



**Request for Applications (RFA):
Housing Stability Services (HSS) for the Asylum Seeker Emergency Assistance
Program (ASERAP)**

**Responses due no later than February 20, 2023 3:00pm CST.
Submit completed application electronically to
ASERAP.RFA@ihda.org. Please contact ASERAP.RFA@ihda.org
with any questions about this RFA.**



Request for Applications (RFA) Housing Stability Services (HSS) for the Asylum Seeker Emergency Assistance Program (ASERAP)

ASYLUM SEEKER EMERGENCY ASSISTANCE PROGRAM (ASERAP)

Since August 31, 2022, numerous families and individuals seeking asylum, totaling approximately 3,700 persons transported on approximately 90+ buses, have arrived in Chicago from Texas with little to no notice. COVID-19 has exacerbated an affordable housing crisis that predated the pandemic, and that has deep disparities. Asylum seekers currently in intermediate housing provided by the State of Illinois or the City of Chicago are directly impacted by this housing crisis.

On September 14, 2022, Governor JB Pritzker issued a Gubernatorial Disaster Proclamation to use resources to help asylum seekers. Governor Pritzker has renewed the proclamation on a monthly basis. The proclamation allows state agencies, in coordination with the City of Chicago, Cook County and other local governments, to ensure that these individuals receive the help they need. This help includes transport, emergency housing, food, health screenings, medical assessments, and other necessary care services. The State has identified a goal to assist these households that are unable to pay rent as they seek work permits in Illinois.

In connection with the emergency described in the Gubernatorial Disaster Proclamation, the Illinois Department of Human Services (IDHS) and the Illinois Housing Development Authority (IHDA) have engaged in various efforts related to providing resources to the asylum seekers, including providing emergency rental assistance via an application process.

ASERAP BASICS

The ASERAP rental assistance program is being administered by IDHS, with program operations assistance from IHDA. This program will be in the form of a one-time grant up to \$15,000. This grant may provide up to three months of rental assistance (plus move-in fee when applicable) for eligible participants, with the option of one three-month renewal, not to exceed six months of rental assistance total, as individuals transition from temporary hotel stays into affordable rental housing. Prospective tenants are required to complete a grant application via an approved Housing Stability Service (HSS) provider (as defined below) to receive funding; full landlord participation and completion of the grant application are strongly encouraged. Rental payments will be disbursed in increments of three consecutive months, and recertification by landlord and tenant will be required prior to the second payment of grant funds, if awarded.

ASERAP DURATION

For purposes of responding to this RFA, applicants should assume that funding under the ASERAP program may occur in a single round, multiple rounds or via a rolling application process, and that awards may be on a first-come, first-serve basis, or based on a randomized process. The ASERAP is currently approved to run through December 31, 2023. IHDA reserves the right to issue a supplement to this RFA at any time, including if additional funding becomes available, the federal expenditure timeline is extended, and/or IHDA determines that additional services may be needed from one or more HSS Sub-Grantees.

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FUNDING SOURCE FOR THE ASERAP GRANTS AND HSS GRANTS

Section 3201 of American Rescue Plan Act of 2021 (March 11, 2021), the (“Act”), authorizes the U.S. Department of the Treasury (“Treasury”) to make payments to certain recipients, including the State of Illinois (the “State”), to be used to provide emergency rental assistance. Pursuant to the Federal Funding Agreement, the IL ERA 2 Award is to be used for:

- (1) Financial assistance to eligible households (at least 90%); and
- (2) Housing stability services and administrative fees (not more than 10%).

HOUSING STABILITY SERVICES

IHDA is issuing this RFA to obtain responses from qualified housing counseling agencies, community-based organizations and non-profit organizations to assist IHDA with the operation of ASERAP by providing housing stability services as specified under the Act. Subject to approval from IHDA’s Board, agencies selected for award pursuant to this RFA process (“HSS Sub-Grantees”) will assist IHDA throughout the entire ASERAP grant period in operating the ASERAP, specifically by engaging in one or both of the following housing stability services (“HSS”):

1. HSS OUTREACH:

- a. Disseminating information about the ASERAP throughout the applicant’s coverage area;
- b. Engaging landlords to negotiate an affordable unit; and
- c. Identifying other available housing resources for asylum seekers.

2. HSS INTAKE:

- a. Assisting asylum seekers, including landlords (“Clients”) with the initial ASERAP application process in-person;
- b. Providing assistance to Clients after submittal of an ASERAP application including rental assistance and referral services;
- c. Following-up with Clients after the submittal of an ASERAP application, assist with identifying potential housing options via the IDHS-maintained affordable housing unit list and provide referral services;
- d. Assisting tenants who have applied for funds from ASERAP, but whose landlords have been unresponsive, including engaging in any specific landlord outreach steps required.

