Back@Home North Carolina - Balance of State
Request for Applications
Information and Application Instructions

The North Carolina Office of Recovery and Resiliency (NCORR) seeks applications from eligible organizations to provide Housing Stabilization Services for the Back@Home North Carolina - Balance of State Program (Back@Home-BoS) for the 79-county NC Balance of State Continuum of Care.

NCORR received notification of an award from the U.S. Department of Housing and Urban Development (HUD) for approximately $22M to serve Households with Severe Service Needs experiencing homelessness within the NC-503 NC Balance of State Continuum of Care (CoC). The North Carolina Balance of the State Continuum of Care selected NCORR as a Project Applicant for this effort.

NCORR has not yet received the terms and conditions of the final grant agreement from HUD. In addition to the HUD funds, NCORR anticipates utilizing other funding sources to meet the grant's match requirements and supplement the program. There is no matching requirement for applicants.

An addendum to the RFA may be issued at any point to incorporate required terms and conditions, and it is incumbent upon applicants to check the NCORR RFA website posting for additional details prior to the closing date for the RFA period to ensure there are no addenda that require updates to the application materials described in the Application Instructions section of this document.

Award information

1. Federal awarding agency name: U.S. Department of Housing and Urban Development (HUD)
2. Funding Opportunity Title: Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness
3. FR Number: FR-6500-N-25S
4. Assistance Listing number: 14.267
5. Authorizing statutes and regulations: FR-6500-N-25S; 24 CFR part 578 (Continuum of Care program)
6. OMB Approval Numbers: 2506-0218; 2506-0112
7. Link to full Notice of Funding Opportunity: Updated_CoCS_Address_Unsheltered_and_RH_FR-6500-N-25S.pdf (hud.gov)
8. Total amount of funding awarded by HUD: $21,884,985
    a. Note: A portion of this amount will be contracted to Service Providers selected through this RFA. The anticipated average contract amount for the 3-year period will be $720,468.
9. Anticipated number of awards to Service Providers: To be determined, depending on geographic coverage areas.
10. Anticipated period of performance: October 1, 2023 – September 30, 2026
11. Availability period: June 19 – July 21, 2023

Program Summary and Background

Back@Home North Carolina Overview

Back@Home North Carolina is a collaborative rehousing initiative. To stabilize in housing, households must have a combination of adequate income, affordable housing, and appropriate support and services. Back@Home addresses these needs through a combination of financial assistance and housing stabilization services, enabling households to obtain and maintain housing.

Built on successful permanent housing models, including rapid rehousing and permanent supportive housing, Back@Home further innovates these models by shifting from a traditional approach of centering on funding requirements to centering on the household's needs and experience. Typically, the delivery of assistance is designed around siloed funding sources with different eligibility requirements, target populations, and allowable uses of funds. This leads to a system that is difficult to navigate with gaps in service, barriers to resources, and duplication of effort. By placing people experiencing housing instability or homelessness at the center of the design, Back@Home focuses on creating a more intuitive system, delivering assistance across funding streams, creating efficiencies and ease, and planning opportunities to scale quickly.

The Back@Home North Carolina Initiative provides an infrastructure utilized by multiple programs. Because Back@Home is designed for common activities that stabilize people in housing, the infrastructure can be utilized for programs with distinct purposes and related funding sources. Each program under the Initiative has a defined target population and geographic area. As of 2023, three projects are under the Initiative:

- **Back@Home-Disaster**
  Operated September 2018 – June 2022
  The inaugural program under the Back@Home North Carolina Initiative was launched in twenty-two counties in response to Hurricane Florence. The program began as a rapid rehousing intervention to assist households who were unable to exit disaster shelters and ineligible for other disaster housing assistance programs. After the disaster shelters closed, the program was expanded to support other disaster survivors who were at risk of or experiencing homelessness. The program housed survivors from multiple other disasters while operating. The program may be reopened to respond to future disasters.

- **Back@Home-CV**
  Operated August 2020 – September 2022
  Back@Home North Carolina was expanded with a second program to respond to the COVID-19 pandemic and accompanying economic crisis. Back@Home-CV provided similar services and built on the infrastructure established by Back@Home-Disaster to quickly expand rapid rehousing services and rental assistance state-wide. The program operated in eighty-three counties and three Continuums of Care. In addition to these communities, elements of the Back@Home infrastructure were utilized by three other Continuums of Care in five counties.

