

**Shelter Support Program**  
**FY 2025 Request for Proposal**

**Name of grant program:** Shelter Support

**Purpose of Shelter Support Grant:** To provide funding to address code violations and life and safety issues in licensed emergency shelters as well as improve the quality of life for residents by purchasing new equipment and furnishings.

**Available funding:** \$3,872,000

**Maximum award amount:** \$500,000

**Eligible entities:** Local and county government and nonprofit organizations with at least 5 years of experience managing shelters and/or transitional housing facilities.

In order to qualify for Shelter Support funding, the facility must meet the following state and federal criteria:

- Licensed by a State of New Jersey department as an emergency shelter (NJ Department of Community Affairs' Division of Codes and Standards, NJ Department of Human Services, NJ Department of Children and Families etc.).
- The facility cannot charge residents rent, enter into an occupancy agreement with a resident, or sign a lease with a resident.
- The duration of stay cannot exceed 24 months for residents.

**Facility Types:** Shelter services and programs vary based on the type of facility and duration of stay. For the purposes of the Shelter Support Grant, the following facility types will be considered and evaluated accordingly.

1. *Overnight Emergency Shelter*- provides temporary shelter for the homeless; guests are discharged the following day.
2. *Traditional Emergency Shelter*- this is an emergency shelter for the homeless with a median stay under 90 days but not to exceed 12 months.
3. *Transitional Housing Facility*- provides temporary housing (6 to 24 months) with supportive services to individuals and families experiencing homelessness with the goal of interim stability to successfully move to and maintain permanent housing. Only facilities that service survivors of domestic violence or aging out youth are eligible to apply.

**Target populations:** Homeless individuals and families with an emphasis on aging-out youth between 18-21 years of age, persons with mental health disorders, victims of domestic violence, veterans, persons with HIV/AIDS, individuals leaving jail or prison and those with alcohol/substance issues.

**Eligible activities for Shelter Support**

- Rehabilitation, renovation, or conversion of buildings for use as an emergency shelter for any household type or a transitional housing facility serving survivors of domestic violence or aging out youth.

- Purchase of equipment, furnishings and/or a new van that will accommodate a minimum of eight passengers for emergency shelters and transitional housing facility serving survivors of domestic violence or aging out youth.

**Ineligible activities for Shelter Support:**

- Acquisition of an emergency shelter or transitional housing facility.
- Mortgage payoff of a property owned by the applicant, agency subsidiary, or any other affiliated organization under the umbrella of the parent company.
- New construction.
- Staff salaries, consultants, interior designers.
- The purchase of a bus, SUV, shed, or playground.
- Warranties, protection plans, or software.

**Qualifications of applicants in order to be considered for funding:** Successful applicants must have the experience and the capacity to successfully undertake the proposed activities including, but not limited to the following:

- Experience providing similar services and assistance.
- Capacity to successfully manage program grants as evidenced by previous grants including the COVID Shelter Support Grant
  - Achieved prior grant objectives within the established time frame.
  - Provided accurate cost estimates of the proposed work.
  - Expended grant awards correctly and in a timely manner.
  - Produced and submitted performance and financial reports correctly and on-time.
  - Produced grant close out documents by due date.
  - Submitted a current audit to DCA and have no unresolved audit findings with DCA.
- Sufficient amount of revenue/income to operate the project, including evidence to meet the reimbursement policy.
- Maintain an active Unique Entity ID (UEI) number.
- Complete or renew registration with the System for Award Management (SAM) (please note that your agency must be designated as a public agency and not private agency)
- Be an active participant in a Homeless Management Information System (HMIS) or if a DV agency, have a comparable Database system capable of producing a CAPER report.
- Submitted all annual certifications for prior grants.
- Must be licensed as an emergency shelter by a State department NJ DCA (Codes and Standards), NJ DHS, NJ DCF etc.
- Cannot charge residents rent, enter into an occupancy agreement with a resident, or sign a lease with a resident. Resident stays cannot extend beyond 24 months.

**Application Process:**

**Program Narrative**

All applicants must submit in SAGE a written narrative that describes the following:

1. Agency Experience/Financial Management
2. Project Type
3. Assessment of Need(s)
4. Number of Beds
5. Data Collection-must upload two years of CAPERs. If any residents exceeded the 24-month limit in shelter, must provide explanation.
6. Social Services
7. Link to Existing Services
8. Operational Staff
9. Timeline
10. Proposed project budget (including other funding sources that are dedicated to the project)

Budget Category	Requested Amount	MANDATORY Ten Percent Applicant Match	Other Funds	Total
Operating Costs: Equipment				
Operating Costs: Furnishings				
Operating Costs: Purchase Vehicle				
Capital: Rehab-Residential				
Capital: Renovations				

Please note: The maximum reimbursement amount for a new van is \$40,000; the Department will hold the vehicle title for 4 years. Vans must be new and must accommodate a minimum of 8 people.