NOTE: IHDA reserves the right to issue a supplement to this RFA, at any time, in the event IHDA determines that additional HSS services are needed for the successful operation of the ASERAP.

ASERAP HSS GRANT ELIGIBILITY

Housing counseling agencies, community-based organizations, and non-profit organizations are eligible to apply if they have experience with information and outreach, and client intake and management procedures.

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MAXIMUM ASERAP HSS GRANT AWARDS

The maximum grant amounts for the various HSS activities are set forth below. Grant documentation will contain details about the funding/reimbursement process. Please note: INDIRECT costs are NOT eligible expenses, and will not be covered by any grant funds.

1. **HSS OUTREACH GRANT FUNDS:** the maximum grant award to provide ASERAP information and outreach services is **\$25,000**.
2. **HSS INTAKE GRANT FUNDS:** the maximum grant award to perform intake services is **\$100,000**.
3. **GRANT FUNDS FOR HSS EQUIPMENT:** the maximum grant award for bolstering an applicant's mobile and technology network in order to perform the services, i.e. the purchase of computer workstations, laptops, tablets, headsets is **\$25,000**.

Maximum Request Amount: \$150,000

Note that funding may be reallocated to other ASERAP HSS Sub-Grantees based on performance and in accordance with the grant agreement. In addition, IHDA reserves the right to issue a supplement to this RFA, at any time, to increase the maximum grant amounts, if additional funding becomes available, the federal expenditure timeline is extended, and/or IHDA determines that additional services may be needed from one or more HSS Sub-Grantees.

ASERAP HSS GRANT APPLICATION

When submitting your response to this RFA, please include answers in the space provided below. Please note, other than the required financial audit and related materials and the budget, both described below, additional attachments will not be considered a part of the application and will not be reviewed by IHDA. There will be no exceptions to this provision. **Only applications in editable PDF format, not the scanned PDF format, will be accepted.** Please ensure that all questions are answered fully before the you submit your response to this RFA. **Applications that do not include the requested audit and budget materials will not be eligible for funding.**

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Please indicate below the amount of grant funds that you are applying for in connection with assisting IHDA in the operation of the ASERAP.

Requested HSS Outreach Grant Amount:

Requested HSS Intake Grant Amount:

Requested HSS Equipment Grant Amount:

Total Grant Amount Requested:

APPLICANT’S FINANCIAL AUDIT REPORT

Applicants must provide a copy of their most recent independent financial audit. If a management letter was issued in connection with the most recent independent financial audit, a copy of the management letter and any required management response/corrective action plan must also be submitted with your response to the RFA. The Management Response and/or Corrective Action Plan MUST be signed by the Executive Director, Chief Executive Officer, or chief executive of the applicant. IHDA reserves the right to consider a lack of corrective action, or lack of response to findings, in assessing an applicant’s eligibility for funding.

Please note that the Treasury funding supporting the ASERAP HSS grant has a CFDA# 21.027.

Any entity who did not have an independent financial audit conducted, and is therefore unable to provide one with their response, should provide a letter signed by the Executive Director, Chief Executive Officer, or chief executive of the applicant that explains why an independent financial audit has not historically been obtained, and what type of audit process, or other oversight method, has been put in place in lieu of an independent financial audit. To the extent permitted by applicable law, the Authority reserves the right to deem such an entity generally eligible for funding at the Authority’s sole discretion. If prohibited by applicable law, the entity will be deemed ineligible for funding.

REPORTING

In order to ensure that IHDA can fulfill its reporting requirements, ASERAP HSS Sub-Grantees performing HSS Intake will be required to provide detailed reports to IHDA, as will be outlined in the grant agreement. Appropriate back-up documentation to support the funds reimbursed and the addresses of all rental units assisted will be needed in periodic reports.

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ASERAP HSS APPLICATION

Agency Name

Main Office Street Address, Line 1

Street Address, Line 2

City

State

Zip Code

Website

Primary Contact Name

Title

Telephone Number

E-mail Address

Secondary Contact Name

Title

Telephone Number

E-mail Address

How many staff do you anticipate dedicating to provide HSS for the ASERAP?

[Application Contact Link](#) (Click on the link to fill out your organization's information.)

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- 1. Geographies to be covered by this grant – list the county/counties you intend to service if awarded grant funds. Also, please provide each zip code that you intend to service. Please also specifically name any particular target areas, neighborhoods or community areas you anticipate serving.**

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2. Describe the demographic makeup of the clients that the Applicant serves.

3. Describe all the services that the Applicant currently offers.

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4. How many clients did the Applicant serve across all programs for calendar year 2022? _____

5. Describe the Applicant's previous experience with COVID-19 related rental assistance programs, including an estimate of how many clients were assisted, broken down by ERA/EMA program type (or other Coronavirus Relief Fund programs). This includes those clients reported in the ERA/EMA application portal (code entry) and those that were not officially reported but were assisted through your agency.