- **Back@Home-BoS**
  Target launch date: October 2023
  The Back@Home North Carolina - Balance of State Program (Back@Home-BoS) is the third program to use the Back@Home Initiative Infrastructure. The seed funding for the program was obtained through the U.S. Department of Housing and Urban Development's 2022 Continuum of Care Special Notice of Funding Opportunity (SNOFO). Back@Home-BoS is focused on serving people experiencing homelessness with severe service needs in seventy-nine counties within the NC Balance of State Continuum of Care. Under this iteration, Back@Home is adding permanent supportive housing funding, allowing the ability to provide long-term assistance to people with disabilities.

The Back@Home Initiative is a collaboration of state and local partners. Back@Home-BoS is administered by the North Carolina Office of Recovery and Resiliency, with assistance from the North Carolina Department of Health and Human Services and the North Carolina Coalition to End Homelessness.

NCORR will serve as the Oversight Agency for this iteration of the Back@Home Initiative to administer grant funds from multiple funding sources, assist with reporting and reimbursement, contract for and manage funding sources to provide financial assistance and services, ensure match requirements are met, and assure compliance and adherence to best practices.

The North Carolina Coalition to End Homelessness (NCCEH) is the Collaborative Applicant for NC-503 North Carolina Balance of State Continuum of Care. They will provide CoC oversight to Back@Home-BoS and will support Service Providers through knowledge and skill-building activities, technical assistance, and compliance support, including support utilizing the Homeless Management Information System (HMIS).

NCORR will contract with two types of key partners to provide assistance to households and support the implementation of Back@Home-BoS. Additional partners may be added in the future as the program continues to develop.

1) Centralized Financial Assistance and Housing Navigation Hub (One Agency)

   The Housing Collaborative, based in Charlotte, NC, has been selected to serve as the financial assistance administrator and a core housing navigation partner. While financial assistance has been an essential element of the Back@Home Initiative from its creation, how financial assistance is being handled is changing under Back@Home-BoS. To minimize the administrative burden on local agencies and the program administrator, the program will centralize financial assistance. The Housing Collaborative will make all housing-related payments on behalf of the program (e.g., application fees, background check fees, deposits, and monthly rent and utilities).

   Housing Navigation, another essential element since 2018, is also getting operation enhancements based on lessons learned. A hybrid model will be used for unit recruitment and Housing Navigation services. The Housing Collaborative will serve as a Housing Navigation Hub by recruiting landlords, acquiring units for use by program participants, assisting households and case managers with housing applications, and

matching households with available units.

2) Service Providers (Multiple Agencies)

   Service Providers will be selected through this RFA to provide four types of Housing Stabilization Services in a defined geographic area. Service Providers will be the primary liaison with households served by the Back@Home-BoS program. By removing the administrative burden from the Service Providers, the oversight agency and Centralized Financial Assistance and Housing Navigation Hub will allow the Service Provider to focus more on providing services directly to clients and less on the logistics of administering the grant.

   Service Providers will reach out to Severe Service Needs Households in unsheltered locations and shelters not participating in the CoC's Coordinated Entry system. As households are identified, case managers will work to ensure that they are in a safe location while they make housing plans and connect them to permanent housing resources through the Coordinated Entry system. At Coordinated Entry, participants may be assigned to the Back@Home-BoS housing programs or other housing programs. If the household is assigned to the Back@Home-BoS for permanent housing, the Service Provider will continue to provide services to the household to find a unit and support them in staying housed. Service Providers will connect households to broader service systems to access healthcare, mental health, substance use, employment, and benefits services.

Program Goals and Objectives:

Overall, the anticipated outcome of the 3-year project is to serve as many as 1400 households through a combination of housing stabilization services, financial assistance, and connection to other resources. All services offered through the project will follow the three key best practices outlined in the Continuum of Care's plan: Housing First, Harm Reduction, and Trauma-Informed Care.

Service Providers will receive funding to assist households experiencing homelessness through the provision of Housing Stabilization Services, including Housing Stabilization Case Management, Outreach, System Navigation, and Housing Navigation.

Service Providers will be provided with target numbers for expected service slots based on funding availability, need, and geographic area served. The service slots and case manager-to-household ratio (approximately 1:25) will determine staffing needs. Once operational, Service Providers will be expected to quickly enroll households through Coordinated Entry assignments or outreach efforts to meet their target capacity and maintain these targets. Providers will be required to participate in the Coordinated Entry process and receive approval from Coordinated Entry to enroll program participants into a permanent housing project.

Service Providers are expected to meet program written standards, as outlined by the NC BoS CoC, for outreach and permanent housing programs. NCORR, in partnership with NCCEH, will complete a quality review process for Service Providers to ensure that services are provided using best practices in service delivery.

