

**NOTICE OF FUNDING OPPORTUNITY**

Issue Date: 9/19/23

<b>Project Name:</b>	Alcohol & Drug (A&D) Housing Assistance Program
<b>Due Date/Time:</b>	Wednesday, October 25, 2023, 5:00pm
<b>Contact:</b>	Mary Rumbaugh, Behavioral Health Division Director

**Submit Proposal by EMAIL or US Mail**

**EMAIL:** [BHContracts@clackamas.us](mailto:BHContracts@clackamas.us), emailed submissions must have Notice of Funding Opportunity- A&D Housing Assistance Program in the subject line.

**US POSTAL SERVICE:** Mary Rumbaugh, Behavioral Health Division Director, Clackamas County Behavioral Health Division, 2051 Kaen Road, Suite 154, Oregon City OR 97045

*Respondents are encouraged to submit a response anytime during the NOFO announcement period; do not wait until the due date and time. Proposals will be reviewed as they are received to determine award and agreements will be issued immediately so that services may begin as quickly as possible.*

*Clackamas County's Health Housing and Human Services Department's Behavioral Health Division is seeking applications from agencies and/or organizations that provide housing assistance services to Clackamas County individuals in alcohol and drug recovery and are engaged in alcohol and drug treatment. If you need this noticed translated into another language please contact us via email at [BHContracts@clackamas.us](mailto:BHContracts@clackamas.us).*

**1. ANNOUNCEMENT AND SPECIAL INFORMATION**

Respondents are required to read, understand, and comply with all information contained within this Notice of Funding Opportunity ("NOFO"). All Proposals are binding upon the Respondents for sixty (60) days from the Proposal Due Date/Time.

Proposals are to be emailed to [BHContracts@clackamas.us](mailto:BHContracts@clackamas.us). If mailed or hand delivered, the Proposal must be submitted to Mary Rumbaugh, Behavioral Health Division Director, Clackamas County Behavioral Health Division, 2051 Kaen Road, Suite 154, Oregon City OR 97045. Proposals received after the Proposal Due Date/Time will not be considered.

All questions regarding this NOFO are to be directed to [BHContracts@clackamas.us](mailto:BHContracts@clackamas.us) at the Clackamas County Behavioral Health Division. Respondents may not communicate with County employees or representatives about the NOFO during the procurement process until the Clackamas County Behavioral Health Division has notified Respondents of the selected Proposal(s). Communication in violation of this restriction may result in rejection of a Proposal.

Responses to questions will be posted weekly as FAQs at <https://www.clackamas.us/grants>  
Questions received after October 12, 2023 will not receive a response.

## **2. INTRODUCTION**

The mission of the Clackamas County Health Housing and Human services Department is to remove barriers for vulnerable individuals and families on their path to improved health, wellness, prosperity and inclusion. The Behavioral Health Division is committed to provide coordination, assessment, outreach and recovery services to Clackamas County residents experiencing mental health and addiction distress so they can achieve their own recovery goals.

The Clackamas County's Behavioral Health Division is seeking qualified programs and organizations to provide housing assistance services for Clackamas County residents who are engaged in alcohol and drug treatment. The target population are individuals at or below fifty percent (50%) of the median family income (according to current HUD data), homeless or at risk of homeless.

In submitting a response to this Notice of Funding Opportunity, the proposer certifies that paid staff providing services under any contract issued will be paid a living wage and receive appropriate benefits.

## **3. GOAL**

The goal of this funding is to provide supportive housing services to residents of Clackamas County engaged in alcohol and treatment services. Supportive housing services should focus on substance abuse recovery, retaining permanent housing and increasing income by connecting individuals with benefits and/or employment options.

