

**Dane County CoC & City of Madison
 FY20 Emergency Solutions Grant Supplemental Funding
 (ESG-CV) COVID-19 HOMELESSNESS RESPONSE**

AGENCY APPLICATION

Instruction: One completed Agency Application is required per agency or group of collaborative partner agencies. Additional questions about proposed projects are in each of the Project Applications. Enter answers directly into this document. Limit your narrative answers to the space provided.

Part 1: Applicant Information

Lead Agency Name	Sankofa Educational Leadership United
Lead Agency Executive Director Name	Jalateefa Joe-Meyers
Collaborative Partner Agencies (if any)	Luxcom Hotels, LLC; Capella Realty Group LLC
Fiscal Agency Name (if applicable)	Sankofa Educational Leadership United
Primary Contact for This RFP	Name: Jalateefa Joe-Meyers Title/Role: Founder/CEO Phone: 608-618-9977 Email: Jalateefa@sankofaelu.com Mailing Address: 1478 Thoreau Dr Sun Prairie, WI 53590
Lead Agency Federal Tax ID or EIN	82-4737988
DUNS Number	081308985

Part 2: Agency Request Summary

Project Type	Request Amount
Street Outreach	
Emergency Shelter	\$828,339
Homelessness Prevention	\$209,040
Rapid Rehousing	\$312,000
HMIS	\$3,500.00
Administration (up to 4% of the total request)	\$52,400.00
TOTAL REQUEST	1,389,779.00

Part 3: Agency Description

1. ADVANCING RACIAL JUSTICE AND EQUITY (10 points)

People of color are overrepresented within the population experiencing homelessness, in large part because of historical and systemic racism. Homeless services should help eliminate disparities in communities – not exacerbate them.

How does your agency reflect and engage the experiences of people you serve, especially the voices of black, indigenous, and people of color, into your agency's operations and project planning?

100% of our staff represent African American Families . 100% of our staff have lived experience with homelessness and housing insecurity, historical and systemic racism. The whole mission of our organization is to eliminate the tenacious and challenging disparities that marginalized populations in Dane County face with a hyper focus on African Americans. 100% of our staff have lived experience and formal training dealing with poverty , racism and systemic oppression .

Our programs are effectively culturally responsive and promote racial equity by including racial socialization strategies, messages and techniques to help promote resilience in clients and participants. Our goal is to build community and social capital so that participants that often do not have a positive social network to lift them has a social network to lean on outside of the case manager relationship . So they in turn can help people within their sphere to develop a positive racial identity, self efficacy and social capital .Positive self-concept and racial identity are important variables for marginalized populations to achieve adaptive functioning for families that will move them from clients to self sufficiency.

ELU has utilized these strategies for 10 years to engage clients, community members and clients . We understand that it is crucial to help participants to establish culturally affirming identities through their interactions with service providers. Racial socialization processes provide key protective factors for children and adults as it has been found to be related to racial identity attitudes, self-esteem and lowering the rate of internalizing negative behaviors and thoughts that can be self defeating like the thought processes that lead individuals into depression, anxiety and anger cycles. Our agency as a whole is acutely aware of how socioeconomic status (SES) encompasses not just income but also educational attainment, occupational prestige, and subjective perceptions of social status and social class. We're also aware of how institutionalized racism impacts access to opportunities and resources. SES carries quality of life attributes as well as opportunities and privileges. Poverty, specifically, is not a single factor but rather is characterized by a multitude of physical and psychosocial stressors. Further, because SES is a consistent and reliable predictor of an array of outcomes across the life span, including physical and psychological health, our service practices and advocacy decisions consider these variables. As a result, our clients who voluntarily participate in our service's to build self efficacy receives a \$50 gift card stipend. These are small tokens but needed tokens of empowerment and appreciated as clients create plans to change their life circumstances . We also offer weekly incentives that can range from gift cards, Bath & Body work baskets or other non essential prizes as participants reach goals that sometimes are overwhelming hard and often they have not experienced the social network of having someone care about their achievements and positively reward their resilience and all wins along the way .

Research indicates that socioeconomic status affects family stability, and indicates a clear link between lower SES and negative psychological health outcomes, while more positive psychological outcomes such as optimism and hope increased with SES status. A positive self-concept and racial identity are important for greater achievement and adaptive functioning for families. It is crucial to help clients establish culturally affirming identities. Racial socialization processes have been found to provide key protective factors including positive racial identity attitudes, self-esteem and lowering the rate of internalizing behaviors including depression, anxiety and anger. We address maladaptive behaviors with practices that are culturally affirming. Our strategies promote, and sustain the healing and the advancement of multicultural families by building upon the strengths they have gained from the past to heal their futures. As an agency our staff has a depth of understanding of the intersectionality of trauma experienced by marginalized populations such as coping skills and analysis of political and social systems. Our strategies honor those intersections, while teaching a new set of skills to navigate systems. Our affirming strategies provide healing from the legacy of enduring injury as a result of oppressive systems. Empowerment also means having the skill and ability to be engaged and be present. We equip our clients and participants with the language and analysis to advocate for their family. Communication tools are also an important strategy we use to engage clients. Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. As an