In addition, Service Providers will be required to use the CoC's HMIS as administered by NCCEH HMIS to enter required data elements and provide monthly reports to NCORR. Service Providers must also use NCORR's billing system to submit invoices and provide additional information as requested to determine expenditures and specific services performed during the case management process. If the recipient is a victim service provider that entity must use a comparable database and provide de-identified data to NCORR and the CoC. NCORR will be required to submit quarterly reporting to HUD according to the terms and conditions of the forthcoming Special Notice of Funding Opportunity grant agreement. Service Providers will be expected to follow CoC System Performance Measures, and individualized performance metrics for each Service Provider will be established during the contract negotiation process.

Service Provider Payment Structure

The payment structure for this program is designed to provide flexibility and scalability to Service Providers and to promote best practices in service delivery. Service Providers will be paid a monthly rate per household to provide a selected set of Housing Stabilization Services for Back@Home-BoS clients. This payment will be referred to as the HSS Payment. Additional funds for miscellaneous costs beyond the HSS Payment may be added at award or contract development. This might include funds to support household needs such as temporary hotel stays or household supplies.

Services to be Performed

Service Providers will be expected to provide the following types of Housing Stabilization Services.

Housing Stabilization Case Management

Housing Stabilization Case Management services create a partnership with the household to assess, plan, implement, coordinate, monitor, and evaluate the needs of the household to get and keep housing.

The following activities are examples of Housing Stabilization Case Management Services:

- Work alongside household to create and implement a housing stability plan to obtain and maintain housing
    - Create a housing stability plan with households to identify needs to obtain and maintain housing
    - Support the follow-through and achievement of the goals defined in the plan
    - Assist the household in revising the housing stability plan
- Assist with budgeting and providing financial counseling for housing/living expenses
- Provide financial literacy and budget basics education and connect to other resources such as community-based consumer credit counseling bureaus
- Support the household in the development of independent living skills
- Assist the household in reducing the risk of eviction with conflict resolution skills
- Provide transportation to assist with obtaining and maintaining housing

Outreach

Outreach services assist by locating, engaging, and supporting households with life-saving resources as they experience homelessness and are connected to housing resources.

The following activities are examples of Outreach Services:

- Locate households experiencing homelessness
- Engage households experiencing homelessness who are not currently being assisted by the homeless service system to determine needs and explain the system and how to access resources
- Provide life-saving resources such as food, water, clothing, blankets, and other necessities as acts of humanity and compassion and as a means of building rapport
- Act as a street outreach resource for people experiencing unsheltered homelessness including:
    - Assertively and proactively engage people experiencing unsheltered homelessness
    - Respond to calls from the community identifying households who are unsheltered
    - Regularly check in with system partners (i.e., librarians, McKinney-Vento school liaisons, etc.) to identify new households experiencing homelessness
    - Coordinate support for unsheltered households during extreme weather and other disasters

System Navigation

System Navigation services assist households with accessing resources from the homeless system and partner systems to get and keep housing.

The following activities are examples of System Navigation Services:

- Assist households to obtain safe, interim housing, if desired, while working on longer-term housing plans
- Obtain the necessary personal documentation required for housing applications or programs
- Refer and provide warm handoffs to needed services available in the community including domestic violence services, Veteran specific services, behavioral health, healthcare, and first responders
- Identify potential eligibility for benefits and resources, complete referrals and applications, and provide warm handoffs including:
    - Housing programs outside of the coordinated entry process including Public Housing Authorities, Target Key, HOPWA, and other local housing programs
    - Social services to help with finding housing necessary to support meeting medical care needs
    - Programs providing income benefits and programs such as SSI/SSDI, Veterans disability benefits, employment programs, Vocational Rehabilitation, and other local income supports
- Complete Coordinated Entry Assessment Requirements, ensure the household is placed on the By Name List, and serve as an advocate during case conferencing meetings
- Assist the household to complete annual or interim housing re-certifications
- Refer to legal support to address needs related to finding and maintaining stable housing

Housing Navigation

Housing Navigation services assist households to gain access to and address issues with maintaining a physical unit.

The following activities are Housing Navigation Services:

- Assist the household to address any barriers to obtaining housing including eviction history, poor credit, criminal history
- Assist the household to select adequate housing and complete housing applications, including supporting with background checks and other required paperwork associated with a housing application
- Complete reasonable accommodation requests
- Coordinate the household's move into stable housing including by assisting with the following:
    - Logistics of the move (e.g., arranging for a moving company or truck rental)
    - Utility Set-Up and reinstatement
    - Obtaining furniture/commodities to support stable housing
- Connect to or provide the household with education/training on tenants' and landlords' roles, rights, and responsibilities.
- Assist the household to identify housing preferences and needs

Payment Rate

The initial fee schedule at the time of contract will include a rate of $400.26 per household per month that will be offered uniformly to Service Providers to cover the cost of providing the Housing Stabilization Services described above. This rate is based on the Healthy Opportunities Pilots Fee Schedule, led by the North Carolina Department of Health and Human Services (NCDHHS), which has determined a rate that covers similar services to those offered by Back@Home-BoS for Housing Stabilization Services. The Back@Home-BoS fee schedule may continue to be updated over time based on experience implementing the program.

