1. State of the State
   a. Where we’ve been
   b. Where we are
   c. Where we’re going
   d.

2. 2019 RFA
   a. General Overview
   b. Timeline*
   c. State ESG Priority is Non-Formula Jurisdictions
   d. Essential Pieces (Table of Contents)*
      1) Award Ceilings
      2) Structure (similar to previous Challenge applications)
      3) 21-day Appeal Window
      4) Explain Appendices v. Attachments
   e.

3. Question & Answer
   a. Answers for questions that were submitted earlier
   b. Any additional questions?
   c.

4. Performance Dashboards
   a. Sharing Progress
   b. Purely Informational
   c.

*Handout provided
<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Notice of Solicitation</td>
<td>January 28, 2019</td>
<td>N/A</td>
<td>Vendor Bid System</td>
</tr>
<tr>
<td>Solicitation Conference</td>
<td>February 5, 2019</td>
<td>2:00 p.m. Eastern</td>
<td>Conference Call 888-670-3525; 701-539-8451#</td>
</tr>
<tr>
<td>Deadline for submitting Written Inquiries</td>
<td>February 8, 2019</td>
<td>3:00 p.m. Eastern</td>
<td><a href="mailto:zachary.summerlin@myflfamilies.com">zachary.summerlin@myflfamilies.com</a></td>
</tr>
<tr>
<td>Post responses to Written Inquiries</td>
<td>February 15, 2019</td>
<td>N/A</td>
<td>Vendor Bid System</td>
</tr>
<tr>
<td>Deadline date for submission of applications</td>
<td>March 29, 2019</td>
<td>3:00 p.m. Eastern</td>
<td>Office on Homelessness 1317 Winewood Blvd</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tallahassee, FL 32399</td>
</tr>
<tr>
<td>Evaluation Team initial meeting</td>
<td>April 2, 2019</td>
<td>N/A</td>
<td>Office on Homelessness 1317 Winewood Blvd</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tallahassee, FL 32399</td>
</tr>
<tr>
<td>Evaluation Team completes scoring</td>
<td>April 5, 2019</td>
<td>N/A</td>
<td>Office on Homelessness 1317 Winewood Blvd</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tallahassee, FL 32399</td>
</tr>
<tr>
<td>Anticipated Date to Post Notice of Grant Award</td>
<td>April 29, 2019</td>
<td>N/A</td>
<td>Vendor Bid System</td>
</tr>
<tr>
<td>Appeal window closes</td>
<td>May 20, 2019</td>
<td>5:00 p.m. Eastern</td>
<td>N/A</td>
</tr>
<tr>
<td>Anticipated effective date of contract execution</td>
<td>July 1, 2019</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Table of Contents

1. Grant Overview ...........................................................................................................................................
   1.1 Eligible Applicants .................................................................................................................................

2. Scope of Work ............................................................................................................................................
   2.1 Challenge Grant ....................................................................................................................................
       2.1.1 Eligible Activities ............................................................................................................................
   2.2 Emergency Solutions Grant ..................................................................................................................
       2.2.1 Eligible Activities ............................................................................................................................
   2.3 TANF Homelessness Prevention ...........................................................................................................
       2.3.1 Eligible Activities ............................................................................................................................

3. Funding Allocation ......................................................................................................................................
   3.1 Challenge Grant ....................................................................................................................................
   3.2 Emergency Solutions Grant ..................................................................................................................
   3.3 TANF Homelessness Prevention ...........................................................................................................

4. Solicitation Process ....................................................................................................................................
   4.1 Application Notice ...............................................................................................................................
   4.2 Schedule of Events and Deadlines ........................................................................................................
   4.3 Deadline to Apply ...............................................................................................................................
   4.4 Instructions for Preparation and Submission of Applications .............................................................
   4.5 Department Responsibilities After Receiving Applications ................................................................
   4.6 Format and Content of Application ......................................................................................................
       4.6.1 Applicant Information Request, Completeness Check, and Need of Services — Tab 1 ..............
       4.6.2 Subrecipient Agency Profiles and Proposed Projects — Tab 2 ............................................... 
       4.6.3 Certifications and Consistency with CoC Plan — Tab 3 ..............................................................
       4.6.4 Budget and Budget Narratives — Tab 4 ....................................................................................
       4.6.5 Quality of Service — Tab 5 ...........................................................................................................
       4.6.6 Supporting Materials and Required Certifications — Tab 6 .....................................................