organization we recognize that communication differences do not imply deficiencies or disorders. Culture and language may influence the behaviors of individuals who are seeking care and their attitudes towards service providers. Similarly, the delivery of services is impacted by the values and experiences of the provider. Providing competent care is providing service that is respectful of, and responsive to an individual's values, preference and language. Hence, we make an intentional effort to employ individuals with lived experience with oppression and housing insecurity.

1) What steps has your agency taken or plans to take in order to increase racial equity in the following areas: staff training, hiring and retention, board development, community engagement and partnerships?

Our quality of services are not based on ethnicity, age, socioeconomic status, or other factors. However, we embed our knowledge of these factors with promising practices, research and gathering information about each client in order to figure out what works for them and under what conditions. 100% of our staff is African American and are both bicultural and bidialectal. We always are intentional about having cultural representation in our staff and board as that helps inform our cultural practices. As we expand to have a larger client base we will continue to recruit based on the population we are serving

The status of African American speech has been controversial for more than a half-century now, suffering from persistent public misunderstanding, linguistic profiling, and language-based discrimination. Our agency intentionally addresses the inequities that arise for people of color within systems on a fundamental level. We've found most service agencies provide linguistic services to Spanish, Hmong, and many other populations with a native language; but they do not honor or provide services for Black dialect/language. Our agency makes it clear that understanding African American speech is absolutely critical to understanding African American clients. Although 100 percent our board, staff and many volunteers come with a lived experience of navigating oppressive systems as persons of color it is always our goal to continue to feed them resources and strategies so that their cup runneth over. Our organizational training schedule is consistent and affirming to staff that have to help clients navigate institutionalized racism on a daily basis. We consistently promote and expand our skills training to help our staff have up to date knowledge on the changing dynamics affecting marginalized communities.

At SELU we do not believe in the old adage "one size fits all" manner of workforce development. In the face of creating a workforce that is resilient and adaptable to the consistently changing needs of our clients and the world they live In SELU has committed to a comprehensive, and sustained approach to closing skills gaps among our staff and providing economic equality, and workforce equity. We actively counter the prevailing skills-gap narrative that follows white led organizations that report that it is difficult to find people of color to work in their industry while their clients and customers are people of color. SELU's policy framework for our training and employment system is aimed at improving job quality; the framework advances workforce equity as our system's guiding priorities, our core values and promises are:

- **Umoja (Unity):** To strive for and to maintain unity in the family, community, nation, and race.
- **Kujichagulia (Self-Determination):** To define and name ourselves, as well as to create and speak for ourselves.
- **Ujima (Collective Work and Responsibility):** To build and maintain our community together and make our brothers' and sisters' problems our problems and to solve them together.
- **Ujamaa (Cooperative economics):** To build and maintain our own stores, shops, and other businesses and to profit from them together.
- **Nia (Purpose):** To make our collective vocation the building and developing of our community in order to restore our people to their traditional greatness.
- **Kuumba (Creativity):** To do always as much as we can, in the way we can, in order to leave our community more beautiful and beneficial than we inherited it.

- *Imani* (Faith): To believe with all our hearts in our people, our parents, our teachers, our leaders, and the righteousness and victory of our struggle.

promise all these values in partnership with the community while honoring that Truth, Transparency, Compassion, Justice, and Diverse Voices with Shared Commitment live within and are the core of all these values .

2. GROWING PARTNERSHIPS (10 points)

By reinvigorating partnerships with a broad range of organizations and mainstream systems there will be more resources and we can reach deeper into impacted communities.

3. COMMITMENT TO HOUSING FIRST (10 points)

Housing First is an approach to quickly and successfully connect households experiencing homelessness to permanent housing without preconditions and barriers to entry. There are few to no programmatic prerequisites to project entry such as demonstration of sobriety, completion of treatment projects or agreeing to comply with treatment. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to housing entry. Services are voluntary but are used to persistently engage participants to ensure housing stability. Harm reduction and motivational interviewing techniques have been proven useful.

Describe your agency's commitment to the Housing First approach and how the approach has been or will be applied to your agency's project(s).