Area Need

NCORR has developed a draft budget for program administration of HUD funds based on the estimated need for program services by county using 2022 and 2023 Point-in-Time count data combined with estimated funding availability, cost per county, and turnover assumptions. The map in Figure 1 shows the estimated relative need across counties. Applicants may consider the chart below to begin to understand their area's level of need and distribution across counties. The map should not be interpreted as the number of people that will be served from each county.

Service Area

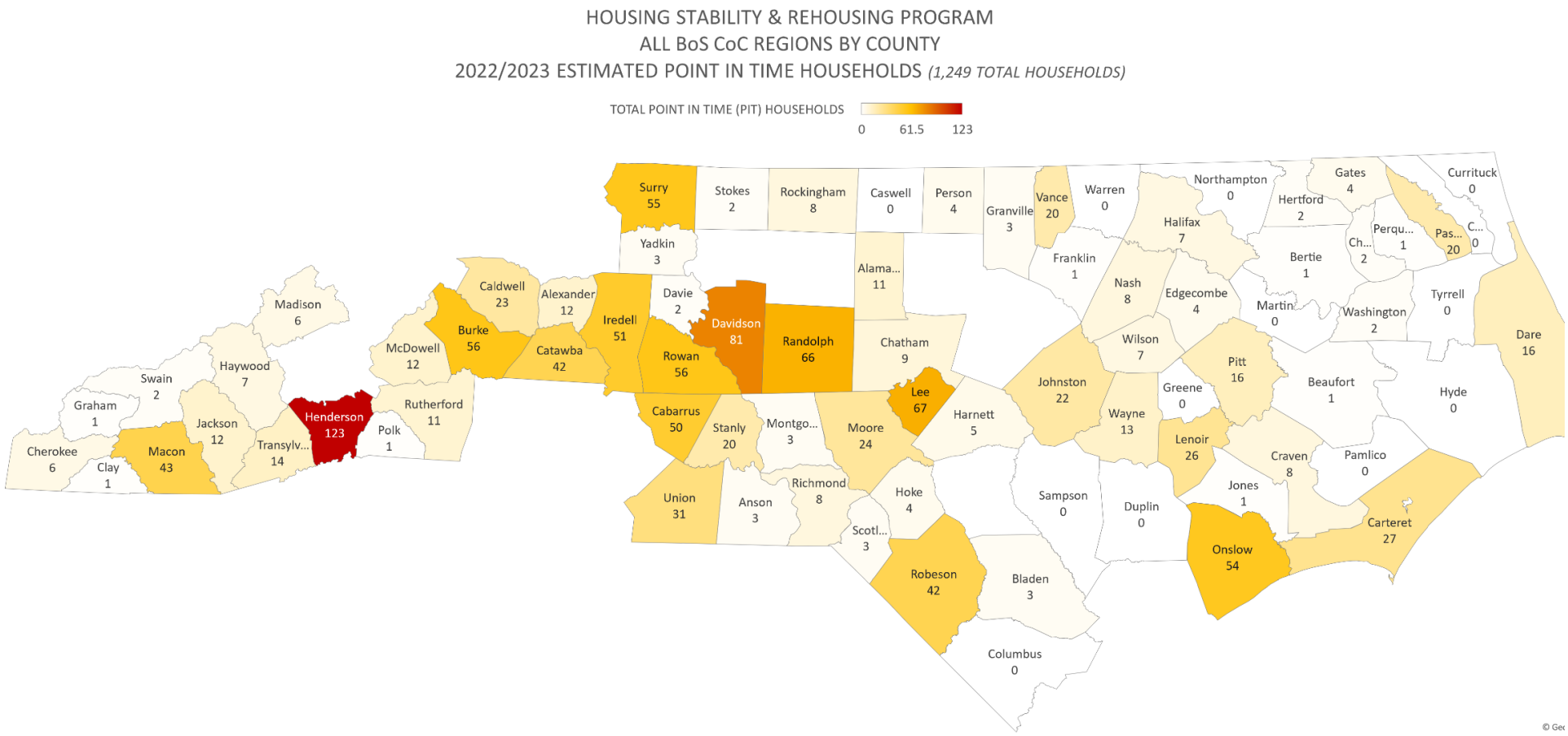
In selecting Service Providers, NCORR will choose multiple applicants to create a network of Service Providers to serve the 79-county NC Balance of State Continuum of Care.

