Request for Applications (RFA)
Housing Stability Services (HSS) for the Court-Based Rental Assistance Program (CBRAP)

Responses Due No Later than Monday, November 27, 2023 by 12:00noon CST

Submit completed PDF application electronically to CBRAPgmt@ihda.org

Please contact IHDA Grant Management Team at
CBRAPgmt@ihda.org with any questions about this RFA

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COURT-BASED RENTAL ASSISTANCE PROGRAM

The Illinois Housing Development Authority (IHDA) developed the Court-Based Rental Assistance Program (CBRAP) to provide rental assistance to eligible Illinois households unable to pay their rent due to the COVID-19 pandemic and are at risk of eviction.

An "eligible household" for the CBRAP is defined in the ARPA (as defined below) as a renter household in which at least one or more individuals meets the following criteria: 1). Is unemployed or has been unemployed for over 90 days, has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due directly or indirectly to COVID-19; 2). Demonstrates a risk of experiencing homelessness or housing instability; 3). Has a household income at or below 80 percent of the area median income; and 4). Has a pending case in eviction court. Eligible households that include an individual who has been unemployed for the 90 days prior to an application for assistance and households with income at or below 50 percent of the area median income are to be prioritized for assistance.

An "eligible household" for the CBRAP program also requires a rental unit household in which at least one or more individuals meets the following criteria: 1) You meet the definition of "Eligible Household", defined on page 2 of this RFA; 2) You are in a court eviction proceeding due to non-payment of rent for a home in Illinois; 3) You have experienced financial hardship during the COVID-19 pandemic; and 4) Your household income is at or below 80% of the area median income, adjusted for household size. (See the income limits for your county here). Proof of citizenship is not required. Rental assistance is not a "public charge" benefit.

FUNDING SOURCE FOR THE COURT-BASED RENTAL ASSISTANCE PROGRAM AND HSS GRANTS

The program was established under Section 3201 of the American Rescue Plan Act of 2021 ("the ARPA") and authorizes the United States 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 ("ERA2"). The purpose of the ERA2 is to provide grants for financial assistance to households for rent, utilities, and other housing expenses for low-income households that are at risk of homelessness and are experiencing unemployment or financial hardship. The ERA2 funds may be used for:
(1) Financial assistance to eligible households (at least 90%); and
(2) Housing stability services and administrative fees (not more than 10%).

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CBRAP BASICS

The Illinois Court-Based Rental Assistance Program (CBRAP) provides emergency rental assistance statewide to Illinois housing providers and tenants in eviction court. Tenants must have experienced financial hardship directly or indirectly due to the pandemic. Tenant applicants may qualify for up to $25,000 or a total of 18 months of rental assistance to prevent eviction, including up to $500 in court costs incurred by the housing provider prior to CBRAP approval. Payment is issued in the form of a check, made payable to the housing provider.

In the event a housing provider will not participate or becomes unresponsive, tenants may qualify for certain assistance:

- Tenant direct: Tenants may qualify for up to 3 future months of assistance only. A tenant must relocate to a new unit with a new housing provider with a lease period of at least 6 months to be eligible for tenant direct assistance. Per month rent for tenant direct will be capped at the Fair Market Rent (FMR). Payment is made directly to the tenant to provide to the new housing provider.

- Right to Cure: Tenants facing eviction in Cook County may exercise their Right to Cure (City of Chicago Municipal Code 5-12-130 and Cook County Residential Tenant Housing Provider Ordinance). Tenants are required to work with an IHDA-approved legal aid partner organization in order to qualify. Payment is made in the name of the housing provider and sent to the legal aid organization on the tenant's behalf.

CBRAP DURATION

The CBRAP application portal for individuals appealing for funding launched October 3, 2022. For purposes of responding to this RFA, individual tenant and HSS agency grant applicants should assume that funding under the CBRAP may occur in a single round, multiple rounds, or via a rolling application process with awards that may be on a first-come, first-served basis, or based on a randomized selection process, or until funds are exhausted. The CBRAP will run through December 31, 2025, unless otherwise authorized under the ARPA or, other applicable law, to continue into 2026.

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HOUSING STABILITY SERVICES

IHDA is issuing this RFA in order to obtain responses from qualified housing counseling agencies, community-based organizations, non-profit organizations, and legal aid organizations to assist IHDA with the operation of CBRAP by providing housing stability services as contemplated under the ARPA. Subject to the approval of IHDA's Board, agencies selected for award pursuant to this RFA process ("HSS Sub-Grantees" or "Agencies") will assist IHDA, throughout the entire grant period, in operating the CBRAP specifically by engaging in the following housing stability services ("HSS"):

1. HSS OUTREACH:

   a. Disseminating information about CBRAP throughout the HSS Sub-Grantees applicant's coverage area, and preferably across the entire state of Illinois;
   b. Performing outreach services within the coverage area to inform as many people as possible about CBRAP in languages needed in the community; and
   c. Identifying other available housing resources for Clients (as defined below).