5. Application Review .....................................................................................................................................
   5.1 Application Scoring ............................................................................................................................... 
   5.2 Formal Appeals ....................................................................................................................................
   5.3 Notice of Grant Awards .........................................................................................................................

6. Applicant Project Evaluation ......................................................................................................................
   6.1 Challenge Grant Outcome Evaluation and Performance Measures ......................................................
6.1.1 Implementation of the CoC Plan

6.1.2 Planned versus Actual Services Provided

6.1.3 Performance Objectives

6.2 ESG Outcome Evaluation and Performance Measures

6.2.1 Consistency with the CoC Plan

6.2.2 Planned versus Actual Services Provided

6.2.3 Performance Objectives

6.3 TANF Homelessness Prevention Grant Outcome Evaluation and Performance Measures

6.3.1 Implementation of the CoC Approved Activities

6.3.2 Services Provided

6.3.3 Performance Objectives

7. Grant Agreement, Reports, and Forms

7.1 Forms and Certifications

7.2 Audit

8. Appendices

8.1 CoC Lead Agency Listing

8.2 Definitions

   Homeless

   At Risk of Homelessness

   Street Outreach Component (24 CFR 576.101)

   Emergency Shelter Component (24 CFR 576.102)

   Homelessness Prevention Component (24 CFR 576.103)

   Rapid Rehousing Assistance Component (24 CFR 576.104)

   HMIS Component (24 CFR 576.107)

   Administrative Activities (24 CFR 576.108)

   Written Standards for Providing ESG Assistance (24 CFR 576.400(e)(3))

8.3 ESG Formula Jurisdiction Exceptions

8.4 Point In Time Count (PIT) for 2018

8.5 Census Population Data

8.6 Department of Education Students Experiencing Homelessness Count, 2016-17

8.7 Audit Requirements

8.8 Lead Based Paint Form

9. Attachments

9.1 Completeness Checklist
9.2 CoC Activity Certification

9.3 Leveraged Funding Form

9.4 Required Budget and Match Funding Form

9.5 Applicant Information Request Form

9.6 Need of Services

9.7 Subrecipient (Agency) Profile

9.8 Proposed Activity Project Narrative

9.9 Lead Agency Certification

9.10 Budget Narrative

9.11 Quality of Services

9.12 Local Government Certification

9.13 Certification Regarding Lobbying

9.14 Mortgage Lien and Security Agreement Form (if applicable)
5.1 Application Scoring

The Department will award grants to the applicants whose application is determined by the Secretary, or designee, to be the most advantageous to the state. The Department's grant evaluators will assess the applications submitted to the Office. The Office will compile the results of the evaluators’ assessment of the applicants’ capacity and performance, and provide to the Secretary, or designee. Other considerations noted by the Office that affect the level of grant award shall also be provided to the Secretary, or designee. No evaluation by the Secretary, or designee, will be required to make the selection and award decision.

To evaluate the applications, the Department will designate at least three (3) persons knowledgeable in the program area to serve as grant evaluators. The evaluators will complete the Department’s Conflict of Interest Questionnaire acknowledging that the evaluator is free of any conflict of interest with potential applicants he or she may score.

The appropriate funding streams in the application shall be assessed on the following statutory criteria described in Sections 420.622(4), 414.161(2), Florida Statutes:

**Challenge Grant – section 420.622(4), Florida Statutes**
- Ability of the CoC to provide quality services to individuals experiencing homelessness;
- Ability to leverage federal homeless assistance under the McKinney-Vento Act, and private funding for services to individuals experiencing homelessness;
- CoC planning areas with the greatest need for providing housing and services to individuals experiencing homelessness, relative to the population of the planning area;

**TANF Homelessness Prevention Grant – section 414.161(2), Florida Statutes**
- Ability to leverage federal homeless assistance under the McKinney-Vento Act, and private funding for services to individuals experiencing homelessness;
- Effectiveness in keeping families housed;

The evaluators will assess the applicants’ narrative responses in the Quality of Services attachment (9.11) and in the Proposed Activities Narratives (9.8). Each response will be evaluated using the scoring criteria matrix below.