Applicants will indicate the counties they are interested in serving in the application. Following selection, NCORR may request that a Service Provider adjust their service area to provide maximum geographic area coverage. Exact coverage and awards will be negotiated during contract development.

Caseload

Back@Home-BoS will use a case manager-to-household ratio of approximately 1:25 to ensure time to provide quality services. Back@Home-BoS will use a team-based approach to serving households. In determining awards, NCORR will fund Service Providers at a level that will allow for a minimum of two case managers per Service Provider.

Figure 1. Map of Estimated Need Based on 2022/2023 Point in Time Count Data



Key Terms in the Application

In order to complete the application, please use the following definitions:

Assertive Outreach and Engagement

Assertive outreach enables providers to connect with people and offer information about services in a location where potential clients feel comfortable. It also provides an opportunity to develop trusting relationships and to quickly identify needs and provide access to services.[1] In this approach, people experiencing homelessness are offered multiple opportunities to say 'no' and make repeated offers of assistance as necessary throughout the engagement process.

Case Conferencing

Case conferencing, as defined by the U.S. Department of Housing and Urban Development (HUD), refers to a collaborative and structured approach wherein professionals from diverse disciplines come together to discuss and strategize the comprehensive provision of services for households experiencing housing-related challenges or crises. This process involves sharing information, exchanging ideas, and formulating coordinated plans that aim to address the multifaceted needs of the individuals or households involved.

HUD recognizes the importance of case conferencing as an effective mechanism for enhancing service coordination and promoting holistic approaches to housing stability. The agency encourages the adoption of case conferencing practices in various housing programs to foster collaboration among stakeholders and optimize the utilization of available resources.[2]

Cultural Humility

Cultural humility is a reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them. Strategies for practicing cultural humility include:

- Practicing self-reflection, including awareness of your beliefs, values, and implicit biases;
- Recognizing what you don't know and being open to learning as much as you can;
- Being open to other people's identities and empathizing with their life experiences;
- Acknowledging that the household is their own best authority, not you; and
- Learning and growing from people whose beliefs, values, and worldviews differ from yours.[3]

Equity

Equity, as it pertains to providing housing assistance, refers to the principle of fairness, impartiality, and inclusion in the distribution of resources and opportunities to ensure all individuals have equal access to safe, affordable, and decent housing. The U.S. Department of Housing and Urban Development (HUD) recognizes the importance of addressing housing disparities and promoting equity in its programs and policies.

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[1] https://store.samhsa.gov/sites/default/files/pep22-06-02-003.pdf, p.24

[2] https://www.hudexchange.info/resource/4853/coordinated-entry-policy-brief-case-conferencing/

[3] https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/clas-clc-ch.pdf

The HUD Strategic Plan for Fiscal Years 2018-2022 emphasizes the goal of promoting affordable housing and inclusive communities while addressing the needs of vulnerable populations. The plan states that HUD will prioritize efforts to reduce housing discrimination and disparities, expand housing choices, and eliminate barriers that restrict equal access to housing opportunities.[4]

Furthermore, HUD's Affirmatively Furthering Fair Housing (AFFH) rule, which was reinstated in 2020, plays a crucial role in advancing equity in housing. The AFFH rule requires local jurisdictions receiving HUD funding to assess and address fair housing issues, identify barriers to equal housing access, and develop strategies to overcome them. The rule aims to eliminate housing discrimination and promote fair and equitable housing practices, particularly for protected classes including race, color, religion, sex (including gender identity and sexual orientation), national origin, disability, or family status.[5]

Those organizations receiving HUD funding carry forward a commitment to promoting equity in housing by addressing disparities, expanding housing choices, and eliminating barriers to equal housing opportunities.

Harm Reduction

Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social well-being of those served, and offer low-threshold options for accessing substance use disorder treatment and other healthcare services.