2. HSS INTAKE:

   a. Assisting Illinois residents in applicant's coverage area, and preferably across the entire state of Illinois, including housing providers and tenants ("Clients") with the initial CBRAP application process virtually, over the phone, or in-person;
   b. Providing assistance to Clients after submittal of a CBRAP application including case management and referral services;
   c. Following-up with Clients after the submittal of a CBRAP application including case management and referral services;
   d. Providing intentional outreach and intake assistance to housing providers of 2–4-unit buildings who may face technology and language barriers; and
   e. Assisting tenants who have applied for funds from CBRAP, but whose housing providers have been unresponsive, including engaging in any specific housing provider outreach steps required by the Act.

NOTE: IHDA encourages tenants facing unresponsive housing provider issues during the CBRAP application period to seek the assistance of a CBRAP HSS Sub-Grantee to, among other things, work through the notice and communication requirements as set forth in the Act and any relevant Treasury guidance associated with being approved for direct funding under the ILRPP. More details are available in the Treasury FAQ.

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CBRAP HSS GRANT ELIGIBILITY & SCORING CRITERIA

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

Organizations with prior experience with the following criteria will receive closer consideration:

1. Eviction court advocacy, or standing relationships with eviction court judges

2. Legal aid for housing services, or partnering with other legal aid organizations to assist clients with housing services

3. Ability to effectively assist clients (tenants and/or housing providers) in gathering required documentation and submitting their funding request to an IHDA application portal, with minimal application edits and/or quick and efficient responses to requests for application edits/cures

4. Service area to include multiple Illinois counties, including newly added Cook County

5. Ability to virtually assist clients (tenants and/or housing providers) across the entire state of Illinois

6. Ability to assist clients with no internet and/or limited technical skills in submitting their funding request to an IHDA application portal

7. Ability to conduct outreach and/or marketing methods that generate a significant number of eligible clients to seek assistance from your organization and apply for CBRAP support

8. Ability to quickly activate a readiness timeline if agency receives notification of HSS grant award, to assist CBRAP clients or begin outreach/marketing campaigns, including staffing levels and cash flow availability for initial program expense outlays

9. Ability to submit timely and accurate grant reporting, including monthly grant activity reports and bi-monthly (every other month) financial disbursement request reports

10. Ability to participate in regular and periodically scheduled program delivery planning and review activities and calls with the IHDA program team and other HSS CBRAP grantees

MAXIMUM CBRAP 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, as defined in 2 CFR Part 200, are NOT eligible costs and will not be covered by any grant funds.

1. HSS OUTREACH GRANT FUNDS: the maximum grant award to disseminate CBRAP information and provide outreach services is $25,000.

2. HSS CLIENT 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 hardware and software such as laptops, tablets, headsets, etc., is $15,000.

Maximum Request Amount = $140,000

The CBRAP HSS grant funds are provided to approved HSS agencies through an expense reimbursement process, with documentation of expense and proof of payment required for every item. IHDA will not provide any up-front grant funds to HSS agencies. Please note INDIRECT costs are NOT eligible expenses and will not be covered by any grant funds. Only direct costs incurred in the performance of HSS activities, including staff wages, payroll taxes, health and life benefits, retirement fund contributions, marketing/outreach, supplies, and computer and equipment, will be eligible for reimbursement.

Expenses ineligible for reimbursement include the following:
  - Vacation/Holiday/Sick/PTO; Bonus pay
  - Marketing Materials promoting only the agency; they must promote IHDA program(s)
  - Marketing/Outreach Materials – no giveaways such as pens, stress balls, etc.
  - Late fees
  - General operations employee continuing education or training. Training for IHDA program-specific topics may be eligible.
  - Special purpose capital equipment
  - Operational expenditures (furnishings, renovations, motor vehicles, etc.)
  - Indirect costs such as rent, utilities, employment search fees

NOTE: IHDA reserves the right to reallocate funding to other HSS CBRAP 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, in the event 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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QUESTIONS ABOUT THE CBRAP RFA APPLICATION BEFORE YOU SUBMIT?

Attend the CBRAP RFA Application Q&A Webinar on Thursday, November 2, 2023 from 9:30 AM – 10:30 AM.

Use the following link (Webex):

https://illinois2.webex.com/illinois2/j.php?MTID=mce8b3fff109c8502f6cdea32c4911e9c
Meeting number: 177 492 6560
Password: 9xARXR3Y7zA

Join by video system
Dial 1774926560@illinois2.webex.com
You can also dial 173.243.2.68 and enter your meeting number.

