



WASHINGTON COUNTY

Department of Human Services

Department of Housing & Urban Development

Emergency Solutions Grant

The Washington County Department of Human Services' mission is to create an accessible and holistic integrated Human Services System that addresses the individual and family needs of Washington County to promote self-sufficiency and improve their quality of life. Our vision is to provide the residents with the highest quality of health and human services throughout their life span.

2025-2026 EMERGENCY SOLUTIONS GRANT

The Emergency Solutions Grant focuses on addressing the needs of people experiencing homelessness (as defined in Category 1 of the Federal Definition) to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

ELIGIBLE PROGRAM COMPONENTS

1. Street Outreach

Essential Services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Eligible costs include engagement, case management, emergency health and mental health services, and transportation.

2. Emergency Shelter

Essential Services such as case management, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.

Shelter Operations, including maintenance, rent, repair, security, fuel, equipment, insurance, utilities, relocation, and furnishings.

Major Rehabilitation, Conversion, or Renovation of a building to serve as a homeless shelter. Site must serve homeless persons for at least 3 or 10 years, depending on the cost. Note: Property acquisition and new construction are ineligible ESG activities.

3. Homelessness Prevention

Housing relocation and stabilization services and rental assistance as necessary to prevent the individual or family from becoming homeless if:

- Annual income of the individual or family is below 30 percent of median family income
- Assistance is necessary to help program participants regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing.

Eligible costs may include security deposits, utility deposits, rent and utility arrearages, forward rental assistance, utility payments, moving costs, and housing stability case management.

4. Rapid Re-Housing

Housing relocation and stabilization services and rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing. Eligible costs also include security deposits, utility deposits, rent and utility arrearages, forward rental assistance, utility payments, moving costs, and housing stability case management.

5. Data Collections (HMIS)

Grant funds may be used for the costs of participating in an existing HMIS of the Continuum of Care where the project is located. HMIS Participation is a requirement of ESG recipients. However, domestic violence shelters cannot participate in HMIS but must use as comparable database to provide aggregate reports.

MATCH

Sub-recipients are required to match 100 percent of their grant request, which can include cash resources provided any time after the start date of the contract. Match contribution must meet all requirements that apply to ESG funds and must be expended in accordance with the regulatory guidance.

Match may be obtained from any source including federal (other than the ESG Program), state, local, and private sources. However, the following requirements apply to matching contributions from a federal source of funds:

1. The recipient must ensure the laws governing any funds to be used as matching contributions do not prohibit those funds from being used to match Emergency Solutions Grant (ESG) funds.
2. If ESG funds are used to satisfy the matching requirements of another Federal program, then funding from that program may not be used to satisfy the matching requirements under this section.

The matching requirement may be met by one or both of the following:

1. Cash contributions. Cash expended for allowable costs, as defined in the Office of Management and Budget (OMB) Circulars A-87 (2 CFR part 225) and A-122 (2 CFR part 230), of the sub-recipient or third-party contractor.
2. Noncash contributions. The value of any real property, equipment, goods, or services contributed to the sub-recipient's or third-party contractor's ESG Program, provided that if the sub-recipient or third-party contractor had to pay for them with grant funds, the costs would have been allowable.
 - a. Noncash contributions may also include the purchase value of any donated building. To determine the value of any donated material or building, or of any lease, the sub-recipient or third-party contractor must use a method reasonably calculated to establish the fair market value.
 - b. Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the sub-recipient's or third-party contractor's organization. If the sub-recipient or third-party contractor does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.

Goals & Impacts

Our efforts are driven to address the ongoing housing insecurities the residents of Washington County are experiencing by improving access to necessary housing services. Washington County Human Services relies on cross-systems collaboration to better serve our residents with their social determinants of health needs in order to achieve holistic stability. Overall, ensuring that individuals have access to safe and affordable housing is essential for promoting overall well-being and enabling individuals to reach their full potential. By addressing this fundamental need, we can create a solid foundation for individuals to pursue higher-level needs and ultimately achieve self-actualization. We are committed to working with local organizations, stakeholders, and community members to develop and implement these programs effectively. Collaboratively, we can create a more stable and supportive environment for individuals and families experiencing homelessness, helping them to rebuild their lives and thrive in Washington County.