11. Applicant’s annual operating budget including: 1) fringe benefits; 2) consultant and contract services; 3) accounting; 4) legal, health and social service contracts; 5) travel; 6) rent or mortgage (principal and interest); 7) utilities; 8) security contracts; 9) cleaning and maintenance; 10) property management fee; 11) property taxes; 12) supplies (office, residential, maintenance); 13) shelter food; 14) rental or purchase of furnishings and equipment; 15) insurance (property, liability and auto); 16) postage; 17) telephone; and 18) operating reserves for maintenance or replacement

**Required Attachments at Time of Application:**

- Board Resolution
- Audits from the past three years
- Evidence of Ownership- deed of property or if leased, current 10-year lease agreement
- By-Laws
- Certificate of Incorporation
- Letter of Support – County Continuum of Care

- Letter from HMIS provider
- Copy of valid residential license from the relevant NJ State department (i.e., DCA, DCF, DHS)
- Commitment letters – Other Sources of Funding
- Commitment Letters – Operating Budget Part II
- Verification of zoning approval – if creating a new facility through conversion
- Staff resumes
- Tax map
- Street map
- Environmental - Exterior photographs (for historic review)
- Environmental - Letter from local or county historic preservation official
- Environmental – Flood Insurance Rate Map
- Environmental – Wetlands Map
- Environmental – Hazardous conditions
- Environmental - Noise

**Submission of proposals:**

- The proposal **must** be submitted via SAGE.
- Other required attachments must be uploaded in SAGE.

**Application submission deadline: 01/31/2025**

**Grant requirements:**

- For operational expenses, a UCC document must be filed with the county clerk where the facility is located to protect the interest of the Department.
- For capital expenses under \$100,000, a three-year mortgage shall be executed with the Department. For capital expenses under \$100,000 the facility must continue to operate as an emergency shelter or transitional housing facility (provide temporary residence for homeless individuals and families) for 3 years.
- For capital expenses over \$100,000, a ten-year mortgage shall be executed with the Department. For capital expenses over \$100,000 the facility must continue to operate as an emergency shelter or transitional housing facility (provide temporary residence for homeless individuals and families) for 10 years.
- If the property is leased, requested funds involving capital costs must be under \$100,000.
- Annual shelter certifications for the 3- or 10-year period verifying continued operation as an emergency shelter or transitional housing facility serving aging out youth or survivors of domestic violence.

**Reporting requirements:** Quarterly report and final report

**Performance standards:**

Emergency shelters will be evaluated differently depending on whether they discharge residents after one night or provide beds for a longer period. Below are Shelter Support program performance standards.

<b>Performance Standard</b>	<b>Overnight Shelter</b>	<b>Traditional Emergency Shelter</b>	<b>Transitional Housing Facility</b>
Unit utilization rate	>80%	>80%	>90%
Median length of stay	NA	<90 days	Over 6 months
Exit with a successful housing outcome	>20% obtain a shelter bed in a longer stay facility	<20% exit to an unknown location; >30% exit to temporary housing (transitional housing; move in with family or friends)	>30% exit to permanent housing; <10% of those who exit housing will return to homelessness within 180 days of exit.
Received services on-site (case management, mental health, substance use)	>15%	>60%	>80%
Increase in income from employment	NA	>20%	>30%
Linkages to non-cash benefits (Medicaid/care, SNAP, WIC)	>10%	>60%	>85%
Incident reports per 100 residents per month	<3	<3	<3
Staff-to-resident ratio during peak hours	at least 1 to 15	at least 1 to 15	at least 1 to 15
Connection to healthcare providers	>25%	>70%	>90%
Percentage of clients creating personalized housing stabilization plans	NA	>60%	>90%
Job placement rates	NA	>15%	>40%
NJ HMIS data quality score (NA for DV shelters)	NA	>95%	>95%

**Threshold Requirements:** Only applications that meet all of the following threshold requirements will be scored; applications missing any documents identified in number 7-12 will be provided 5 days to upload same.

1. Minimum of 5 years of experience in successfully carrying-out the production and management of shelters, transitional housing and/or other housing/commercial development activities
2. **Attend mandatory virtual technical assistance workshop on Monday, January 6<sup>th</sup> at 11am.**
3. Be an active participant in the local Continuum of Care
4. Receive a letter of support from the local Continuum of Care
5. Must be an active participant in HMIS or have a comparable database in place to track required data.
6. Agree to attend a HMIS training workshop.
7. Submit the last 3 years of audits; applicant must show that it has enough income to sustain staff and operate the proposed project
8. Submit Bylaws
9. Submit Articles of Incorporation
10. Submit Deed of Ownership or an active 10-year lease
11. Submit staff resumes and a current organizational chart.
12. Submit verification of current SAM registration
13. Complete all certification sheets.