Join by phone
+1-312-535-8110 United States Toll (Chicago)
+1-240-454-0879 USA Toll

Access code: 177 492 6560

CBRAP HSS GRANT APPLICATION – FUNDING REQUEST

When submitting your response to this RFA, please include answers in the spaces provided below. Please note, other than the required financial audit and related materials , and the budget, all as discussed below, additional attachments will not be considered as part of the application and will not be reviewed by IHDA. There will be no exceptions to this provision. **Only applications in fillable 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.**

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

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 an Executive Director, Chief Executive Officer, or chief executive of the applicant. IHDA reserves the right to use 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 CBRAP HSS grant has a CFDA# 21.023. 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 AND HSS COMMUNICATIONS

In order to ensure that IHDA is able to fulfill its reporting requirements to IDHS and Treasury, CBRAP HSS Sub-Grantee Agencies will be required to provide detailed reports to IHDA.

Approved HSS agencies will be required to report outreach and client intake activity monthly and to report expenses incurred, with supporting documentation, every other month in order to be reimbursed for eligible costs up to the approved grant amount. IHDA will provide reporting templates.

Approved HSS agencies will also be required to participate in regular virtual meetings (weekly or within other periodic timeframes) with other participating HSS agencies.

Approved HSS agencies are required to use a separate bank account to receive reimbursement direct deposits for each grant program. If the separate bank account (or sub-account) is not actively used for another program, than it may be used for CBRAP HSS funds.

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CBRAP 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 CBRAP?

Click here: **Application Contact Link** — to submit contact information for all your organization key RFA, program, and reporting team members.

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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, if applicable.**

Enter response here

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

Enter response here

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

Enter response here

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 assistance programs:**
    - **List all programs and your involvement and service delivery, broken down by Illinois Rental Payment Programs 1.0, 1.0ext, and 2.0, Court-Based Rental Assistance Program, Homeowner Assistance Fund program, Asylum Seekers Emergency Rental Assistance Program, or other coronavirus relief fund programs.**
    - **Include an estimate of how many clients were assisted per program. Your estimates should include those clients reported in the application portal (community code entry), plus those that were not officially reported in the portal but were assisted through your agency.**
    - **Please share lessons learned and best practices developed through your experience with these programs.**

Enter response here

6. **Describe your ability to submit timely and accurate grant reporting for previous IHDA HSS grants, and to regularly attend scheduled HSS program delivery planning and review calls. Did you exhaust all your previous/current grant funds awarded?**

Enter response here

7. **Describe how the Applicant will assist clients with the CBRAP application portal, remotely or otherwise, if the Client does not have internet access and/or has limited technical skills.**

Enter response here

8. There may be certain municipalities or counties running separate CBRAP assistance programs using funds received under the ARPA. Describe how the Applicant will communicate and coordinate with these jurisdictions to avoid duplication of services, and how to manage referrals.

Enter response here

9. If you are currently serving clients regionally only, are you interested and able to expand your service area to virtually assist clients (tenants and/or housing providers) across the entire state of Illinois? Describe your ability to operationalize this expansion.

Enter response here

10. **Please mark/check all the HSS functions that the Applicant is able to perform as of the date of this application.**

    a. ☐ Has capacity to conduct virtual/remote client intake
    b. ☐ Has capacity to conduct telephone client intake
    c. ☐ Has capacity to conduct in-person client intake (in a COVID-19 compliant manner)
    d. ☐ Has a client relationship management system in use (CRM)
    e. ☐ Has capacity to track and report data on client level, and in aggregate
    f. ☐ Has capacity to print and copy documents
    g. ☐ Has capacity to scan and e-mail documents
    h. ☐ Has capacity to mail or overnight documents

    i. ☐ Has capacity to serve clients, <u>**verbally**</u>, in the following languages (check all applicable):

English ☐	Spanish ☐	Polish ☐	Mandarin ☐	Cantonese ☐
Tagalog ☐	Arabic ☐	Urdu ☐	Korean ☐	Gujarati ☐
Hindi ☐	Russian ☐	German ☐	French ☐	Other _____

    j. ☐ Has capacity to serve clients, <u>**in writing**</u>, in the following languages (check all applicable):

English ☐	Spanish ☐	Polish ☐	Mandarin ☐	Cantonese ☐
Tagalog ☐	Arabic ☐	Urdu ☐	Korean ☐	Gujarati ☐
Hindi ☐	Russian ☐	German ☐	French ☐	Other _____

Other than providing services in a 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:

