

2025 Continuum of Care Competition

Request for Proposal Form – RENEWAL

Fall River Continuum of Care MA-515

Please submit your Proposal for a new or renewal project application for housing and services for the homeless to Mary D. Camara, Coordinator of Homeless Programs, Fall River Community Development Agency by 4:00 p.m. EDT, Friday, December 5, 2025 at mdcamara@fallriverma.gov. Letters of Intent are not acceptable for the FY2025 NOFO process.

Agency Information	
Legal Name of Applicant Agency:	
Physical Address:	
Mailing Address:	
Agency UEI (12 digits, from SAM.gov):	
Tax ID or EIN:	
Agency Contact Person:	
Title:	
Email:	
Phone:	
Fax:	

Project Information	
Project Name:	
Project Location (physical address or if scattered-site, write “scattered site”):	
Project Contact Person:	
Title:	
Email:	
Phone:	
Fax:	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal
<input type="checkbox"/> Bonus	<input type="checkbox"/> Expansion Project
<input type="checkbox"/> DV Bonus	<input type="checkbox"/> Consolidation Project
<input type="checkbox"/> Reallocation	<input type="checkbox"/> Transition Grant

RENEWAL PROJECT

Renewal Budget Total:	\$
# of Current Units: _____	# of Current Beds: _____

If you checked either Expansion Project, Consolidated Project or Transition Grant, in the section above, please detail the exact nature of what is being proposed through the use of one of these options as relates to the renewal of your project. Please be sure that your understanding and application of these terms is consistent with the NOFO and this RFP. If none of these were checked, please write "Not Applicable."

Project Narratives

1. Does the project have 100% dedicated beds for chronically homeless individuals and/or families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Has your agency experienced any monitoring/audit findings reported by FRCDA or any other entity, i.e., internal contracted auditors, another funding entity within the past two calendar years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If YES: Briefly discuss what issues have existed (findings, unspent balances, inability to invoice for financial expenditures in a timely manner, or failure to consistently submit all required reporting on a timely basis), what circumstances arose that caused them, how the agency responded/is responding, and what steps are being taken to ensure full compliance going forward.

3. Does the project fully connect with public/private healthcare organizations to assist program participants to receive primary care, housing related services and obtain medical insurance consistent with the NOFO?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES: Briefly identify with whom such coordination has been undertaken, how long it has existed or when it is anticipated to start and provide a description of the nature of the healthcare collaboration and the extent to which it benefits program participants.</p> <p>If NO: Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward collaboration with a healthcare partner.</p>	

4. Does the agency engage People With Lived Experience (PWLE), including involving them in informing programming and policy-making?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If YES: Briefly identify the level of involvement those with lived experience have in shaping policy and program administration.</p> <p>If NO: Briefly describe what barriers may be faced in so doing and what future plans the program has for mitigating those barriers toward empowering those with lived experience within the project and authentically listening and acting upon their suggestions.</p>	

6. The CoC Program promotes access to and the effective utilization of mainstream programs by homeless individuals and families to optimize self-sufficiency among those experiencing homelessness. Does the agency work toward the following HUD goals of:	
Ending the crisis of homelessness on our streets by working with law enforcement, first responders, and their state and local governments to reduce encampments, public camping, and public drug use in order to address barriers to maintaining housing and increasing self-sufficiency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prioritizing treatment and recovery by providing services including on-site behavioral health treatment, robust wraparound supportive services, and participation requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advancing public safety by prohibiting public camping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Promoting self-sufficiency by partnering with workforce development centers, employers, childcare, and other supportive service providers to increase employment and employment income for program participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Improving outcomes by promoting self-sufficiency, increased employment income, and treatment and recovery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimizing trauma by providing trauma informed care and ensure participant safety in programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fiscal Information

Do you anticipate having unexpended funds at the expiration date of your current contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had unexpended funds at the expiration of grant terms in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES: Briefly identify why funding was returned discussing how that will change in the coming grant cycle if the proposed renewal is funded.	

Match Information

Prior to grant execution, a signed letter(s) on agency letterhead is required detailing the source and amount of the required 25% match for this project and identifying whether the Match source is cash or in-kind. The 25% Match applies to the entire project grant except Leasing.

If the source is cash, written documentation should be provided on the source agency's letterhead, signed, and dated by an authorized representative, and, at a minimum, should include the following:

1. Amount of cash to be provided to the recipient for the project;
2. Specific date the cash will be made available;
3. The actual grant and fiscal year to which the cash match will be contributed;
4. Time period during which funding will be available; and
5. Allowable activities to be funded by the cash match.

If in-kind services are included as a match, a Memorandum of Understanding is required with a third party to establish unconditional commitment to provide a service, the specific service to be provided, the profession of the persons providing the service, and the hourly cost of the service to be provided.

Assurances

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

- Applicant agrees to complete the HUD Project Application forms with the same information as contained in this application unless the Performance Review Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant.
- Applicant agrees to participate fully in the Fall River Continuum of Care's Homeless Management Information System (HMIS) or comparable system for DV projects.

- Applicant understands that HUD CoC-funded homeless projects are monitored by the Fall River Community Development Agency as the CoC Lead or the Department of Housing and Urban Development. This can include an annual site visit and most recent audited financial statement.
- Applicant must comply with all reporting requirements as set by the Department of Housing and Urban Development and the Fall River Community Development Agency.

If awarded funding, the applicant agrees to inform the Fall River Community Development Agency when the following occurs:

- Changes to an existing project such as unit configurations or budget revisions;
- Organization has staff turnover in the CoC-funded project; and
- Issues with Match requirements.

Signature of Authorized Representative:	
Printed Name:	
Title:	
Date:	

Submission

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