



City of New Orleans

Mayor LaToya Cantrell

***Notice of Funding Availability
For Rapid Rehousing Support***

Application Packet

Timeline

Released: ***December 27, 2024***

Virtual Information Session: ***January 6, 2025***

Application Deadline: ***January 17, 2025***

Selection of Subrecipients Announced: ***January 31, 2025***

Mayor's Office of Homeless Services and Strategies

1340 Perdido St, Suite 962

New Orleans, Louisiana 70112

(504) 658-2598 | <https://nola.gov/next/homeless-services-and-strategy/>

Application Packet

Applicant Organization:

Applicant Address:

Form of Business: Nonprofit For-Profit Other: _____

Zip Code(s) where your project serves:

Program Summary: Provide a summary of the program or project: (250 words maximum)

Total Amount of Funding Requested:

Proposed Number of Participants Reached:

Length of Proposed Program or Project:

Proposed Program or Project Start Date:

Proposed Program or Project End Date:

SECTION 1: PROGRAM OR PROJECT NARRATIVE

Please respond to the prompts below regarding your agency's experience working with people experiencing unsheltered homelessness and your agency's plan for implementing a rapid rehousing program. Please use **Times New Roman, 12-point font with double spacing** to facilitate reading by scorers. This packet, including both this section and Section 2 should not exceed 20 pages total.

SECTION 1A: ORGANIZATIONAL EXPERIENCE

Address each of the following questions below for the organization to demonstrate capacity and ability to execute successful programs/projects.

1. Provide a brief description of the objectives or mission statement of the organization or agency and relevant experience. How long has the organization been in existence?
2. Detail your organization's experience in providing assistance to individuals experiencing unsheltered homelessness. Please include any instances in which your organization has implemented a housing-first approach to service provision. Special consideration will be given to organizations with a track record of serving chronically homeless individuals.
3. Detail your organization's experience in providing programs that support successful, long-term housing placements that provide opportunities for education and positive change.
4. Describe your organization's current or new staff positions that will oversee and implement the program functions outlined in section 1.B. Please include resumes of staff who will be integral to the program if they are existing staff in a separate attachment, if applicable.

SECTION 1B: PROGRAM DESIGN & ELIGIBILITY

1. Provide a detailed description of the proposed program, including important, innovative, or unique aspects of the program and how the program supports the individuals experiencing homelessness in New Orleans. Explain whether that program is an existing program that will be expanded or a new program that will be implemented.
2. What is the rationale behind your program design? What, if any, research informed your program design? What learnings from past experience have informed or changed the approach?
3. How many individuals or families do you anticipate serving?
4. Identify the proposed program duration. Include a detailed timeline for project planning and implementation, including key milestones

SECTION 2: PROGRAM OR PROJECT BUDGET

Please describe your proposed budget by responding to the prompts below. When replying to prompts, please use **Times New Roman, 12-point font with double spacing** to facilitate reading by scorers. When submitting your proposal, include separate attachments with your excel document budget narrative and your organization's financials, including your most recent 990 and a copy of your most recent financial statement. If you have an audited financial statement, please submit it as a separate attachment.

SECTION 2A: BUDGET AND BUDGET NARRATIVE

A budget template has been provided below. Please use this template as a starting point for your proposed budget. You may add or remove categories and enter amounts as necessary. Please provide a description of project costs below in a narrative format. Please also include an Excel document that breaks down costs across allowable categories. All such costs should be limited to the amounts that are necessary and reasonable to accomplish the program activities. Any awarded project will be subject to OHSS' feasibility and cost reasonableness analyses.

Allowable costs include, but are not limited to:

- A. Program staff salaries, including fringe and benefits;
- B. Organizational administrative/overhead costs;
- C. Office supplies, outreach & promotional materials;
- D. Travel & transportation costs;
- E. Resources to support immediate program participants needs

Restrictions on use of funds include, but are not limited to:

- A. Organizations must operate within the geographic boundary of the City of New Orleans
- B. Program recipients or project participants must be City of New Orleans residents.
- C. Indirect administrative costs must not exceed 10% of the total requested budget less subsidy payments.
- D. Proposed budget should not include the use of funds to purchase food for meetings or events.