Enter response here

11. **Describe your current marketing and outreach services and capabilities for your existing programs, including any experience with conducting outreach or marketing for other IHDA HSS grant programs. Discuss methods and outcomes. Provide a detailed description of how you plan to conduct HSS outreach for the CBRAP.**

Enter response here

12. **Describe your current client intake process for your existing programs. Provide a detailed description of how you plan to conduct HSS client intake for CBRAP tenants in need of eviction-prevention assistance. Describe your ability to provide outreach and client intake assistance to housing providers of 2–4-unit buildings who may face technology and language barriers.**

Enter response here

13. <u>Prepare and attach a detailed budget</u> for the total grant amount requested, broken down by HSS activity: Outreach, Client Intake, and Mobile/Technology Equipment, and by the following Expense Categories:
    - Personnel / Salaries / Consulting, including Payroll Taxes (FICA: Social Security and Medicare)
    - Health and Life Benefits (Medical, Dental, Life, STD/LTD, AD&D Insurance)
    - Marketing Materials and Methods
    - Postage
    - Travel
    - Supplies for CBRAP assistance (including PPE)
    - Mobile/Technology Equipment Purchase or Rental
    - Other Expenses

    If grant funds will be needed to purchase equipment in order to execute deliverables under the grant agreement, please include detailed budget for computers, laptops, tablets, headsets, software, etc. IHDA understands that the budgets submitted will be good faith estimates, but responses to this RFA should be as detailed as possible.

    The CBRAP HSS grant funds are provided to approved HSS agencies through an expense reimbursement process, with documentation of expense and proof of payment required for every item. IHDA will not provide any up-front grant funds to HSS agencies. Please note INDIRECT costs are NOT eligible expenses and will not be covered by any grant funds. Only direct costs incurred in the performance of HSS activities, including staff wages, payroll taxes, health and life benefits, retirement fund contributions, marketing/outreach, supplies, and computer and equipment, will be eligible for reimbursement.

    Expenses ineligible for reimbursement include the following:
       - Vacation/Holiday/Sick/PTO; Bonus pay
       - Marketing Materials promoting only the agency; they must promote IHDA program(s)
       - Marketing/Outreach Materials – no giveaways such as pens, stress balls, etc.
       - Late fees
       - General operations employee continuing education or training. Training for IHDA program-specific topics may be eligible.
       - Special purpose capital equipment
       - Operational expenditures (furnishings, renovations, motor vehicles, etc.)
       - Indirect costs such as rent, utilities, employment search fees

    Enter "Yes" if Detailed CBRAP Budget is included with your emailed RFA submission: [ ]

14. **Enter "Yes" if your most recent independent Financial Audit is included with your emailed RFA submission:** [ ]

15. In the space provided below, please describe your CBRAP HSS action plan, infrastructure, and organizational readiness strategy, and anything else you would like IHDA to know about your capacity to execute your grant award in connection with your response to this RFA. In describing your CBRAP HSS action plan and readiness strategy, include a response in detail for the items below.

    a) Readiness timeline – including staffing levels and cash flow availability for your initial program expense outlays
    b) Strategy for managing CBRAP volume on top of existing work (including call volume, virtual meeting volume, and, if applicable, in-person meetings)

Enter response here

16. In the space provided below, please describe your CBRAP HSS action plan, infrastructure, and organizational readiness strategy, and anything else you would like IHDA to know about your capacity to execute your grant award in connection with your response to this RFA. In describing your CBRAP HSS action plan and readiness strategy, include a response in detail for <u>all</u> of the items below.

   a) Strategy for managing client intake for all potential clients
   b) Strategy for assisting priority populations (specific to those unemployed and at 50% AMI and under)
   c) Strategy for assisting tenants with unresponsive housing providers
   d) Strategy for post-application assistance
   e) Strategy for referring clients to other available housing resources

Enter response here

17. Describe your experience and expertise with eviction court advocacy, and/or developing and maintaining relationships with eviction court judges to connect with clients in need of housing services support. Describe your experience and expertise providing housing services legal aid, or partnering with other legal aid organizations, to assist clients with housing services.

Enter response here

STANDARD REQUIREMENTS AND CERTIFICATIONS

Each entity selected for a CBRAP HSS grant will be required to comply with the following certifications and requirements as well as any additional certifications or requirements required by the ARPA, 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 CBRAP based on requirements per the application;

3. Applicant is authorized to do business and 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 CBRAP;

6. Applicant will ensure expenditures of funding are for eligible uses under the CBRAP;

7. Applicant will maintain records in connection with administration of the CBRAP for five years after the date of termination of the Funding Agreement;

8. Applicant will comply with the terms and conditions of the CBRAP 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 CBRAP 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 CBRAP.

Name   **Title**   **Date**

_____

_____
Signature of Authorized Official