**Rating Criteria:** A panel will thoroughly review and evaluate all applications against the rating criteria listed below. **Maximum 100 Points**

1. **Applicant's Capacity and Experience:** Does the applicant have the capacity to successfully administer the project? (Maximum 35 points)
  - a. Appropriate staff and financial structure
  - b. Sufficient income from multiple sources to sustain staff and operate the proposed project.
  - c. Prior experience providing proposed activities.
    - Demonstrated effective grant management.
    - Achieved prior grant objectives within the established time frame.
    - Provided accurate cost estimates of the proposed work.
    - Produced and submitted prior grant's performance and financial reports correctly and on-time.
    - Demonstrated attempt to contract or utilization of Section 3, Women or Minority Owned Businesses

***Please note that any applicant who has had Shelter Support Program or COVID Shelter Support funds recaptured by DCA in the last two fiscal years will lose 10 points.***

## Scoring Criteria

<b>Marginal Response 1-5 Points</b>	<b>Acceptable Response Maximum 25 Points</b>	<b>Excellent Response Maximum 35 Points</b>
<p>The applicant's response was incomplete, lacks clarity and does not provide assurance as to their ability to perform the work proposed. Grantee performance on prior grants was unsatisfactory.</p>	<p>The applicant's response was clear, thorough and provides reasonable assurance as to their capacity to perform the work proposed. In addition, the applicant has sufficient income to sustain staff and effectively operate the shelter or transitional housing facility. Grantee submitted progress reports, financial reports and close out documents on-time with minimum errors.</p>	<p>The applicant's response provides significant assurance as to their capacity to perform the work proposed – the answers provided demonstrate a high level of expertise and capability. In addition, the applicant has ample income from multiple sources to sustain staff and effectively operate the shelter or transitional housing facility. Grantee submitted progress reports, financial report and close out documents timely and accurately.</p>

2. **Proposed Program Design:** Clear description of activities and budget line items
- Services: Ensuring clients create a personalized housing stability plan and receive linkages to other mainstream resources such as connections to healthcare providers and linkages to non-cash benefits (Medicaid/Medicare, SNAP, WIC) as indicated in performance standards above.
  - Project budget: proposed costs are eligible, reasonable and clearly defined.
  - Clear description of how the proposed activities will help the agency achieve their performance goals.
- (Maximum 25 points)

**Scoring Criteria**

<b>Marginal Response 1-5 Points</b>	<b>Acceptable Response Maximum 15 Points</b>	<b>Excellent Response Maximum 25 Points</b>
<p>The applicant’s response was incomplete and did not provide a clear description of activities and budget. Applicant’s audit reports noted findings and/or a significant loss in revenue.</p>	<p>The applicant’s response provided a clear description of project activities and how the proposed activities will help the agency achieve their performance goals. Budget items were eligible, reasonable and substantiated.</p>	<p>The applicant’s response provided a clear, detailed description of project activities, associated costs and how the proposed activities will help the agency achieve their performance goals. Applicant also identified mainstream resources and discussed the strategies that are being used to stabilize and transition households into permanent housing. In addition, all budget items were eligible, reasonable and substantiated.</p>

3. **Project Need:** The proposed program meets the needs of the County residents based on the Point and Time Count data and statistics from the Homeless Management Information Systems (HMIS) or the Annual Homeless Assessment Report (AHAR). The utilization rate meets or exceeds the performance standard above based on type of facility. (Maximum 15 points)

**Scoring Criteria**

<p><b>Marginal Response 1-5 Points</b></p>	<p><b>Acceptable Response Maximum 10 Points</b></p>	<p><b>Excellent Response Maximum 15 Points</b></p>
<p>The applicant's response was incomplete and did not provide sufficient data to document need. The unit utilization rate is well below the established objective.</p>	<p>The applicant's response provided current Point in Time Count data and other statistics to document need. The documented level of need was low to medium. The unit utilization rate met the established objective.</p>	<p>The applicant's response provided current Point in Time Count data and other statistics that document the level of homelessness. The documented level of need was high. The unit utilization rate met or exceeded the established objective.</p>

**4. Data Collection:** The organization is actively participating in the Homeless Management Information System (HMIS) and has a NJ HMIS data quality score as indicated above. If a DV agency, the agency has demonstrated the ability to provide a CAPER report. (Maximum 5 points)

**Scoring Criteria**

<b>Unacceptable Response 0 Points</b>	<b>Acceptable Response 5 Points</b>
The applicant is not actively participating in the Homeless Management Information System (HMIS) or a compatible database. The applicant has a low NJ HMIS data quality score.	The applicant is actively participating in the Homeless Management Information System (HMIS) – entering data on a weekly basis and has a 95% data quality score. If DV agency, has demonstrated ability to pull CAPER.

**5. Program Performance:** Is the applicant providing services to shelter residents to improve their housing stability and combat homelessness? This criterion is assessing facilities based on the performance standards indicated above. If grant funding is requested for conversion to create a new shelter, provide data from similar facilities that your agency runs or how your agency plans to meet the program performance standards. (Maximum 20 points)

**Scoring Criteria**

<b>Marginal Response Maximum 5 points</b>	<b>Acceptable Response Maximum 10 Points</b>	<b>Excellent Response Maximum 20 Points</b>
The applicant’s response was incomplete and did not provide sufficient data to demonstrate program performance standards were met or the data provided is well below the established objectives.	The applicant’s response was complete. The program performance results were met or where within 5% of the established objectives.	The applicant’s response was complete. The program performance results were met or exceeded the established objectives.