



**ALLIANCE FOR HOUSING
OAKLAND COUNTY'S CONTINUUM OF CARE**

**REQUEST FOR PROPOSALS
New Transitional Housing (TH)**

The Alliance for Housing, Oakland County's Continuum of Care (CoC) is requesting proposals for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Homeless Assistance Program. **This is for a new TH projects.** See the FY 2026 NOFO for full requirements. This grant requires a 25% match (in-kind or cash) please see [CFR 578.73](#) for match information. At this time funding amounts are to be determined, however requests must be for a minimum of \$50,000.

As defined in 24 CFR 578, "*Transitional housing* means housing, where all program participants have signed a sub-lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months..." Please read 24 CR 578 for full description.

Please look the [HUD NOFO](#) for information pertaining to new bonus TH projects and page 21 for rating factors.

The regulations for the HUD Transitional Housing programs can be found at 24 CFR 578.37.

Eligible Applicants

Eligible applicants include organizations that are legally eligible to receive Continuum of Care (CoC) Program funding under the FY 2026 HUD CoC Program Notice of Funding Opportunity (NOFO). Eligible entities include:

- State governments
- County governments
- City or township governments
- Special district governments
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public housing authorities/Indian housing authorities



- Native American tribal organizations (other than Federally recognized tribal governments)
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)
- Faith-based organizations

The Alliance for Housing reserves the right to establish additional local threshold requirements and determine whether an applicant has the administrative, financial, and programmatic capacity to successfully administer HUD CoC Program funds.

The Alliance for Housing reserves the right to modify this RFP, scoring criteria, timelines, or application requirements in response to additional guidance issued by HUD. Applicants may be required to submit additional information or documentation to ensure compliance with HUD requirements.

Applicant Information

Agency Name: _____

EIN Number: _____

UEI Number: _____

Primary Contact Person: _____

Title: _____

Email: _____

Phone: _____

Project Overview

Project Name: _____

Project Type: Transitional Housing (TH)

Physical Address (if applicable): _____

Target Population (check all that apply):

- Single Adults Families Youth Individuals coming from unsheltered homelessness Seniors

Total Number of TH Beds Requested: _____



treatment) in line with 24 CFR 578.75(h) starting no later than the beginning of the program FY2026 grant term? If yes, please describe the supportive services available:

a. Please explain if substance use treatment is available on-site for this project.

b. Please explain if behavioral health treatment is available on-site for this project.

14. Describe coordination with law enforcement, outreach teams, and first responders:

15. Describe how your agency currently works with the Homeless Management Information System:

Agencies that are awarded funding and are not currently participating in HMIS will receive training and support from the CoC to become HMIS users and meet all applicable data collection and reporting requirement.



Threshold Question #1:

My agency will engage in racial preferences or other forms of illegal discrimination.

Yes

No

Threshold Question #2:

My agency will operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under our control, permit the use or distribution of illicit drugs on property under our control, or conduct any of these activities under the pretext of “harm reduction.”

Yes

No

Agencies must demonstrate active engagement in the Continuum of Care (CoC) within the past 12 months. At minimum, applicants should meet **at least two (2)** of the following criteria:

- Attend **no fewer than 50%** of CoC or Alliance for Housing General Membership meetings
- Participate in **at least one (1) CoC committee or workgroup**, with attendance at **50% or more** of meetings
- Demonstrate active involvement in the Coordinated Entry process (e.g., referrals, case conferencing, assessments)
- Participate in **at least two (2) CoC-led initiatives, trainings, or events**
- Contribute to CoC-required activities such as data submission, system planning, or Point-in-Time count

Applicants must provide documentation or a brief description of how these criteria are met.

If your agency does not meet this threshold please explain why you haven’t been involved and how you will be.



Financial Information

Total HUD Funds Requested: \$ _____

Total Match Commitment (≥25%): \$ _____

Match Type(s): _____

Attach Required Documents:

- Project Budget (HUD categories)
- Match Letters/Documentation
- Most Recent Financial Audit
- Partnership Letters (MH/SUD treatment providers)
- Organizational Chart / Staffing Plan
- Unexpired SAM.Gov Registration
- Draft program participation service agreement (see question 13)
- Nonprofits: 501 (c)(3) IRS Determination Letter.
- Local governments: A copy of the municipal charter or a letter on official letterhead stating the organization is a unit of local government authorized to apply for federal grants.
- Churches: IRS Determination Letter or Group Exemption documentation.

Certification

I certify that the information provided in this application is accurate and complete. I understand that the HUD-required scoring items on page 63-64 of the FY2026 HUD NOFO.

I certify that I have read HUD’s document “[General Statutory and Regulatory Requirements Affecting Eligibility for HUD’s Financial Assistance Programs](#)” and meet all requirements to apply for this funding.



Name: _____

Title: _____

Signature: _____

Date: _____