<table>
<thead>
<tr>
<th>Scoring Criteria</th>
<th>Points</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete or No Response</td>
<td>0</td>
<td>The response is missing and/or cannot be found in the appropriate section.</td>
</tr>
<tr>
<td>1 point</td>
<td></td>
<td>Limited information is provided with very vague descriptions. The narrative is difficult to follow and there is no clear purpose defined.</td>
</tr>
<tr>
<td>2 points</td>
<td></td>
<td>The response includes sporadic details that are very disjointed and do not connect with the main point.</td>
</tr>
<tr>
<td>Acceptable Response</td>
<td>3 points</td>
<td>General information on the topic is provided, with limited details. The response included provides a basic description of the question(s) asked.</td>
</tr>
<tr>
<td>4 points</td>
<td></td>
<td>The information provided answers the question(s) and is informative, but does not provide clear details.</td>
</tr>
<tr>
<td>Excellent Response</td>
<td>5 points</td>
<td>The response is included and provides a clear, focused, well-defined description with relevant analysis and accurate details answering the question(s) asked.</td>
</tr>
</tbody>
</table>

The Department will award grant amounts based on evaluations until all grant funds are awarded. In the event of two or more applicants with the same evaluation score, the Office may recommend the Department consider the past performance of the applicant under the previous solicitations, including an applicant’s ability to spend all funds during a FY and invoice the Department in a timely manner.
9.8 Proposed Activity Project Narrative

For each proposed activity, the subrecipient must provide a detailed project narrative answering the following questions.

1. Project Name
2. Agency Providing Service
3. Funding Source (Challenge, ESG, TANF) and Amount Requested

4. What problem does this project solve in the effort to end homelessness?
5. Describe how this project fits into the CoC’s system of care? (The system of care being a CoC’s coordinated efforts to prevent, assist, and end homelessness.)
   - Does this project qualify as a housing support?
   - How does this project integrate with the CoC’s coordinated entry system?
   - How does this project provide a connection to permanent solutions?
   - Does this project focus on critical supports and services needed to achieve housing or does it provide ancillary supports?

6. Describe the collective impact of the proposed project, including who the project will serve, how it will help achieve established goals identified in the CoC Plan, and how it supports the CoC’s efforts to achieve the HUD System Performance Measures.

7. List at least one (1) outcome measure to determine the success of this project.

9.10 Budget Narrative

For each proposed activity, the subrecipient must provide a detailed budget narrative answering the following criteria.

1. Description of the proposed Personnel Costs, including Fringe Benefits
2. Justification for the proposed Personnel Costs, including Fringe Benefits
3. Description of the proposed Client Financial Assistance Costs
4. Justification for the proposed Client Financial Assistance Costs
5. Description of the proposed Other Program Operation Costs
6. Justification for the proposed Other Program Operation Costs
7. Description of the proposed Administrative Costs
8. Justification for the proposed Administrative Costs
9.11 Quality of Services

**Certification of Quality of Service**

In compliance with section 420.622(4)(b), Florida Statutes, “preference must be given to those lead agencies that have demonstrated the ability of their continuum of care to provide quality services to homeless persons…”.

Answers for the following criteria shall provide evidence of quality services provided in the CoC.

1. Describe how the Lead Agency ensures quality services are provided to individuals at-risk of or experiencing homelessness in your community.
2. Describe how the CoC monitors and provides follow-up services for individuals at-risk of or experiencing homelessness in your community.
3. Describe the ongoing technical assistance designed to improve service delivery provided by the CoC to homeless services providers in your community.
4. Describe how the Lead Agency will provide additional support to low-performing projects and what steps the CoC will take if/when funds should be reallocated away from low-performing projects mid-grant cycle.
5. Describe how the CoC will continue to provide quality services in the community in the case of reduced or loss of funding (i.e., reallocation of services based on CoC established priorities, how services would be scaled to meet changing needs, etc.).
6. Describe how the CoC and subrecipients specifically identified in this application have worked to remove traditional barriers to housing and services for individuals in need of assistance.
7. Describe how the CoC will ensure that services are provided throughout the catchment area.

I certify that the information provided in this application and identified above is accurate and true and that I am duly authorized to make this certification on behalf of the CoC.

Signature: 
Printed Name: 
Title: Executive Director/CEO Date: 

I certify that the information provided in this application and identified above is accurate and true and that I am duly authorized to make this certification on behalf of the CoC.

Signature: 
Printed Name: 
Title: CoC Board Chair/President Date: 