



CARVER COUNTY HEALTH AND HUMAN SERVICES

2024 LOCAL AFFORDABLE HOUSING AID REQUEST FOR PROPOSALS

Carver County has received Local Affordable Housing Aid (LAHA) dollars through the Minnesota Department of Revenue per 2023 and 2024 legislation. LAHA helps metropolitan local governments develop and preserve affordable housing within their jurisdictions to keep families from losing housing and to help those experiencing homelessness find housing.

Carver County is seeking to support Housing Providers who are experiencing shortfalls in their support service budget either for a site-based setting or a scattered site setting. Eligible costs are the following:

- Front desk staffing
- Support service staffing
- Administration of Housing Support Program (HSP) Rate 1 only (Room and Board)
- Emergency Rental Assistance (ERA) for participants of the housing support program to assist with lease up costs and/or to prevent a return to homelessness. (ERA may not exceed 20% of the overall budget. ERA consists of application fees, damage deposits, and rent.)

The target audience for this RFP are:

- Housing Support Program Providers who are currently contracted with Carver County but are experiencing a budget shortage to provide adequate support services for their program.
- Housing Stabilization Service Providers who are currently contracted, or wish to be contracted, with Carver County for Housing Support Programming who are willing to utilize this funding to administer Rate 1 to people who otherwise could not access Housing Support Programming.
- Housing Support Program Providers who are scheduled to provide services within the time frame of this grant, for a site-based project that will house people from Carver County and have a budget shortage.

***Programs located within Carver County will be prioritized and awarded additional points.

The total dollar amount available for this RFP is \$250,000 and is intended to fund multiple projects. Individual Provider requests cannot exceed \$100,000/agency. Approved grantees will complete a contracting process with Carver County and the expected grant period will be from **January 1, 2025 to December 31, 2025**. Nothing is final until the Carver County Board of Commissioners approves the contract.

Providers interested in submitting a response are required to complete an application and submit all documents as set out below. Completed applications should be submitted to the Carver County Housing Unit (*contact information is noted below*).

Carver County will review all applications. Decisions will be made whether to move forward with an award based on provider qualifications and experience, identified supportive housing gaps, and needs for participants, Carver County priorities and preferences for housing and services, and staff capacity to provide adequate oversight.

Submitting an application is not a guarantee an organization will be approved for funding. Carver County reserves the right to request additional information not initially sought on this request. Incomplete applications will not be considered.

Providers interested in providing an application response to this RFP must do so by December 4, 2024, at 4:30pm. Late applications will not be considered. Please Submit applications via email to jromero@carvercountymn.gov

A bidder's conference will be held on November 21, 2024, from 1:00-2:00pm via this Teams link: [Join the meeting now](#). Please email Jen Romero at jromero@carvercountymn.gov by noon on November 21 2024, to request a calendar invite for the meeting. Applicants can also call Jen Romero with any questions about the application at 612-214-7742.

Application Content

Applications should be submitted in a format that sets out the required information in sections A, B, C and D, complies with the page limits indicated, and incorporates the certification and signature pages.

Section A: Housing Support Program Basic Information

1 Page Limit

1. Applicant/Organization/Provider Name
2. Legal name of Organization/Provider if Different than above
3. Contact information for Organization/Provider
 - a. Name
 - b. Phone Number
 - c. Email
 - d. Website
4. Physical Address of Organization/Provider
 - a. Street
 - b. City, State, ZIP
5. Tax ID (state and Fed)
6. Names, Titles, Phone, Email, and office address of organizational leadership/owners
7. HSP Agreement Contact Person
 - a. Name, title, address, phone

Section B: Short answer

5 Page Limit

1. Brief description of the Provider/Organization
2. Description of the program that funds are being requested for and why funds are needed
3. Proposed number of households this funding will support and if there is a target population to be served
4. List any additional funding sources/amounts used in your project (note that grant funds are intended to assist with program costs but cannot be the sole funding source for any project)
5. Describe your experience providing Housing Support Programming and related housing services (*include a description with a list of programs and locations*)
6. Describe your experience serving people who are culturally diverse.
7. Describe your experience serving people with disabilities.
8. Describe your knowledge of local community supports and resources (*shelter/housing programs, mainstream resources, food shelves, employment, prevention assistance, utility assistance, etc.*)
9. Describe your staffing availability to support programming (*Number of staff proposed for program or site*)
10. Describe your program sustainability plan in the event that this grant cannot be renewed in the future.
11. How will you measure success for your program?

Section C: Budget

1 Page Limit

1. Create a budget in the template of your choice ensuring to only include the eligible costs noted above.
2. Indicate any additional funds noted in Section B, item 4.
3. Provide any additional narrative as needed to indicate how the numbers were derived.

Section D: Disclosures

1 Page Limit

1. Do you have any financial relationships currently with Carver County? (Y/N)
 - a. Current HSP agreement? (Y/N)
 - b. Current HSS provider approved by DHS? (Y/N)
 - c. Are you a licensed foster care facility? (Y/N)
 - d. Do you provide any contracted services with Carver County? (Y/N)
 - i. List, if so:
 - e. Are you a non-profit in good financial standing? (Y/N)
2. Do you have HSP agreements with other counties?
 - i. If yes, list which counties and your contact person at each county.
3. Is this a site based or scattered site housing program?

Certification

By signing below, our agency has reviewed, understands, and agrees to comply with the following:

- Completing an application is not a guarantee the organization will be approved for a Carver County grant award. Carver County reserves the right to gather additional information not asked on the application. Incomplete or late applications will not be considered.
- If awarded funds, a professional service agreement will be executed which will require the provider to carry sufficient (per County guidelines) Commercial General Liability, Automobile Liability, Professional Liability, and Worker’s Compensation Insurance. For more information on Carver County’s Insurance requirements, contact jromero@carvercountymn.gov
- If awarded funds, prior to contracting the provider will need to send a Certificate of Good Standing or a Certificate of Authority to Carver County; a certificate can be obtained by registering with the Office of Minnesota Secretary of State
- A provider cannot be on the Federal or State Debarment list. Carver County reserves the right to check the Federal and State debarment database to determine if the provider is in good standing.

Signature Page

The applicant affirms that, to the best of its knowledge, this proposal does not present a conflict of interest with any party or entity, which may be affected by the terms of a potential grant agreement. The applicant agrees that, should any conflict or potential conflict of interest become known, it will immediately notify Carver County of the conflict or potential conflict, and will advise the county whether it will or will not resign from the other engagement or representation.

Authorized Person Name & Title

Name: _____

Title: _____

Date Signed: _____