## **4. PROGRAM OVERVIEW**

a) Program must to accomplish the following work:

- 1) Provide housing assistance services for Clackamas County residents in alcohol and drug recovery. Program will support the substance abuse treatment and early recovery efforts of the participants while also focusing on participants becoming self-sufficient and obtaining permanent housing placements. The target population for this program is individuals participating in alcohol and drug recovery at or below 50% Median Family Income (according to current HUD data), homeless, or at risk of homelessness.
- 2) Assist program participants in finding and retaining permanent housing. On an annual basis, forty five percent (45%) of funding may be used toward housing program participants. These funds can be used for, but is not limited to, moving costs, rent assistance, application fees, deposits, and paying off previous debts. Each participant can access a maximum of **\$3,750.00** during the three-year period of the Agreement.
- 3) Develop partnerships with landlords and housing providers to help program participants stay housed. This includes responding to landlord requests for assistance within 24 to

48 hours and attending meetings necessary to mediate lease violations. Program staff must be prepared to address any concern landlords may have. Strategies for addressing these concerns can include paying for criminal background checks and credit reports, obtaining letters of support from drug counselors or probation/parole officers, and documenting income.

b) Program will provide case management as follows:

- 1) With emphasis on housing retention and based on best practices, meet more often with program participants prior to move-in and during the first **three (3) months** of their housing placement to help with increased housing retention. Housing Specialist will be expected to review lease responsibilities with program participants and help participants adjust to what those responsibilities are. Housing Specialist is required to meet with program participants at least once a month in their residence to assess the participant's stability in their new housing.
- 2) Provide linkage to needed outpatient alcohol and drug recovery services.
- 3) Assist participants in applying to and for entitlement programs.
- 4) Link participants to employment options.

c) **Six (6) months** after program participants have completed the program, staff will conduct post-program surveys/interviews. The survey/interview must include the information:

- 1) How long has program participant maintained sobriety?
- 2) At any time during the program, has program participant been involved in criminal activity?
- 3) Is program participant currently housed? Does program participant anticipate they will remain housed?
- 4) Has program participant been connected with entitlements? Which ones?
- 5) Is program participant currently employed and/or increased their income since participating in the program?

d) Program agents and employees must maintain the confidentiality of any client identifying information, written or otherwise, with which they may come in contact, in accordance with all applicable provisions of state and federal statutes, rules and regulations, and shall comply with the same in the event of requests for information by any person or federal, state or local agency. In addition, acknowledgement of the existence of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), PL 104-191, 45 CFR Parts 160-164, and agreement to comply with all applicable requirements of HIPAA related to the confidentiality of client records or other client identifying information is required.

## Staffing

The staffing model for programs should be focused on the adequate level and expertise to address the needs of individuals served within the program as described section 4. Program Overview.

## 5. AWARD INFORMATION

**Federal Funding.** for this opportunity is through Block Grants for Prevention and Treatment of Substance Abuse awarded by the United State Department of Health and Human Services. *Federal Assistance Listing Number: 93.959.*

<b>Funding Source</b>	Community Mental Health Block Grant (ALN: 93.959)
<b>Number of Awards issued from this announcement</b>	One (1)
<b>Maximum Award Amount</b>	\$1,049,650 (42 months); up to \$299,900 per year

**Start & End Dates.** The anticipated start date for funding agreements is January 1, 2024 and the initial agreement will continue through June 30, 2025. At its sole discretion, the County may extend this agreement by two years, through June 30, 2027, depending upon satisfactory performance and continued availability of funding.

**Reporting Requirements.** Program is required to submit bi-annual reports that contain the following:

- Number of individuals who have stayed in the program
- Number of individuals clean and sober
- Number of individuals who have not entered into criminal activity
- Number of individuals who have remained housed
- Number of individuals who have connected with entitlements
- Number of individuals who have found employment and/or increased their income.

## 6. ELIGIBILITY REQUIREMENTS

Non-Profit organizations with the ability to provide or partner with other nonprofits to provide supportive housing services to eligible Clackamas County residents may apply.

Applicants must have a Unique Entity ID number, have an active, publicly viewable registration in SAM.gov and not be disbarred or suspended.