Submit your most recent 990 and a copy of your most recent financial statement. If you have an audited financial statement, please submit.

Acknowledgements

The undersigned certifies and makes assurance of the Applicant's compliance with:

- i. Organization does not owe Federal debt, any State of Louisiana debt, or any City of New Orleans debt.
- ii. Applicant organization has met audit requirements to be considered for funding, including submission of organization's most recent completed audit, and all audits of previously funded organizations are clear of ineligible/disallowed costs related to all funding provided by the City of New Orleans.
- iii. No contractor principal, member, or officer has, within the preceding five years, been convicted of, or pled guilty to, a felony under state or federal statutes for embezzlement, theft of public funds, bribery, or falsification or destruction of public records.
- iv. Proposals are in compliance with City funding commitments and do not have unresolved compliance issues.
- v. Title VI of the federal Civil Rights Act of 1964 <https://www.hhs.gov/civil-rights/for-individuals/special-topics/needy-families/civil-rights-requirements/index.html>;
- vi. Title IX of the federal Education Amendments Act of 1972 <https://www.justice.gov/crt/title-ix-education-amendments-1972>
- vii. The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government <https://www.eeoc.gov/statutes/laws-enforced-eeoc>
- viii. The Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government <http://www.ada.gov/pubs/ada.html>;
- ix. All contract employees performing services and/or work as a result of this solicitation must have documented legal authority to work in the United States of America;
- x. The condition that the submitted Application was independently arrived at, without collusion, under penalty of perjury; and
- xi. The condition that no amount shall be paid directly or indirectly to an employee or official of the City of New Orleans as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Applicant in connection with the Procurement under this NOFA.

Yes No

<hr/> ORGANIZATION	<hr/> FED EMPLOYER ID NO.
<hr/> APPLICANT SIGNATURE	<hr/> DATE
<hr/> PRINTED NAME	
<hr/> TITLE	
PERSON RESPONSIBLE FOR PREPARATION OF APPLICATION	
<hr/> NAME	<hr/> TITLE
<hr/> ADDRESS	
<hr/> CITY	<hr/> STATE
<hr/> ZIPCODE	
<hr/> PHONE NUMBER	<hr/> EMAIL ADDRESS
PERSON RESPONSIBLE FOR PROGRAM AND CONTRACT MANAGEMENT	
<hr/> NAME	<hr/> TITLE
<hr/> ADDRESS	
<hr/> CITY	<hr/> STATE
<hr/> ZIPCODE	
<hr/> PHONE NUMBER	<hr/> EMAIL ADDRESS

Appendix E: Budget Template

Annual Budget (January 1, 2025 - December 31, 2025)			
Organization Name:			
Key Contact Name & Phone:			
PROJECT BUDGET Case Management	Max per FTE	Case Manager	Narrative
Personnel Expenses - Salaries & Wages		Proposed Annual budget	
Number of FTE	___ FTE		
CM Salary	\$___	\$___	<i>100% of staff time spent dedicated to this program</i>
Fringe Benefits	\$___	\$___	
Add lines as necessary	\$___	\$___	
Total Personnel Expenses	\$___	\$___	
Other Expenses			
Equipment	\$___	\$___	
Client Transportation	\$___	\$___	
Mileage Reimbursement	\$___	\$___	
Add lines as necessary	\$___	\$___	
Total Other Costs	\$___	\$___	
Administrative Fee	\$___	\$___	<i>Max of 10% of Personnel and Other Expenses above</i>
TOTAL CASE MANAGEMENT EXPENSES	\$___	\$___	<i>Total expenses personnel + non-personnel + administrative fee</i>
PROJECT BUDGET Subsidy Management	Max per FTE	Proposed Annual Budget	Narrative
___ # of Units per FTE	\$___	\$___	
Add lines as necessary	\$___	\$___	
TOTAL SUBSIDY MANAGEMENT EXPENSES	\$___	\$___	
TOTAL PROJECT BUDGET (Total Case Management + Subsidy Management)			