**Rapid Rehousing (RRH) Project**

All applications are due to the staff listed below by 5:00pm EDT on Friday, June 6, 2025.

Please email completed applications and required attachments to: [cmattoon@cityofboise.org](mailto:cmattoon@cityofboise.org)

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| --- |
| **General Information** |

Note that this section of the application will only be used to determine whether applicants meet a minimum threshold to receive YHDP funding.

1. **Recipient Agency Contact Information**
   1. **Name of Organization:** Click or tap here to enter text.
   2. **Organization Type:**

Non-profit 501(c)3

State government

County government

City township government

Special district government

Indian Tribes and tribally designated housing entities as defined in Section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)

* 1. **DUNS Number:** Click or tap here to enter text.
  2. **Is this agency a current HUD CoC grantee?**  Yes  No
  3. **Contact Person for this Organization**
     1. **Name:** Click or tap here to enter text.
     2. **Title:** Click or tap here to enter text.
     3. **Phone:** Click or tap here to enter text.
     4. **Email:** Click or tap here to enter text.

1. **Sub-Recipient Agency #1 Contact Information (if applicable)**  N/A
   1. **Name of Organization:** Click or tap here to enter text.
   2. **Organization Type:**

Non-profit 501(c)3

State government

County government

City township government

Special district government

Indian Tribes and tribally designated housing entities as defined in Section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)

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  3. **Contact Person for this Organization**
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     2. **Title:** Click or tap here to enter text.
     3. **Phone:** Click or tap here to enter text.
     4. **Email:** Click or tap here to enter text.

1. **Sub-Recipient Agency #2 Contact Information (if applicable)**  N/A
   1. **Name of Organization:** Click or tap here to enter text.
   2. **Organization Type:**

Non-profit 501(c)3

State government

County government

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Special district government

Indian Tribes and tribally designated housing entities as defined in Section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)

* 1. **DUNS Number:** Click or tap here to enter text.
  2. **Is this agency a current HUD CoC grantee?**  Yes  No
  3. **Contact Person for this Organization**
     1. **Name:** Click or tap here to enter text.
     2. **Title:** Click or tap here to enter text.
     3. **Phone:** Click or tap here to enter text.
     4. **Email:** Click or tap here to enter text.

1. **Describe the financial management structure for the proposed Recipient Agency and any Subrecipients.**

Click or tap here to enter text.

1. **Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under the proposed Recipient Agency or a Subrecipient?** If yes, describe the unresolved monitoring or audit findings.

Click or tap here to enter text.

1. **Does this project propose to allocate funds according to an indirect cost rate?**

**Yes  No**

If yes, answer questions a-c.

* 1. **Complete the indirect cost rate schedule below:** Complete at least one row using information from either your approved plan or your proposal.

|  |  |  |
| --- | --- | --- |
| **Administering Department/Agency** | **Indirect Cost Rate** | **Direct Cost Base** |
| Click or tap here to enter text. | % |  |
| Click or tap here to enter text. | % |  |
| Click or tap here to enter text. | % |  |
| Click or tap here to enter text. | % |  |
| Click or tap here to enter text. | % |  |

* 1. **Has this rate been approved by your cognizant agency?** Answer “Yes” if the indirect cost rate has already been approved by your cognizant agency. Answer “No” if it has either not been submitted to or has not yet been approved by your cognizant agency.

**Yes  No**

* 1. **Do you plan to use the 10% de minimis rate?** Answer “Yes” only if you plan to use the 10% de minimis rate as described in 2 CFR 200.203(c))2).

**Yes  No**

1. As noted, the Recipient and Subrecipient Agencies selected to implement this project will be required to collaborate with the YLB to design and implement project policies and participate in a countywide Continuous Quality Improvement (CQI) process. **Do all participating Recipient and Subrecipient agencies agree to participate in these processes?**

**Yes  No**

1. **If awarded, do you intend to request that HUD waive the 25% match requirement for this grant?**

**Yes  No  Undecided**

* 1. Even if you submit a match waiver request to HUD to implement, it is not guaranteed that HUD will approve it. **If you are required to provide at least 25% match to implement this grant, what will your match source be? Please check all that apply.**

**Cash Match**

**Source:** Click or tap here to enter text.

**Amount:** Click or tap here to enter text.

**Do you have a written commitment for this yet?  Yes  No**

**In-Kind Match**

**Source:** Click or tap here to enter text.

**Amount:** Click or tap here to enter text.

**Do you have a written commitment for this yet?  Yes  No**

**Not yet sure, but I confirm that I understand this will be required before executing a grant agreement with HUD.**

1. **Describe the roles and project implementation structure between Recipient and Subrecipient Agency(ies).** What will each organization do or specialize in? Who will provide case management support to clients? If no Subrecipients are included on this application, please describe how the Recipient Agency envisions implementing and structuring this project.

Click or tap here to enter text.

|  |
| --- |
| **Project Implementation Plans & Experience** |

***Please note:*** We have provided suggested word lengths for each response to help applicants focus the content of their responses. Applications that go over the word limit will still be accepted, but the review team asks applicants to strive to adhere closely to these guideposts. Excessively long responses may not be read in full when scoring applications.

1. **Why do you want to do this work? Why should we pick your application? This work is personal for the people you would serve, and we want to understand why this work is important or personal to you.** (500 words or less)

Click or tap here to enter text.

1. **Describe the experience of the Recipient Agency in:**
   1. **Providing services to youth and young adults.** (300 words or less)

Click or tap here to enter text.

* 1. **Operating housing programs dedicated to people experiencing homelessness.** (300 words or less)

Click or tap here to enter text.

