



ALLIANCE FOR HOUSING OAKLAND COUNTY'S CONTINUUM OF CARE

REQUEST FOR PROPOSALS-New Supportive Services Only – Coordinated Entry (SSO-CE) and/or Transitional Housing (TH) Domestic Violence (DV) Bonus Project(s).

The Alliance for Housing is requesting proposals for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Homeless Assistance Program.

This Request for Proposals (RFP) is for Alliance for Housing, Oakland County Continuum of Care (CoC) partners to work with the Alliance to support those experiencing domestic violence (DV) in the community. The CoC is looking for new proposals for DV Transitional Housing (TH) Please see the FY2026 NOFO for full requirements. The DV bonus amount for Oakland County is to be determined. Out of the proposals received the Alliance Prioritization Committee will choose no more than two DV projects to be added to the new applications in the FY2026 competition. Please see page 91 of the NOFO for details about the DV Bonus. Per the HUD NOFO, each CoC may only submit one new SSO-CE DV Bonus project; however there is no limit on the number of TH projects. Each application must be at least \$50,000.

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.

Check off which you are applying for:

- New DV TH
- New SSO-CE DV

- **If you are applying for DV TH, answer all the questions that have DV TH in front of them.**
 - **If you are applying for DV SSO-CE, answer all the questions that have SSO-CE in front of them.**
 - **If it states "For both DV TH and SSO-CE" in front of the question, answer it no matter which type of program you are applying for.**
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- If the potential sub-recipient is a victim service provider they must use a comparable data base and provide de-identified information to the CoC.

Applicant Information

Agency Name: _____

UEI Number: _____

EIN 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: _____

Total Number of TH Units Requested: _____

If SSO, total of estimated served: _____

Project Description (Narrative Responses)

1. **(For DV TH and SSO- CE)** Can you share your experience with managing or utilizing federal funds for housing programs? If you haven't worked with federal funds before, how do you plan to familiarize yourself with the requirements and procedures to ensure effective management?

2. **(For DV TH and SSO- CE)** Please describe the extent to which your organization and this project demonstrates understanding of the needs of the clients to be served, specifically those experiencing [Category 4](#) homelessness.

3. **(For DV TH and SSO- CE)** Describe how your agency will use a trauma informed approach and client centered approach, and what type of training your agency has received in regards to using a trauma informed and client centered approach.

9. **(For DV TH)** Provide a description of the proposed project. Please include:
- a. How this program will implement the 20 hour a week required supportive services (e.g. case management, employment training, substance use disorder treatment)
 - b. Please explain if substance use treatment is available on-site for this project
 - c. Please explain if behavioral health treatment is available on-site for this project
- 10.**(For DV TH and SSO-CE)** Include proposed budget including 25% match (in-kind or cash)
- 11.**(For DV TH and SSO-CE)** Outline the strategy for quickly implementing the program, detailing how the project will be prepared to house the first participant. Include a timeline of planned activities for 60, 120, and 180 days following the grant award.
- a. **For SSO-CE:** Describe your strategy for rapidly implementing the SSO-CE DV project following the grant award. Explain how the project will become operational and prepared to begin serving clients through Coordinated Entry, including outreach, staff readiness, partnerships, referral processes, and data collection. Provide a timeline of key implementation activities and milestones for the first 60, 120, and 180 days after the grant award.

12. **(For DV TH)** Explain how the project will work within Fair Market Rent rates and utilize master leasing

13. **(For DV TH and SSO-CE)** Please describe how the project will engage with and adhere to the policies and procedures of the Coordinated Entry system established by the Oakland County Continuum of Care, including referring clients through HMIS or a comparable data base.

14. **(For DV TH and SSO-CE)** Does your agency have a process for receiving and integrating feedback from individuals with lived experience, or a plan to develop one? Yes No
a. Please explain.

15. **(For DV TH and SSO-CE)** Describe how your agency currently works with the Homeless Management Information System or describe the comparable data base you use.

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.

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.

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

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 9)
- 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.

This may change with further guidance from HUD and the Alliance for Housing reserves the right to change and or add criteria.

Name: _____

Title: _____

Signature: _____

Date: _____