Sankofa Educational Leadership United's philosophy to support self efficacy in all of our patrons aligns our efforts clients and participants are NOT required to participate in case management in order to gain shelter or housing. We do provide a plethora of wrap around supportive services which clients will be made aware of . However, clients are informed of their rights to only engage in housing services and clients are only served with resources outside of housing based on expressed need. Some families have case managers from other collaborating programs in the area and services are coordinated through that entity. Case management is offered in the form of creating a housing plan. Any other service and coordination is only provided IF the client so chooses. Further we provide confidentiality to all clients and all interaction with our clientele is documented via case notes and kept in a hard cop file
Files are denoted via the D.I.P model (Description, Impression, Plan)
Release of information is completed before sharing any of the client's information with another organization. If releases are signed the client is made aware of their right to revoke the releases of information at any time.

- 1) How does your agency use or plan to use the best practice project models and data-driven evaluation to develop and improve projects you operate? Please provide specific examples.

Cross-sector collaboration

Based on the question we would define our project model as a cross sector collaboration that is anchored in the economic needs of both the Business and community with an alignment of institutional values. The challenges that we faced when the pandemic first occurred were based on our lack of understanding of our institutions, but we have re-evaluated to overcome our challenges and are using this project model to leverage the advantages that have arisen. Through constant clear and open communication we have developed a better understanding of the boundaries that exist for each of our sectors and we have been able to move forward together by aligning our work through shared institutional values, clear understanding of the social problem that we are collaboratively addressing and a clear focus with action steps of how we will collaboratively solve the social problem. In our collaboration we have gained an understanding of the private real estate sector and their needs to profit as the market has downturned as a result of the pandemic and the need for Sankofa Educational Leadership United to provide public services during the pandemic to marginalized families. The collaborative focus of our project has been to redistribute products (housing) and services (case management, prevention services, emergency services and rapid rehousing) to meet the social need of caring for vulnerable people in our community. All parties have to agree that this project modeled tripartite is mutually beneficial. Capella Realty and Lux LLC is able to fill housing that would otherwise sit empty with a guarantee of payment for a specified period of time. Lux LLC is able to leverage hotel rooms for emergency placements for a discounted price for rooms that may otherwise remain empty during the pandemic. Sankofa Educational Leadership is able to bring the needed resources to the people that need it the most in a timely manner when families are experiencing critical transitions. Having these relationships also helps Sankofa Educational Leadership United to be able to get the resources that are needed to the people that need them without long term commitments to real estate purchases or rentals that will go beyond the grant cycle. Our partnership allows us to re-evaluate at the end of the grant cycle and decide if the community need still exists and is there funding to support the model and has it been successful.

Our partnership provides critical resources at a critical time and space with no long term consequences. Data that we will use to evaluate on an ongoing basis will be number of families sheltered in a hotel, number of families that exit shelter into permanent housing, time between a family becoming homeless and being rehoused into permanent housing.

ELU has over 10 years experience in developing learning organizations whose practitioners (that work directly with children & families) are offered opportunities to receive professional development that focuses on leadership, interpersonal communications and case monitoring. SELU has over 10 years of experience mapping multi-directional systemic communication pathways to connect parents to resources that support them in navigating the child welfare system. Empowering parents by creating access points in which they can engage as partners in otherwise oppressive systems. SELU's Executive Director is an advanced practice generalist social worker licensed in school social work, therapy, education administration and special education. She is trained in a multitude of research based models that she has implemented across Wisconsin. Including the Strengthening Families Program which is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families and communities in building protective factors such as social and emotional competence of children and parents.

Our model looks at the seemingly insurmountable obstacles that Marginalized families have faced and are facing as a result of the ongoing and persistent trauma, especially felt by Wisconsin families. Aggravated by the pandemic and the loss of even meager resources and apply real time solutions.!

Sankofa Educational Leadership United's Supporting Healthy Families Initiative is designed to leverage and enhance the strengths and assets currently existing in local communities, which increases access points for families navigating complex issues and systems. These systems inadvertently are often barriers that have long term consequences on their lives and negatively impact the health outcomes of marginalized populations. Our goal is to collectively empower and mobilize public and private community resources to

implement systematic, sustainable, and clinically sound approaches to dismantle health disparities that our most vulnerable populations within Dane County experience. Under our service pillar of Health our Supporting Healthy Families Initiative team developed a 5-point strategic approach to dismantle the wave of housing insecurity that is overwhelming our community that aligns with the guidance given by the National Alliance to end homelessness, The Center on Budget and Policy Priorities, the National Low Income Housing Coalition and the National Health Care for the Homeless Council and this sentiments expressed by local officials such as Mayor Sataya Rhodes and Dane County Supervisors Health and Human Needs Committee.