Submission Guidelines

| |
|--|
| Description: |
| Sealed RFPs will be received in the Office of the Washington County Controller's Office, 95 Beau Street, Ste. 430, Washington, PA 15301 until 11:00 A.M. on March 25 th , 2025, for RFP- Washington County Emergency Solutions Grant. Bids shall be publicly opened and read aloud at 11:00 A.M. therein. |
| The County Commissioners reserve the right to reject any or all RFP bid submissions. |
| An original and five copies of the complete bid must be submitted in a sealed envelope and addressed to the Washington County Purchasing Department and marked clearly on the outside of the envelope with the bidder's name and address and the designation: |
| RFP – Emergency Solutions Grant |
| Late proposals will not be accepted or considered. You must follow all instructions on the attached set of bid specifications. Failure to do so may result in your bid being disqualified. |
| Publication Date/Time: |
| 3/10/2025 |
| Publication Information |
| Observer Reporter & Website |
| Closing Date/Time |
| 3/25/2025 at 11:00 A.M. – Washington County Controller's Office – 95 W Beau Street Suite 430 |

Application

| Washington County Emergency Solutions Grant | | | | |
|---|---|--|--|-----------------------------------|
| Legal Name of Applicant: | | | | |
| Legal Address of Applicant: | | | | |
| Entity Contact Information: | | | | |
| Email: | | Phone: | | Fax: |
| Contact Representative: | | | | |
| Type of Entity | | | | |
| School or University <input type="checkbox"/> | Government Agency <input type="checkbox"/> | Non-profit <input type="checkbox"/> | For-Profit <input type="checkbox"/> | Other <input type="checkbox"/> |
| Tax identification number (EIN): | | | | |
| DUNS Number: | | | | |
| Please attach a copy of your letter from the IRS if you are a 501(c)3. | | | | |
| Geographic locations served: | | | | |
| Organizational Background | | | | |
| Years in existence? | | | | |
| Organizational overview: (include your mission, programs, and recent accomplishments): (150 word maximum) | | | | |
| The Project | | | | |
| Project Name: | | | | |
| Population demographic served: | | | | |
| Projected number of individuals served: | | | | |
| Program Activities: | | | | |
| Operating Expenses | \$ | _____ | | |
| Essential Services | \$ | _____ | | |
| Street Outreach | \$ | _____ | | |
| Renovation/Rehabilitation | \$ | _____ | | |
| Total Amount of ESG Funds Requested | | \$ | _____ | |

Please complete the table below, indicating funding sources for this program that have been committed or applied for (with amounts) including Federal, State, County, Local, and Private Grants (additional rows can be added if necessary)

| <u>Source</u> | <u>Amount</u> |
|---------------|---------------|
| | \$ |
| | |
| Total | \$ |

Emergency Shelter- Please complete the chart below. (Example: A single adult program serving persons in a dormitory arrangement will have 1 unit, 25 beds ,0 bedrooms and 5 overflow beds.)

| Type of Housing | Number of Units | Number of Beds | Bedrooms | Emergency Shelter only Overflow Beds |
|--|-----------------|----------------|----------|---|
| <i>EXAMPLE:</i> <i>Dormitory/Barracks</i> | <i>1</i> | <i>25</i> | <i>0</i> | <i>5</i> |
| Dormitory/Barracks | | | | |
| SROs | | | | |
| Shared Housing w/ individual units & shared Kitchen / Bathrooms | | | | |
| Individual Apartments | | | | |
| Scattered Site Leasing | | | | |

Populations to be served, Number of Clients

- a. Single Male _____
- b. Single Female _____
- c. Single Male w/ Children _____

- d. Single Female w/ Children _____
- e. 2 Adults w/ Children _____
- f. 2 Adults w/out Children _____
- g. Transgender _____

Subpopulations to be served (estimated numbers)

- a. Chronically homeless _____
- b. Severely Mentally Ill _____
- c. Chronic Substance Abuse _____
- d. Persons with HIV/AIDS _____
- e. Other Disability _____
- f. Veterans _____
- g. Homeless and Runaway Youth _____
- h. Victims of DV (adults & children) _____

Is the building ADA Handicapped Accessible? Yes _____ No _____

For the following questions, attach your organizations written polices addressing the following elements and, in the space provided indicate where in the attached policies the elements are located. If your organization does not have any written specific policies in writing, please detail in the space provided how each element will be addressed.