Harm reduction is a comprehensive approach to addressing substance use disorders through prevention, treatment, and recovery where individuals who use substances set their own goals. Harm reduction organizations incorporate a spectrum of strategies that meet people “where they are” on their own terms, and may serve as a pathway to additional prevention, treatment, and recovery services. Harm reduction works by addressing broader health and social issues through improved policies, programs, and practices. Specifically, harm reduction services can:

- Connect individuals to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders;
- Distribute opioid overdose reversal medications (e.g., naloxone) to individuals at risk of overdose, or to those who might respond to an overdose;
- Lessen harms associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections;
- Reduce infectious disease transmission among people who use drugs, including those who inject drugs by equipping them with accurate information and facilitating referral to resources;
- Reduce overdose deaths, promote linkages to care, and facilitate co-location of services as part of a comprehensive, integrated approach;
- Reduce stigma associated with substance use and co-occurring disorders; and
- Promote a philosophy of hope and healing by utilizing those with lived experience of recovery in the management of harm reduction services, and connecting those who have expressed interest to treatment, peer support workers, and other recovery support services.[6]

[4] https://www.hud.gov/sites/dfiles/Main/documents/HUD-SPFY18-22.pdf

[5] https://www.hud.gov/sites/dfiles/PA/documents/AFFH_Final_Rule.pdf

[6] https://www.samhsa.gov/find-help/harm-reduction

Housing First

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness, and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the understanding that client choice is valuable in housing selection and supportive service participation and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

Housing First does not require people experiencing homelessness to address all their problems, including behavioral health problems, or to graduate through a series of service programs before they can access housing. Housing First does not mandate participation in services either before obtaining housing or to retain housing. The Housing First approach views housing as the foundation for life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. Supportive services are offered to support people with housing stability and individual well-being, but participation is not required as services have been found to be more effective when a person chooses to engage.[7] Services are offered to households repeatedly and the responsibility to engage households in services rests with the Service Provider.

Person-Centered Approach

Under a person-centered approach, the case manager serves as a guide and a facilitator, listening more than talking and maintaining sensitivity to a person's experiences and potential traumas. This approach empowers the household by inviting them to determine their goals and the strategies for achieving them, including the type and intensity of services to be accessed.[8]

Severe Service Need Households

A household that meets any combination of the following factors:

- Facing significant challenges or functional impairments, including any physical, mental, developmental, or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type);
- High utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;
- Currently living in an unsheltered situation or having a history of living in an unsheltered situation;
- Experiencing a vulnerability to illness or death;
- Having a risk of continued or repeated homelessness; and

[7] https://endhomelessness.org/resource/housing-first/

[8] https://www.hudexchange.info/programs/ross/guide/working-with-residents/how-should-service-coordinators-approach-needs-assessments-and-goal-setting-with-residents/#:~:text=This%20approach%20empowers%20the%20individual,of%20services%20to%20be%20accessed.

- Having a vulnerability to victimization, including physical assault, trafficking, or sex work.[9]

Team-Based Case Management Model

Team-based case management refers to a collaborative approach to providing comprehensive and coordinated care to households in housing crises. It involves a diverse team of professionals who work together to address the unique needs of individuals and provide holistic support. Team-based case management is an approach that engages a multidisciplinary team of professionals who collaborate to assess, plan, implement, coordinate, monitor, and evaluate the options and services required to meet an individual's health and support needs.[10]

This model recognizes the complexity of crises that households experience and acknowledges that addressing these issues requires a comprehensive and integrated approach. The team typically includes professionals from various disciplines, such as mental health counselors, social workers, and peer specialists, who bring their unique expertise to the table.

By adopting a team-based case management approach, the aim is to provide a comprehensive and person-centered approach to care that promotes improved outcomes and enhances the overall well-being of households.

Trauma-Informed Care

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

The key assumptions in Trauma-Informed Care include:

- All people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals. People's experiences and behavior are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances, whether these occurred in the past (i.e., a client dealing with prior child abuse), whether they are currently manifesting (i.e., a staff member living with domestic violence in the home), or whether they are related to the emotional distress that results in hearing about the firsthand experiences of another (i.e., secondary traumatic stress experienced by a direct care professional).
- People in the organization or system are also able to recognize the signs of trauma. These signs may be gender, age, or setting-specific and may be manifest by individuals seeking or providing services in these settings. Trauma screening and assessment assist in the recognition of trauma, as do workforce development, employee assistance, and supervision practices.

[9] https://www.hud.gov/sites/dfiles/CPD/documents/FR-6500-N-25S-Update-2022-09-30.pdf, p. 15

[10] Substance Abuse and Mental Health Services Administration. (2018). Case Management: Definitions and Standards. Retrieved from https://www.samhsa.gov/sites/default/files/case-management-definitions-and-standards.pdf

- The program, organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning. The program, organization, or system integrates an understanding that the experience of traumatic events impacts all people involved, whether directly or indirectly.
- A trauma-informed approach seeks to resist the re-traumatization of clients as well as staff. Staff who work within a trauma-informed environment are taught to recognize how organizational practices may trigger painful memories and re-traumatize clients with trauma histories.