Our Supporting Healthy Families 5-point plan strategy is as follows:

- 1) Integrate our agency response to housing insecurity and homelessness caused by the pandemic with our Supporting Healthy Families Initiative as housing is a clear social determinant of health. Research supports our agency value that housing insecurities have a direct impact on families that go beyond the immediate need for physical shelter. Housing is a foundational need for social, psychological, and cultural wellbeing.
- 2) To provide safe and supportive housing for individuals and families disproportionately impacted, in need of stability and financial assistance while working to transition into permanent housing. We commit to scaling up our landlord engagement activities to ensure that people are housed quickly and no one in a hotel or motel exits to the streets or shelter.
- 3) Provide eviction prevention services through flexible models of financial assistance garnered through both public and private funds to keep families that have housing, in their existing homes without disruption, with a hyper focus on those that are at the greatest risk of losing housing
- 4) Provide case management services that includes problem solving services, critical time interventions by providing appropriate services including housing search, food resources, mental health support, and employment services.
- 5) Support previously homeless families who have obtained permanent housing to help maintain family's health and housing stability by providing regular check ins and provisions of necessary services and supports

How does your agency establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all federal funds that may be awarded under this RFP?

We contract with the following accounting firm Wegner LLP, CPA's & Consultants of for annual audits and tax filings and Ross Financial Services for book keeping.

Built into the design of our agency accounting procedures are internal controls to be inherent in the accounting system as follows:

1. All accounting procedures are prescribed in writing, including control over documents so that staff have a clear understanding of the procedures
2. There is financial control of the organizational resources by two staff over the receipts and banking of monies, the issuing of checks or bank transfers
3. There are controls in place to safeguard the most negotiable of assets like cash including controls over calculations and payments of salaries, wages and petty cash
- 4 There are internal checks made on a regular basis by our bookkeeper to ensure that the internal controls are operating satisfactorily.

As we all continue to experience this crisis and its many uncertainties, we have been focusing on navigating through this crisis with the goals of keeping people safe and healthy, and doing what we can to

help prevent further spread of the virus and increase resources for our community members. In addition, as a team our board of directors have been focused on ensuring that Sankofa Educational Leadership United continues to operate smoothly and deliver for our clients.

Over the last 4 months our staff moved to working from home,. This was a huge lift for our team to execute successfully, and I am grateful for how quickly our organization adapted. I am very proud of our team for handling the personal and business challenges that this pandemic has presented especially as schools have also closed. There is a "we're in this together" feeling here among our team, and also between our company and the many other organizational partners that also have had to endure this transition. We truly are in this together.

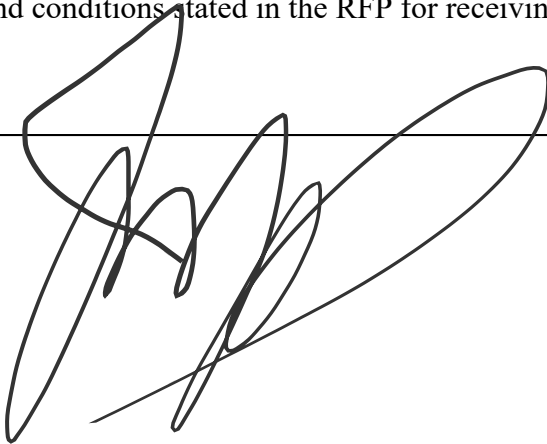
Throughout this crisis, we've been speaking with local community leaders and funders daily to try to effectively bring more resources to the community with the least amount of restrictions and the quickest release of resources . We realize that many of our families are in crises and some are maintained but only by a thin thread. As people, our clients have been dealing with this crisis, working to keep themselves and their families and friends safe and healthy. As a functioning organization, it's been a scramble to meet the constantly changing needs that are being demanded in the community. In these instances, to help, we've already adapted our service delivery to rent and utility assistance and help with household supplies and food and working with our clients on financial goals to try and stabilize households. We have been working strategically , leveraging partnerships and resources to support the unique needs of clients , and navigating through new situations that are being presented from the community daily and assessing how we can help. From May 15th - July 15(today) we have served 400 non duplicated families with social assistance and other resources. Most of these families have between 2-4 children living in the household under the age of 10 . This brings our outreach up to serving on average 1,200 non duplicated individuals in the past 60 days. With private donated and fundraiser resources . We are working diligently to meet the demands of this new situation in which we find ourselves. We remain committed to children and families and are opening doors to new partnerships and sustaining old partnerships for the social good of our community that will continue to have impact long after the pandemic is gone .

Part 4: Authorization to Submit Proposal

This application is submitted by the undersigned with the full knowledge and consent of the governing body of this organization and is, to the undersigned's best knowledge, accurate in all details. The undersigned also certifies having reviewed the terms and conditions stated in the RFP for receiving and expending the ESG Supplemental Funds (ESG-CV).

8/28/20

Signature Jalateefa Joe-Meyers

A large, stylized handwritten signature in black ink, written over a horizontal line. The signature is highly cursive and loops, making it difficult to read but clearly identifying the signatory as Jalateefa Joe-Meyers.