## 7. EVALUATION CRITERIA

Applications will be evaluated by the sections below:

Organization Overview	10 points
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Program Narrative	45 points
Staffing Plan and Development	20 points
Quality Assurance and Data Collection	15 points
Program Budget & Budget Narrative	10 points

All applicants are subject to a federally-required risk assessment prior to award issuance.

## 8. FUNDING CYCLE AND TIMELINE

NOFO Issuance Date	9/19/23
Last day to ask questions	10/12/2023
Application Due Date	10/25/2023
Award Decisions and Notification (estimated)	11/08/2023
Agreement Start Date (estimated)	1/1/2024
Agreement End Date	6/30/2027

## 9. NON-DESCRIMINATION DISCLOSURE

Per the Civil Rights Act of 1964, no person shall, on the basis of race, color, or national origin, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any County program, service or activity.

## 10. HOW TO APPLY

### Each application must contain:

- a. APPLICATION COVER PAGE
- b. NARRATIVE
- c. BUDGET

### Submit with Application:

- a. Applicant's most recently completed independent audit; if no audit, independent financial review; if no independent review, most recent 990. If a new nonprofit, must provide evidence of 3 months of unrestricted funding to be used in support of at least the administrative costs on the award.

**APPLICATION COVER PAGE**

<b>Date:</b>	
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<b>Legal Organization Name</b>	
Alternate name/acronym	
Address	
Website	
Phone	
<b>Executive Director Name</b>	
Email and Phone	
Oregon Business Registry Number	
Federal Employer ID Number (EIN)	
Unique Entity ID Number	
<b>Program Contact Name</b>	
Email and Phone	
<b>Fiscal Contact Name</b>	
Email and Phone	
<b>Funding Amount Requested</b>	

With my signature, I certify the following:

1. The above information is correct;
2. I am authorized by the governing board of the applicant organization to submit this grant proposal;
3. The organization is in good standing with the IRS, retains its 501(c)(3) tax exempt status, and is further classified as a public charity and not a private foundation, or is a public agency or school district;
4. The organization does not discriminate on the basis of race, religion, sexual preference, sexual orientation, physical circumstances, or national origin;
5. The organization agrees to submit quarterly progress reports and final progress reports.
6. The organization agrees to submit proof of insurance at the levels required by county.

\_\_\_\_\_  
Signing Authority Name (printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PROGRAM NARRATIVE

**Directions: Address each narrative component listed below completely. Responses will be valued as shown below, for a total score of 100 points.**

### **1. Organization Overview (10 points)**

### **2. Narrative (Total 80 Points)**

- a. Program Narrative (45 Points)
- b. Staffing Plan and Development (20 Points)
- c. Quality Assurance and Data Collection (15 Points)

## BUDGET

### **1. Program Budget (5 Points)**

Identify all expenses related to this application. Add additional lines as necessary.

ITEM/EXPENSE	Budgeted Cost
Personnel and Fringe (List each position separately and include FTE and fringe rate)	
Administrative costs Indirect Costs* (provide detail in the budget narrative)	
Program Costs -Materials/Supplies (Curriculum, incentives, etc. List each separately)	
Professional fees (provide detail in budget narrative)	
Mileage (provide detail in budget narrative)	
Client Assistance (provide detail in budget narrative)	
Additional expenses (list each separately)	
<b>TOTAL BUDGET</b>	

\*Indirect costs will be paid as follows:

- Applicants without a federally-negotiated rate may claim the federal de minimum rate of 10% of modified total direct costs (MTDC), as defined in 2 CFR 200.1
- Applicants with a negotiated rate, either through a federal agency or another pass-through entity, may claim their negotiated rate. Please provide a copy of your rate approval letter with your submission if exercising this option.

### **2. Budget Narrative (5 Points)**

Provide a narrative that clearly explains all sections of the budget (salary/fringe, administrative, program, and any other costs associated with this project).