- Identify section in attached policies or briefly discuss the eligibility requirements for your program, including intake process, requirements for entering the program, etc.
- Identify section in attached policies or briefly discuss the shelter’s procedures and requirements – maximum length of stay, requirements of participants upon entry, access for persons with disabilities, house rules, supportive service requirements, reasons for dismissal, termination/eviction process, appeals procedures.
- Identify section in attached policies or briefly discuss your organizations inclusion of people homeless experiencing homelessness in carrying out this program. Note that by ESG regulations, and to the maximum extent practicable, the recipient or sub-recipient must involve homeless individuals and families in constructing, renovating, maintaining and operating facilities assisted under ESG, in providing services assisted under ESG...” This involvement may include employment or volunteer services.”
- Identify section in attached policies or describe what supportive services are offered to clients: life skills, case management, mental health services, outpatient health services, housing and job search services, etc.
- Please describe your agency’s connection with the Continuum of Care. How will this connection allow for a person of family experiencing a crisis in housing to be re-housed quickly and stably?
- Does your Agency subscribe to a “Housing First” methodology? If so, how does that manifest itself in your work with clients? If not, what is preventing you from becoming a “Housing First” provider?

Organizational Capacity and Experience

1. List the location of facility and days and hours of operation where you will be serving ESG participants.
2. List the Geographic area served by your organization and how long has the organization been serving the area. If there are areas that your organization is prohibited from serving, please include that information as well.
3. Organizational hiring policies: Please describe your organizational hiring policies and practices. Relevant information includes recruitment/advertising methods and length of time it takes to hire a new staff position into your organization. Word Limit: 300 Word limit.

ESG Staffing – Please fill out the staffing chart. Provide job descriptions. Please ensure new and existing staff needs are represented in the budget narrative.

| Position | Existing or New? | Organizational Affiliation | Title | ESG Responsibilities | # hours per week | Hourly Rate | Fringe Benefit Rate | Total Rate |
|----------|------------------|----------------------------|-------|----------------------|------------------|-------------|---------------------|------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

*Note if the staff member is employed by the applicant or another organization. If not the applicant organization, please list and provide the relationship between the two organizations.

*Additional rows can be added if necessary.

Project Management/Financial Controls/Oversight

- Describe internal administrative controls to be used, including financial record keeping procedures and management control. Include copy of financial policies. .
- Describe the record keeping system to be used to maintain program data and program financial systems.
- Describe the mechanism to be used to fulfill responsibilities regarding non-discrimination, equal employment opportunities and other relevant local, State and Federal requirements.
- ESG sub-recipients are required to collect and enter unduplicated client data in the Homeless Management Information System (HMIS). Is your agency already entering data into HMIS? _____ Yes _____ No. Identify the

contact person who will be responsible for ensuring that data for persons assisted with ESG is accurate and completed.

- o If your agency is a domestic services provider, are you using a comparable database to HMIS? Yes _____ No _____
- o As HUD now requires DV agencies to provide all of their data from uploads from their comparable database, is your comparable database able to upload HMIS data for renewal application scoring and annual CAPER reports? Yes _____ No _____
 - If yes, what comparable system is used?
- Describe your organization’s collection/entry methodology and identify the contact person who will be responsible for ensuring that data for persons assisted with ESG is accurate and complete.

Purpose & Funding

Please provide a brief, one-phrase description of the purpose of your grant request.

Please provide the total project cost. (attach a project budget)

What is the amount you are requesting?

Duration of funding?

What is your desired long-term impact?

How will you measure results and progress?

Shelters

Shelter Operations: Eligible costs are the costs of maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings, staff travel and supplies necessary for the operation of the emergency shelter.

***Please clarify any amounts entered as "Other" in your Budget Narrative document.**

| | Funding Requested | Match Funding Amount | Match Source |
|-------------------------------|-------------------|----------------------|--------------|
| Personnel | \$ | \$ | \$ |
| Rent | \$ | \$ | \$ |
| Utilities | \$ | \$ | \$ |
| Repairs & Maintenance | \$ | \$ | \$ |
| Equipment | \$ | \$ | \$ |
| Security | \$ | \$ | \$ |
| Food & Furnishings | \$ | \$ | \$ |
| Insurance | \$ | \$ | \$ |
| Staff Travel | \$ | \$ | \$ |
| Consumable Supplies (Specify) | \$ | \$ | \$ |
| Other (Specify) | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |

*Documentation of each matching source should be included as an attachment to the application.