* 1. **Providing services or housing to youth and young adults experiencing homelessness or housing instability.** (300 words or less)

Click or tap here to enter text.

* 1. **What does the Recipient think would be hard about working with YYA and putting this project into place? What do they think would be easy about it?** (300 words or less per Subrecipient)

Click or tap here to enter text.

1. **Describe each Subrecipient’s experience in:**
   1. **Providing services to youth and young adults.** (300 words or less per Subrecipient)

Click or tap here to enter text.

* 1. **Operating housing programs dedicated to people experiencing homelessness.** (300 words or less per Subrecipient)

Click or tap here to enter text.

* 1. **Providing services or housing to youth and young adults experiencing homelessness or housing instability.** (300 words or less per Subrecipient)

Click or tap here to enter text.

* 1. **What does each Subrecipient think would be hard about working with YYA and putting their part of this project into place? What do they think would be easy about it?** (300 words or less per Subrecipient)

Click or tap here to enter text.

1. **Describe the range of supportive services that will be included in the project design for YYA, including who will provide the service, how YYA will access the service, and how often the service will be provided.** (350 words or less)

Click or tap here to enter text.

1. **Describe how youth and young adults with complex services needs, like those dealing with mental health or substance use issues, will be support in your program design.** (350 words or less)

Click or tap here to enter text.

1. **Describe how participants will be assisted to rapidly obtain housing within 30 days of enrollment.** (350 words or less)

Click or tap here to enter text.

1. **Describe how participants will be assisted to gain skills and tools necessary to remain in permanent housing, including plans to prevent housing loss and eviction.** (350 words or less)

Click or tap here to enter text.

1. **Please identify whether the project will include the below activities.** This section is not score, but to give us a better idea of what CoC support services and YHDP special activities the project is planning to implement.

* **Transporation Assistance** **☐ Yes**  **☐ No**
* **Property Incentives** **☐ Yes**  **☐ No**
* **Employment training or jobs** **☐ Yes**  **☐ No**
* **Mainstream benefits received/renewed**  **☐ Yes**  **☐ No**
* **Move-in (Rent)** **☐ Yes**  **☐ No**
* **Housing Start-up Costs** **☐ Yes**  **☐ No**
* **Vacancies**  **☐ Yes**  **☐ No**
* **Damages** **☐ Yes**  **☐ No**
* **Cell Phones** **☐ Yes**  **☐ No**
* **Internet** **☐ Yes**  **☐ No**
* **Legal Fees** **☐ Yes**  **☐ No**
* **Driving Fines and Fees** **☐ Yes**  **☐ No**
* **Food** **☐ Yes**  **☐ No**
* **Rental Arrears**  **☐ Yes**  **☐ No**
* **Utility Arrears** **☐ Yes**  **☐ No**

1. **Will your agency employ (or have a hiring preference for) homeless and/or formerly homeless individuals in this project? If yes, please describe the role of these individuals in the project.  Yes**  **No** (350 words or less)

Click or tap here to enter text.

1. **Describe how the proposed Recipient and any Subrecipients would onboard, supervise, and support the staff providing direct services to youth and young adults in this project.** (300 words or less)

Click or tap here to enter text.

* 1. **Please list the trainings that direct-service staff would receive through your organization(s):** Click or tap here to enter text.
  2. **Are there any additional training topics you would want staff implementing this project to receive?** Please list them. Click or tap here to enter text.

1. **For each of the following principles, describe your approach to implementing them in the context of this specific project.** Note that these questions will be scored, but we do not expect anyone to know 100% of these answers. Responses will help us understand each applicant’s current orientation to this work and areas for ongoing training and support.
   1. **Authentic Youth Collaboration**
      1. **Approach to implementing** (200 words or less): Click or tap here to enter text.
   2. **Positive Youth Development**
      1. **Approach to implementing** (200 words or less): Click or tap here to enter text.
   3. **Housing First for Youth and Young Adults**
      1. **Approach to implementing** (200 words or less): Click or tap here to enter text.
   4. **Trauma-Informed Practices**
      1. **Approach to implementing** (200 words or less): Click or tap here to enter text.
   5. **Harm Reduction**
      1. **Approach to implementing** (200 words or less): Click or tap here to enter text.
   6. **Participant-Driven & Individualized Supports**
      1. **Approach to implementing** (200 words or less): Click or tap here to enter text.
   7. **Participant Dignity, Choice, and Self-Determination**
      1. **Approach to implementing** (200 words or less): Click or tap here to enter text.
   8. **Respect & Non-Judgment of Participants**
      1. **Approach to implementing** (200 words or less): Click or tap here to enter text.
   9. **Family Engagement**
      1. **Approach to implementing** (200 words or less): Click or tap here to enter text.
   10. **Social & Community Integration**
       1. **Approach to implementing** (200 words or less): Click or tap here to enter text.
   11. **Housing-Focused Problem-Solving** 
       1. **Approach to implementing** (200 words or less): Click or tap here to enter text.
   12. **Community-Building within Your Staff Team & within Your Organization**
       1. **Approach to implementing** (200 words or less): Click or tap here to enter text.
2. **Describe how your team would approach serving all people in this project to ensure they feel welcomed and a sense of belonging. If available, provide examples of how you have done this in the past. You may provide a separate response for each Recipient and Subrecipient if desired.** (300 words or less)

Click or tap here to enter text.

1. **For the proposed Recipient Agency and each Subrecipient, please describe a time when your organization has gotten hard feedback from a service participant and what you did in response to that feedback.** (300 words or less for each agency)

Click or tap here to enter text.