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6. Describe how the Applicant will assist clients with the ASERAP application in person and the services that will be provided to asylum seekers. Specifically, any housing related services conducted with applicants.

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7. Please mark an "x" for all the HSS functions that the Applicant is able to perform as of the date of this application.

- a. Has capacity to conduct telephone client intake
- b. Has capacity to conduct in-person client intake (in a COVID-19 compliant manner)
- c. Has a client management system in use
- d. Has capacity to track and report on client level and aggregate data
- e. Has capacity to print and copy documents
- f. Has capacity to scan and e-mail documents
- g. Has capacity to mail or overnight documents
- h. Has capacity to serve clients, **verbally**, in the following languages (check all applicable)

English <input type="checkbox"/>	Spanish <input type="checkbox"/>	Polish <input type="checkbox"/>	Mandarin <input type="checkbox"/>	Cantonese <input type="checkbox"/>
Tagalog <input type="checkbox"/>	Arabic <input type="checkbox"/>	Urdu <input type="checkbox"/>	Korean <input type="checkbox"/>	Gujarati <input type="checkbox"/>
Hindi <input type="checkbox"/>	Russian <input type="checkbox"/>	German <input type="checkbox"/>	French <input type="checkbox"/>	Other _____

- i. Has capacity to serve clients, **in writing**, in the following languages (check all applicable)

English <input type="checkbox"/>	Spanish <input type="checkbox"/>	Polish <input type="checkbox"/>	Mandarin <input type="checkbox"/>	Cantonese <input type="checkbox"/>
Tagalog <input type="checkbox"/>	Arabic <input type="checkbox"/>	Urdu <input type="checkbox"/>	Korean <input type="checkbox"/>	Gujarati <input type="checkbox"/>
Hindi <input type="checkbox"/>	Russian <input type="checkbox"/>	German <input type="checkbox"/>	French <input type="checkbox"/>	Other _____

Other than providing services in language in addition to English, if you are unable to provide one or more of the above-listed functions, please indicate why in the space below:

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8. Describe your current marketing and outreach services for your existing programs. Provide a detailed description of how you plan to conduct HSS outreach for the ASERAP?

9. Describe your current intake process for your existing programs. Provide a detailed description of how you plan to conduct in person ASERAP intake. Describe your ability to provide outreach and intake assistance to landlords in your service area.

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10. Prepare and attach a detailed budget for the total grant amount requested, broken down by HSS activity. If grant funds will be needed to purchase equipment in order to execute deliverables under the grant agreement, please include detailed budget for i.e. computers, laptops, tablets, and headsets. IHDA understands that the budgets submitted will be good faith estimates, but responses to this RFA should be as detailed as possible. **Please note INDIRECT costs are NOT eligible expenses and will not be covered by any grant funds.**
11. In the space provided below, please describe your ASERAP HSS action plan and anything else you would like IHDA to know about your capacity in connection with your response to this RFA. In describing your ASERAP HSS action plan, include detail for all the below items:
- ✓ Readiness timeline
 - ✓ Strategy for managing ASERAP volume on top of existing work (including call volume and in-person meetings)
 - ✓ Strategy for managing in-person intake
 - ✓ Strategy for assisting tenants with unresponsive landlords
 - ✓ Strategy for post application assistance
 - ✓ Strategy for referring Clients to other available housing resources

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STANDARD REQUIREMENTS AND CERTIFICATIONS

Every entity selected for a ASERAP HSS grant will be required to comply with these certifications and requirements as well as any additional certifications or requirements covered in the Act, and any documents required by IHDA:

1. Applicant certifies that all statements herein are true, accurate, and complete;
2. Applicant is an eligible recipient of the Program based on requirements per the application;
3. Applicant is authorized to do business and is in good standing in the State of Illinois;
4. Agency offices and services provided will be accessible to people with disabilities;
5. Applicant will not permit any discrimination based on gender, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability in connection with its participation in the Program;
6. Applicant will ensure expenditures of funding are for eligible uses under the Program;
7. Applicant will maintain records in connection with administration of the Program for five years after the date of termination of the Funding Agreement;
8. Applicant will comply with the terms and conditions of the Program and additional local, state, and federal laws, rules and regulations; including without limitation, compliance with the Illinois Grant Accountability and Transparency Act;
9. Applicant will comply with monitoring and evaluation of the Program in accordance with the Funding Agreement; and
10. Neither the applicant, nor its affiliates or related entities, are delinquent in the payment of any debt to the State of Illinois (or if delinquent, has entered into a deferred payment plan to pay any debt).

On behalf of _____, I certify that the information contained herein accurately reflects my organization's commitment and ability to participate fully in the Program.

Name

Title

Date

Signature of Authorized Official