Date

#1 Proposal SELU
Dane County CoC & City of Madison
FY20 Emergency Solutions Grant Supplemental Funding (ESG-CV)
COVID-19 HOMELESSNESS RESPONSE

PROJECT APPLICATION – EMERGENCY SHELTER

Part 1: Project Overview

Agency Name	Sankofa Educational Leadership United
Project Name	Supporting Healthy Families 5 Point Strategy
Service Location	<input type="checkbox"/> Only within the City of Madison (to be funded with City of Madison funds) <input checked="" type="checkbox"/> In Dane County, but outside the City of Madison (to be funded with CoC funds) <input type="checkbox"/> Anywhere in Dane County, including the City of Madison (to be funded with CoC funds or combination of City of Madison and CoC funds)
Project Status	<input type="checkbox"/> New project <input type="checkbox"/> Existing project- increased number of people served <input checked="" type="checkbox"/> Existing project- increased level of services <input type="checkbox"/> Other (_____)
Project Type	<input type="checkbox"/> Shelter Facility <input checked="" type="checkbox"/> Motel Vouchers <input type="checkbox"/> Other (_____)
Facility Type	<input type="checkbox"/> All-Day Shelter <input type="checkbox"/> Overnight-Only Shelter <input type="checkbox"/> Day-Only Shelter <input checked="" type="checkbox"/> Other Hotel
Populations Served	<input checked="" type="checkbox"/> Households with children <input checked="" type="checkbox"/> Subpopulation <input type="checkbox"/> Households without children
If subpopulation, type of subpopulation	<input type="checkbox"/> Single Men <input checked="" type="checkbox"/> Single Women <input type="checkbox"/> Victims of Domestic Violence <input type="checkbox"/> Youth <input type="checkbox"/> Veterans <input type="checkbox"/> Elderly <input type="checkbox"/> AODA <input type="checkbox"/> People with Mental Illness <input type="checkbox"/> Other (_____)
Availability	<input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Seasonal (Dates Available _____)
Staffing	<input checked="" type="checkbox"/> 24 Hours a Day <input type="checkbox"/> Daytime Only <input type="checkbox"/> Nighttime Only

Part 2: Project Description

1. COMMUNITY NEEDS AND TARGET POPULATION: Describe the community needs for the proposed project, including the project target population and how COVID-19 impacted the population. If your agency is proposing to serve specific underserved populations, address how and why they are underserved and how your agency will reach out to serve them. (20 points)

Covid-19 Impact

In this time of the COVID-19 pandemic , in which our attention is understandably and simultaneously focused on multiple vulnerable populations, it is imperative that we prioritize the needs and challenges facing our most “at-risk” families in society: those that are without shelter or housing security . Covid -19

has disproportionately affected those that are homeless, communities of color and those with disabilities and those with underlying health conditions. The added stress of coping with COVID-19 creates significant and tenacious challenges for many of these families who were already struggling financially and emotionally. Homeless families are especially vulnerable because they were at the lowest threshold of poverty and already in a place of trying to rebuild and covid made shelters and the outside not safe . Simply being increased their risk of infection and complications when they were already at their most vulnerable place . Forcing this population to experience profound setbacks in all manners due to the ramifications of COVID-19.

Further, those with housing insecurity are suffering disproportionately. The 2019 Dane County Housing Assessment identified a “Housing Gap” of available affordable housing within Dane County well before the Covid-19 crises . As a result of the affordable housing options many low-income individuals were paying more than half of their income for housing . Racial and income barriers within Dane County glaringly show up among residents that are living within the “Housing Gap”. The data shows significant housing disparities being experienced by African American and Hispanic households. Subsequently, these households were disproportionately experiencing higher rates of housing stress and burden compared to white households at the same income level before Covid-19. When the multilayered affects of covid -19 are coupled with households living pay check to pay check paying more than 50% of their income for housing, the plethora of low wage workers who experienced layoffs and unemployment insurance delays and denials, in addition to the expiring moratoriums to halt evictions; families that were barely making ends meet before the pandemic did not have the financial resources to survive the drastic changes to income and quality of life to avoid homelessness . All factors they had no control over even when doing everything right. When finances are tight and families are living pay check to paycheck missing just one pay check can have stark consequences. When moratoriums expired in Dane County families exponentially suffered retaliation from landlords that immediately filed for evictions and in cases where rents were paid by outside agencies and lease terms were ending . Many landlords gave non-renewals to families that were without incomes as a result of covid-19 forcing families into the streets.