The key principles of Trauma-Informed Care include:

- Safety: Throughout the organization, staff, and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.
- Trustworthiness and Transparency: Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.
- Peer Support: Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.
- Collaboration and Mutuality: Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making.
- Empowerment, Voice, and Choice: Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.
- Cultural, Historical, and Gender Issues: The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers access to gender-responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.[11]

[11] https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

Application Instructions

Application Submission

Online Option (Preferred)

All required documents listed in the Application Checklist section shall be submitted by a Smartsheet form found here Back@Home Service Provider Application (smartsheet.com) by July 21, 2023 at 11:59 pm.

To be considered a complete application, all required questions on the Smartsheet form must be answered and all required documentation must be attached, including the Back@Home-BoS Service Provider Application (see Word template attached with RFA posting).

Postal Option

If an agency is unable to submit an application via Smartsheet, Applicants may submit an application by submitting all required documentation along with the following information via mail to **NCORR c/o Policy and Planning Team, P.O. Box 110465, Durham, NC 27709. All paper applications must be postmarked by July 21, 2023.**

Additional required agency information includes:

- Applicant Information
  - Name
  - Mailing Address
  - Phone Number
  - Federal Tax ID Number
  - Agency Type (as listed in Applicant Eligibility)
  - Date of Incorporation
- Contact Information
  - Name, Phone Number, and Email Address for a primary and secondary agency contact
  - Name, Phone Number, and Email Address for a signatory contact
- Counties the Applicant currently serves
- Counties the Applicant is applying to cover with Back@Home-BoS

NCORR will hold a Question and Answer (Q&A) Period that begins on the date the RFA is published and will be ongoing for 10 days. Applicants should send all questions about the RFA process to housing.stability@ncdps.gov.NCORR will compile all questions sent to this email address by 5:00 pm ET on Thursday, June 29, 2023 and answer them in a single document that will be released on the RFA posting website on Wednesday, July 5, 2023.

A recorded presentation will be posted shortly after the RFA release toshare additional information about the RFA process.

Timeline

Start of RFA Application Period	June 19, 2023
Q&A Period Applicants may submit questions to NCORR	June 19 – June 29, 2023
Q&A Responses Posted	July 5, 2023
RFA Period Closes Applications Due	July 21, 2023
Review and Initial Selection Includes application review and scoring, compliance risk assessment, and IT requirement assessment. Additional documentation may be requested.	July 24 – August 15, 2023 (tentative)
Contingent Notification of Intent to Fund	August 15, 2023 (tentative)
Final Contracts with Service Providers	September 15, 2023 (tentative)
Training on Program Reporting, Billing, and Project Management	Sept 25 – 29, 2023 (tentative)
Program Launch Date	Oct 1, 2023 (tentative)

Applicant Eligibility

Eligible applicant entities include:

- Nonprofit organizations subject to 26 U.S.C. 501(c)(3) of the tax code (26 U.S.C. 501(c)(3))
- Local government agencies
- Public housing authorities
- Native American tribal organizations

In addition, prior to receiving an award, all Service Providers must be actively registered on SAM.gov and have a UEI number.

Review Process

Applicants who meet threshold requirements (see below) will be reviewed by a committee selected by NCORR. The selection committee will evaluate applicants as a group using the scoring rubric outlined below.

The scoring rubric establishes priorities for the selection committee with point assignments being given by category, and point totals will be considered along with the applicant's overall ability to meet program goals and needs. Scoring priority areas include the applicant's

organizational capacity and stability; prior experience with providing permanent housing and/or outreach to homeless populations; and applicants who can serve a broad geographic coverage area including multiple counties within the 79-county Balance of State CoC region. The program will prioritize applicants who can ramp up quickly toward program implementation.

Scoring Rubric

Section	Areas Included	Points
Threshold	• NCORR financial management policy requirements and compliance requirements • Nonprofits: must be established for 3 years • HUD eligible agency (501(c)3 nonprofit, local unit of government, public housing authority)	No points awarded- applications that do not meet the threshold will not be reviewed
Application Strength	• All required documentation included and complete	5
Applicant Capacity and Stability	• Budget can manage reimbursement payments • Experience and good standing with HUD and/or state funds • Able to leverage other resources for households	10
Program Coverage and Staffing	• Has experience providing services for a multi-county area • Preference for programs that apply for larger service areas • Plan to meet staffing requirements with an implementation timeline	20
Data Entry	• Has experience with client-level databases • Has policies for data entry to ensure data completion and data quality • Prioritize agencies with HMIS experience	5
Supporting Households	• Prior experience providing housing stabilization services • Able to provide housing stabilization services as defined in RFA • Prior experience providing outreach services • Able to provide housing outreach services as defined in RFA • Experience serving households with severe service needs • Experience working with landlords • Displays creative problem-solving and agency experimentation to meet challenges	20

