory groups, or otherwise, individuals who have a history of involvement with the justice system in operating or providing housing and/or services.
3. Accessibility: Describe how the grantee will ensure access to all programs, services and activities for people with disabilities.
4. Confidentiality & Safety: Detail how protected information will be maintained and secured, as well as internal policies related to training, confidentiality, and hiring policies related to criminal background checks for current and potential employees.
5. Cost Proposal:
6. Applicants must provide a detailed program and organizational budget. We encourage the use the Excel Budget Template provided for this purpose. Also required is a narrative justification of each category of funding requested (i.e. program operations, staffing, and direct participant/client expenses. The budget justification should include the basis or methods for determining costs, so that reviewers may determine whether costs are allowable, reasonable, and appropriate. DOUBLE CHECK ALL MATH.
7. For every staff position that will be funded in part or in full via this proposal, please include: Position Title, Brief Description of Responsibilities, Show Calculation for $ Request, including: Total Hours/Week, Total Weeks/Year, Hourly Wage, and Fringe Rate. Applicants are encouraged to use or adapt the staffing detail worksheet tab included in the Budget Template provided. In addition to salary and staff position information, include additional costs such as contracted services, staff mileage, etc. Provide a basis for the amount included. Job descriptions may be attached to provide further detail.
8. Requests for operations funding must include a list of items for which the grantee is requesting funding (i.e., rent, electricity, insurance, fuel, rubbish/snow removal, maintenance/minor repairs, etc.). If not evident, provide a basis for the amount included. If the organization operates more than one facility or transitional housing program, be clear with program titles and addresses which buildings/sites are being included in the request.
9. If the program requires that participants pay fees or rent, please detail the anticipated annual amount of income from this source, and how it will offset the funding requested. If the applicant requires participants to save household income, please describe how the program monitors or collects savings, including any interest earned from client savings held by the program in escrow. Describe how savings requirements, totals and returned funds are communicated to clients. Attach any written policies or procedures related to savings requirements.

**D) ATTACHMENTS**

|  |  |
| --- | --- |
| REQUIRED | OPTIONAL |
| * Signed Cover Sheet | * + Letters of Support |
| * Completed Budget Workbook | * + Staff Job Descriptions |
| * Certificate of Insurance | * + Organizational Chart |
| * W-9 signed within 6 months | * + Relevant polices & procedures |
| * New Applicants: Tax Certificate/proof of tax status (non-profit, corporation, etc.) | * New Applicants: materials describing the agency’s relevant experience and outcomes |