Community Need

According to a recent publication in the National Alliance to End Homelessness evaluated the changing dynamics of the crises in terms of long and short term strategies and economic recovery. Providing shelter and other preventative measures to unsheltered families was the number one priority of five priority areas that were identified as needing immediate action during this public health crises. Furthermore, unsheltered individuals and families are in need of resources to curve the spread of Covid-19 through non-congregate shelters, creating shelter overflow options and providing hygiene resources. We know people experiencing homelessness, communities of color, and Homeless assistance programs throughout Dane County have been overwhelmingly strained in normal conditions. The pandemic has acerbated those conditions so that now it is nearly impossible for agencies that have been providing services to continue to provide services in isolation. More service providers that work with families with low incomes in marginalized communities need to incorporate housing security, homelessness prevention and intervention as a core service area in response to these unprecedented times. Lastly, many homeless individuals don't trust shelters and current service providers. Living in a shelter means living among people that you don't know, that you may not trust and you may even fear. Moreover shelters have a lot of structure and rules that compounds the feelings of oppression because it limits the freedoms you once had in your own home, or living on the street with curfews, schedules, rules about food, visitors. Many say it's a shy step away from jail or a halfway house which double downs on many of the same oppressions that limit an individuals personal freedoms. Some would argue that these policies and practices that exist in

regular shelters criminalize poverty and that sheltering services as they exist need to be revamped to be more welcoming and supportive. Income, social economic status discriminatory practices are just as harming and traumatizing as racial discrimination. Research suggests that repeated experiences of discrimination causes the body to be more physically sensitive to stress and can be a chronic stressor that inevitably increases vulnerability to physical illness. In fact a report released by the Foundation for Black Women Wellness in 2019 identifies a number of contributing factors to the health disparities in the black community including but not limited to: racism, cultural disconnect in health-care delivery experiences, economic insecurity, housing insecurity, poor access to health supporting assets such as safe housing, and inadequate social supports. Knowing the impact that all of these variables have on health vulnerability . It would make sense for us to remove as many of these barriers as possible while serving the homeless population especially during the pandemic where our goal is to find solutions to the impact the virus is having on the homeless community. If shelters create more health vulnerabilities and are more likely for a multitude of reasons make residents more susceptible to contract the virus utilizing more monies towards hotel vouchers where families can maintain freedoms and dignity , have privacy and be more protected against the possibility of contracting covid. Then the answer is easy . We must invest in hotel vouchers over shelters .

Target Population

our project will be open to all families with children and single women that are facing homelessness or are homeless regardless to any protected or unprotected class, ethnicity or race . With priority given to those families that are below 50% of the AMI. However. because of our mission and values as an organizations and our commitment to social justice and dismantling disproportionately for the most vulnerable in our community we would be remiss if we did not acknowledge that statistically African Americans are the most vulnerable populations needing these resources across the nation , but especially in Dane County where African American families with children are less than 10% of the population but over 60% of the homeless population. Therefore, the planning, design, and implementation of our project Supporting Healthy Families will aim to close gaps in systems of care that lead to disproportionality and disparities. Part of our current planning team are people that are currently homeless and receiving services right now. We strongly believe that in order for us as an agency to gain additional understanding of the impacts of those gaps and identify appropriate and effective solutions to barriers we need the voices of those whom are most impacted. Further, let's not overlook the impacts of homelessness on children of homeless families. Studies show poor school attendance and poor learning outcomes among homeless children. We are targeting families because their children need to feel safe and we want to minimize the trauma they experience by losing their home. Research shows that the experience of homelessness has long term consequences for children that impact their physical, emotional and cognitive development . Anything that we can do to minimize the impact of homelessness on children is a worthy cause. We also want to acknowledge that this definition of family also includes women that are pregnant as children born into homelessness are more likely to be low birth weight and are at greater risk of death. In Wisconsin we already have a stark child mortality rate among black children under the age of two. Now recent data has indicated that children under the age of two are at higher risk of severe illness with covid —19 than older children do to their immature immune systems and smaller airways. Subsequently, newborns can become infected with the virus during childbirth or by exposure to sick caregivers. So mother's of young children and pregnant women are a high priority for our targeted population..

Outreach Our clients have a valued voice within our organization and we want to make sure we are not making program suggestions , protocols and policies without the voice of the people most impacted being part of the planning. In fact most of our referrals come from word of mouth . Families needs are met and they are treated well and they share that resource with the next person in need . We recognize