Essential Services

Eligible costs associated with case management, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, etc.

| | Funding Requested | Match Funding Amount | Match Source |
|-------------------------|-------------------|----------------------|--------------|
| Education Services | | | |
| Case Management | | | |
| Employment Counsel | | | |
| Substance Abuse Counsel | | | |

| | | | |
|----------------------------|--|--|--|
| Mental Health Services | | | |
| Child Care | | | |
| Job Training & Placement | | | |
| Legal Services | | | |
| Outpatient Health Services | | | |
| Other (Specify) | | | |
| Total | | | |

*Documentation of each matching source should be included as an attachment to the application.

Major Rehabilitation, Conversion, or Renovation

Costs associated with improvements to a building to serve as a homeless shelter. Site must serve homeless persons for at least 3 to 10 years, depending upon the cost. Note: Property acquisition and new construction are **ineligible** ESG activities.

Please provide the following information about the facility to be renovated/rehabilitated/ converted:

- Property Address
- Description of Building (i.e., type of building, size, number of stories, number of rooms, general condition)
- Describe in detail the type of renovations / rehabilitation needed and the estimated cost for each work item. Include at least one contractor estimate and professional certification. (For example, install 5 new aluminum windows approximately 30"x60"-estimated cost \$1,250.00)
- Construction schedule: Start date _____ Completion Date _____
- Attach proof of site control (i.e. deed, long term lease)
- Attach a current Occupancy Permit for all existing facilities
- Building permit must be provided for all rehabilitation projects upon contract finalization
- Matching Fund Source:
- Complete **professional's certification** (see Attachment A)

STREET OUTREACH

These services are related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, critical services and providing them with urgent, non-facility-based care. Eligible costs include engagement, case management, emergency health and mental health services and transportation.

| | Funding Requested | Match Funding Amount | Match Source |
|---------------------------|-------------------|----------------------|--------------|
| Case Management | | | |
| Emergency Health Services | | | |
| Mental Health Services | | | |
| Transportation | | | |
| Engagement | | | |
| Other (Specify) | | | |
| Total | | | |

*Documentation of each matching source should be included as an attachment to the application.

- Describe your agency's experience administering HUD funded programs
- Describe your agency's Case Management Style.
- ESG contracts will be reimbursement-based contracts. Please describe how your agency will handle the implicit cash-flow issues.

Please attach additional file documents when more space is necessary

RFP Timeline

RFP Release: March 10, 2025 | RFP Submission Deadline: March 25, 2025

Contact Person:

John Tamiggi- Director of Human Services
john.tamiggi@co.washington.pa.us

Nicole Masur – Housing & Homelessness Director
Nicole.masur@co.washington.pa.us

PROPOSAL CERTIFICATION

THIS SECTION MUST BE SIGNED BY AN AUTHORIZED OFFICIAL

Project Name:

Amount Requested:

Applicant Agency's Legal Name:

I certify that the statements and application requirements in this official proposal are correct and that this proposal contains no misrepresentation or falsification, omission or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief, and that no bids have been awarded, contracts executed on the proposed project.

The undersigned hereby certifies that the above-named agency is authorized to submit an ESG application for the above-named project. The application is complete and accurate to the best of my knowledge.

Name/Title

Signature

Date

ATTACHMENT A

**PROFESSIONAL'S CERTIFICATION
(CERTIFICATION NEEDED FOR RENOVATION PROJECTS)**

The purpose of the Professional's Certification Attachment is to have on record a statement from an engineer, architect or construction professional that the work is feasible and the costs are fair.

1. PROJECT NAME _____

2. PROJECT LOCATION _____

3. TOTAL PROJECT COST _____

I, _____, a professional _____, in the Commonwealth of Pennsylvania do hereby certify that the proposed work for the above named project is feasible and the costs itemized hereto are fair and reasonable estimates of the project costs.

Signature

Date

(SEAL)