Approach	• Demonstrates understanding of and using the following approaches:
	  ○ Housing First
	  ○ Person-Centered Approach
	  ○ Harm Reduction
	  ○ Cultural Humility
	  ○ Equity
	  ○ Assertive outreach and engagement
	  ○ Trauma-informed care
		20

Staffing	• Utilizes a team-based model for case management • Experience with case conferencing	10

	• Provides adequate supervision for case managers • Provides support to case management to reduce burnout and staff turnover	
Community Connections	• Experience with NC BoS CoC coordinated entry • Able to refer to local housing programs • Relationship with PHA and able to refer for its resources • Relationship with local mental health, substance use, and health agencies • Relationship with local employment and income procurement agencies	10

Compliance Risk Assessment

Prior to selection, and after receiving a notification of intent to award, applicants will undergo a risk assessment process led by the NCORR Compliance team, as well as a review for data security requirements, and additional documentation may be requested by NCORR during this time. Exact award amounts for selected providers will be determined during the contracting process.

Threshold Requirements

Applicants must meet the following threshold requirements for their applications to be considered in the review process.

- **Financial Management**: All Applicants must submit a financial management policy and conflict of interest policy for finances to meet this threshold. Templates for required policies are provided with application materials.
    - Note that applicants will undergo a compliance risk assessment process through NCORR prior to final selection that may require other threshold requirements per the terms of the grant from HUD.
- **Nonprofit agencies need to be established for at least 3 years**
- **Be an eligible entity:** All Applicants must be an eligible organization type as outlined in the Applicant Eligibility section.

Policy Requirements

Service Providers will be required to follow additional federal and local cross-cutting policy requirements, including those specified in the Special Notice of Funding Opportunity on page 57, as well as federal regulations under 2 CFR 200.These policies include requirements for sound financial management, and procurement, fair housing, as well as recordkeeping requirements; and data security requirements.

When NCORR receives additional terms and conditions under the HUD grant award, some supplemental documentation may be required from the applicant to complete the application and ensure compliance with policy requirements. It is the responsibility of the applicant to regularly check the RFA posting on NCORR's website to ensure all application requirements have been met.

Application Checklist

In order to be considered a complete application, all documents must be submitted using the Smartsheet form provided in the Application Submission section.

All applicants are responsible for checking the application posting for any additional eligibility and/or document requirements prior to submitting their application. NCORR reserves the right to request additional documents as needed prior to notifying applicants through a notice of intent to award.

1. **Proof of 501(c)3 Status:**
   All nonprofits need to submit proof of their 501(c)3 tax-exempt status.

2. **Form 990, Tax Return of Organization Exempt from Income Tax:**

All nonprofits need to submit their most recent 990 form as a pdf with all pages included.

3. **Operating Budget with Profit and Loss Statement for the most recent fiscal year:** Only agencies who did NOT receive $750,000 or more in federal funding in a single year over the past three years need to submit an operating budget. NCORR will review audits reported by agencies that did receive $750,000 or more in federal funding.

4. **NCORR Financial Management Policies:**
    a. Financial management policy: See template provided with application materials
    b. Conflict of Interest policy for finances

5. **HUD Corrective Action Plan: (if applicable)**
   Applicants with a current corrective action plan with HUD need to submit the plan.

6. **State Corrective Action Plan: (if applicable)**
   Applicants with a current corrective action plan for a state grant (including ESG funding) need to submit the plan.

7. **CoC Grantee Certification:**
   Applicants must complete this form provided by the Balance of State CoC and posted with application materials.

8. **Annual Performance Report (APR) from HMIS:**
   All organizations who receive CoC and/or ESG funding must submit an APR from October 2021 to September 2022 for each of their existing permanent housing programs in PDF format.

9. **Back@Home-BoS Service Provider Application:**
   Applicants must complete the fillable Word form to demonstrate their knowledge and experience in providing services as well as their plans for geographic coverage. Definitions for key terms used in the Service Provider Application are provided in the "Key Terms in the Application" section of this document.

Application Attestation (by applicant)

Applications for funding must be attested to by an authorized representative of the applicant. Attestations are completed on the Back@Home-BoS Service Provider Application form through a checkbox. An authorized representative has the authority to communicate, liaise, negotiate, and make decisions on behalf of the applicant. This checkbox verifies that the information provided in the application regarding the applicant is true, accurate, and complete.

Contact Information

For inquiries or comments, please contact housing.stability@ncdps.gov.