that engagement into social welfare programs are shaped by the social and cultural values it upholds . Marginalized communities feel safer with service providers that exemplify social ideas of solidarity , sharing of like personal experiences of interacting with oppressive systems , and those that are conscious because of lived experiences and as a result can have authentic conversations with clients and build consensus about changes that need to be made . There is no one shoe fits all approaches to engaging marginalized communities , but entering as a learner in every interaction with new clients without needing the validation of being the expert or the service provider and sharing the power with clients as much as humanly possible. Clients may not have the language for those experiences but they do feel it and respond with mutual respect. Our philosophy impacts the manner in which clients and community members view the agency and the service providers within the agency . We won't totally lean on word of mouth , but by far it has been the marketing strategy that yields the highest impact on clients finding us . We do utilize social media formats to do outreach in addition to going into communities where we know homeless people congregate to offer resources and meet immediate needs like providing hygiene supplies. If we had to prioritize the most critical strategy to outreach to the communities we serve we would have to name care, empathy and creating a safe environment where people feel safe and can keep their dignity intact. These values of engagement can't just be apart of a policy or a program design; they have to be part of the very fabric of the organization, embedded and honored in agency leadership, board members and any decision maker within the agency that supports direct service delivery. Being treated well, and being valued and not dehumanized or judged because of your circumstances is not a service or product that you can box up and deliver. It shows in every interaction that you have with participants and they may not remember what you did for them or what you couldn't do, but they will always remember how you made them feel when they were exposed and vulnerable.

2. PROJECT DESCRIPTION: Describe key components of project. Explain how the funds will be used to prevent, prepare for, and respond to COVID-19. Include key aspects of project design, project structure, staffing structure, expected frequency of participant contact, duration of participant contact, etc. (20 points)

Program Description

A first tier strategy for our Supporting Healthy Families 5- point strategy is to provide Emergency shelter to the unsheltered through Motel vouchers . Our Motel Voucher program will be at a hotel facility that provides a safe temporary shelter to the homeless population (single women , women with children , or families).The goal of our motel voucher program is to ensure families' experience with homelessness is as brief as possible. Therefore, the length of a participants stay should be short- term (ideally 90 days or less) and should be housing-focused with case management services targeted to helping clients transition to permanent housing as quickly as possible. Extensions will be based on program funding availability and need. Families with children are given priority and stays are based on need and vacancy availability.

As a motel voucher program we are designed to be a low-barrier access point to housing. Recognizing the need for trauma- informed care and a compassionate environment, Supporting Healthy Families -motel voucher program works to provide low-barrier, individualized support with minimal rules and barriers to access. Participants are treated with the high quality service of any hotel guest .There are NO mandated services. This accessibility is as crucial as the actual availability of the housing vouchers. Applicants are not required to be sober for a certain number of weeks or months prior, or attend counseling sessions or groups in order to be eligible. As long as there are rooms available any single woman , women with children or family that are homeless can be housed through our program the same day as first contact. For many women and families with children this approach makes all the difference in their ability to maintain housing and safety.Our program will utilize a brief screening tool to screen eligibility for homeless and prevention services in general. We will also utilize the coordinated entry assessment tool, if information is overlapping we will only ask clients those questions once. The intake process for the programs is designed to be minimally intrusive and focuses primarily on rental history, income, and other potential barriers to housing. The primary purpose of the screening tool is to establish the immediate needs of the participant and to verify that

the participant is indeed homeless.

A secondary purpose of the screening tool is to immediately identify chronically homeless individuals for referral to permanent supportive housing programs.

As we have been implementing this program with private funds many women, social workers and case managers report how relieved they are with the ease to get into our voucher program . Our staff are open and supportive to help families with whatever their needs are without forcing services . The main goal for staff is to build trust with clients and to offer support to clients in any way that we can. An agency moto is to always ask clients or participant how we can be of service to them as we are there to serve . While relationships are less tangible than being safely housed, their experiences with staff and the program atmosphere directly contribute to their ability to gain self efficacy and work toward their own goals. All participants will go through an intake assessment with a behavioral health specialist or trained case manager within the first 72 hours as part 2 of their initial assessment. This assessment is not intended to be used as a screening tool for access or denial of entry. The assessment is utilized to help staff understand the barriers the participants may be facing so that resources can be offered (not mandated) .

Low-barrier voucher programs by default not by design may house clients/ participants that can't access other sheltering spaces because of their rules , behavior , medical issues . Subsequently, we prepare for the unknown by having onsite floor liaisons that are trained peer support specialists , but also trained non violence crisis intervention specialists who by design foundational understands the participants and can truly see them as people , in addition to someone who can deescalate behaviors or issues when they arrive . This design is soft security which helps participants feel safe and supported . The staffing within our project will be a collaboration of Sankofa ELU staff and hotel staff in regards to general building management case management and soft security services.

Covid 19 precautions

Social Distancing. Social Distancing continues to be a recommended or required practice in public settings. We've adjusted common areas of the hotel to help guests adhere to these social distancing guidelines. In accordance with CDC guidelines, we are requiring face coverings in all indoor public areas.

