

Interim Housing Provider Interest Questionnaire

Basic Scope of Project

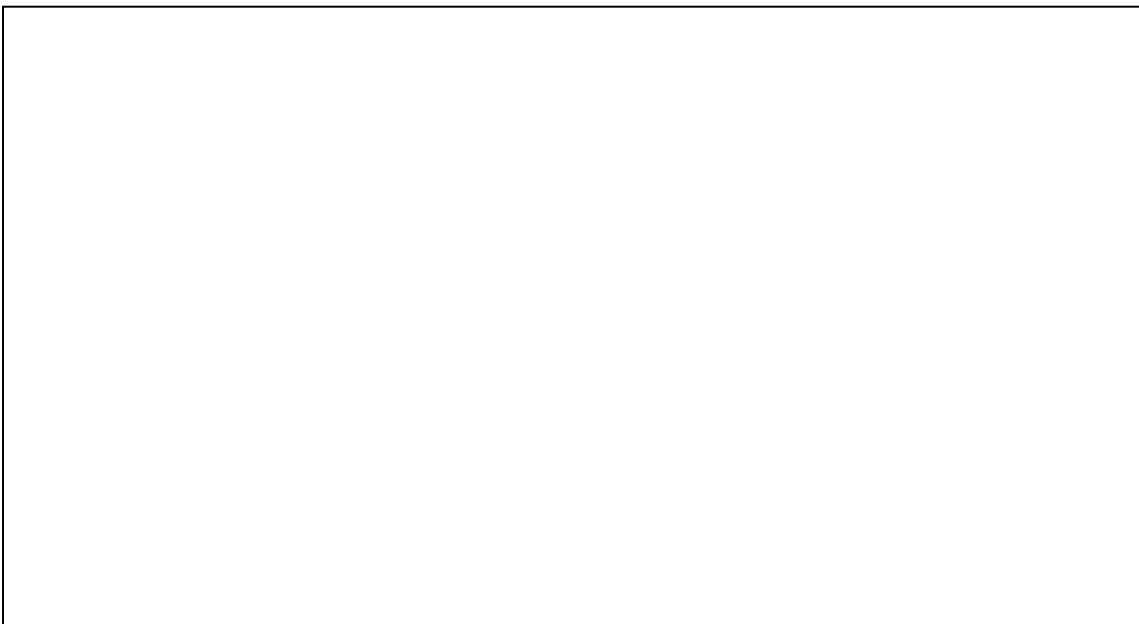
This interest questionnaire is intended to gauge interest, measure capacity, and ascertain the ability to provide case management, resource referral, and housing navigation for 80 to 120 residents of interim housing. This includes the provision of outreach to encampments selected by the CoC Prioritization Team for a housing surge, as well as the onboarding of the encampment residents into interim housing at site(s) specified by OHS. This organization will also be responsible for housing navigation services for these residents, as the ultimate goal is to assist these individuals in obtaining permanent housing. Integral to the successful transition of these individuals to permanent housing is the coordination between service providers and the responsibility will be on this provider to initiate and maintain communication with the Supportive Services providers, connect the clients to the appropriate supportive service provider with a warm handoff, comprehensively update HMIS during this process, educate the client regarding all things related to their specific PSH arrangements, and to also connect them to the appropriate community resources in accordance with principles of Housing First and trauma-informed care.

- 1. Please provide a brief description of your agency, including current programming and services.**

- 2. Please provide a description of your organization's scope for this project, including how you will serve the residents of the interim housing location, your staffing plan, and your sustainability plan.**



- 3. Please provide a description of your organization's experience with other projects that have a similar scope and scale as the proposed project, including the provision of case management and housing navigation for 115-150 recently unhoused individuals.**



- 4. Describe your organization's experience with transitional housing, the management of rental assistance, and intensive case management for chronically homeless individuals.**

- 5. Describe:**
- a. Experience soliciting, obtaining, and applying input from underserved groups when designing, planning, and implementing housing projects.**
 - b. Experience building community partnerships with grassroots and resident-led organizations that provide housing, health care, and supportive services.**
 - c. Experience designing or operating programs that have improved racial equity, particularly among people experiencing homelessness.**

- 6. Please provide support for your organization's history of being able to float 2 months of this type of service provision while waiting for reimbursement.**

- 7. Please provide proof of liability insurance and a Certificate of Insurance (COI). If selected, the COI will need to name Metro Nashville Government as an additional insured. Also, please provide:**
- a. *Completed Spending Plan- please provide a comprehensive budget with a budget line item summary.**
 - b. One copy of most recent Audit performed and signed by a Certified Public Accountant**
 - c. Most recent Annual Report.**
 - d. A copy of corporate charter or other articles, constitution, bylaws, or instruments of organization, a copy of your current registration with the TN Secretary of State's Business Office and a copy of your current registration with the TN Secretary of State's Office of Charitable Solicitation.**
 - e. A copy of a letter from the Internal Revenue Service evidencing the fact that the organization is a nonprofit, tax-exempt organization under the Internal Revenue Code of 1986, as amended.**