Health Checks

During participants' stay we will ask that they conduct their own fever check (thermometers will be provided with welcome baskets) and complete a self assessment of their health symptoms. Participants can take the self assessments electronically with provided devices and send it to the floor liaison. If participants fail the health check we will ask that they not visit common areas in the hotel , if we can assist them with seeing a doctor whether that is by providing transportation, helping them schedule an appointment with a medical professional or giving them a listing of free testing sites. . Daily health checks will be the only non standard expectation of participants in order to continue with the health and safety of everyone and decreasing the spread of covid

Sanitization process and protocols

Participants will be given a welcome basket upon entry into the program that will provide them with hygiene supplies , cleaning supplies for their rooms and a new set of bedding for each bed in their room and towels for each family member that the participant can take with them when they move on from the voucher program in to permanent housing. Participants will have access to laundry facilities on their floor of residence so that they can wash their clothes , linen and towels free of charge and participants will be required to sign up for laundry room times so that the laundry rooms can be disinfected and sanitized after each use. Laundry rooms will remain locked except when it is signed out to a participant.

House keeping services will be modified from daily room cleanings to a hyper focus on sanitizing and re-sanitization of common areas Common areas will be cleaned by housekeeping after each

use. Housekeeping will clean rooms by request during a participants stay and will fully sanitize the room when a participant moves out . Clean rooms will be sealed and locked so we know no one has entered since the sanitization.

For participant safety, some hotel services or amenities such as pools, spas, fitness centers, restaurants and daily housekeeping will be suspended.

Staff

Responsibilities:.50 FTE Program Coordinator: Ensuring implementation of policies and practices, maintaining budget and tracking expenditures/transactions, manage communications with support team, help build positive relations within the team and external parties, schedule and organize meetings/events and maintain agenda, ensure technology is used correctly for all operations, keep updated records and create reports and support growth and program development. Supervise Floor liaisons, coordinate team meetings, maintain all client files, ensure floor liaisons are on boarded and fully trained and support monitors.

Floor Liaisons : 2 full time Floor Liaisons will provide hands-on direct assistance to families This may providing day to day support by providing a supportive presence include scheduling use of common areas in their floor coordinating, and reinforcing any quarantine limitations . Supporting participants with conflict resolution strategies and providing requested resources providing a strengths-based solution-focused model. Complete part 2 intake assessments as well as observational assessments and other assessments as deemed appropriate. Be available for flexible scheduling 6 days per week. Participate in case conferences upon request and as outlined in the case plan. Participate in ongoing assessment and evaluation of family goals. Intervene if necessary and redirect problematic behaviors . Provide strengths-based family development support. Connect families to basic needs support. Work with families to establish short- and long-term family goals. Attend meetings with Department of Human Services staff as needed. Other duties as required.

Education Requirements for floor liaisons : Bachelor’s Degree in Social Work, Human Services or related field or 2 years of professional experience providing direct family support required.

Dosage and participant contact : Floor Liaisons will be onsite with fully functional offices on each floor . Contact with participants will be daily

- 3. PROJECT IMPLEMENTATION:** 1) Complete the implementation timeline chart below. 2) Describe what challenges you anticipate in implementing the proposed project and how your agency will address those challenges. (10 points)

Implementation Timeline	Target Date
Project staff hired	October 12th 2020
Project staff onboarding training completed	October 20 th
First client served	October 20 th
Full service operation capacity reached	January 15 th
Project completed (no later than April 30, 2022)	April 30 th 2022

- 4. OUTCOMES:** 1) Specify the unduplicated number of households and people your agency proposes to serve; 2) Specify the proposed outcomes of the project. Please refer to the Section VII Performance

Measures of the RFP and address the applicable performance measure(s). If the proposed outcome is lower than the CDD target, explain the reasoning. Describe any additional outcomes your agency plans to measure and report. (10 points)

Unduplicated number of households :

- 180 unduplicated households if each family maxed out the 90 day stay
- 360 unduplicated households if each family stayed 30-60 days
- # of unduplicated individuals served 540-1,080 dependent on length of participant stays as identified above
- # of families that exit emergency shelter into permanent housing within 30days
- # of participants that report an increase Validation of identity and sense of worth
- # of participants that identify an increased understanding of self and increased self efficacy

- # of participants that identify a decrease in Economic Stressors during exit survey

- # of participants that identify an Increase in personal wellness during exit survey

- # of participants that exit program into permanent housing

- # of participants that voluntarily engage in case management services

- # of participants that gain employment

5. If the proposed project were recommended for a lower funding amount than what your agency requested, would your agency still accept the funds? (YES/NO) Yes

If yes, what is the lowest amount needed for this project to be functional at your agency? \$250,000

Describe how receiving the lowest amount needed may change your project operation (e.g., the project will be able to serve 10 fewer households).

We will reduce program capacity by funding percentages given . For example at 50% funding we will reduce project , rooms available , participants served etc by 50%

Part 3: Project Budget

Instruction: Provide the budget for the full length of the project, which may be longer than one year. The anticipated contract start date is October 12, 2020. The funds must be expended by April 30, 2022.

Eligible Expenses	Funding Request	Budget Narrative (e.g. 0.5 FTE case manager, bus tickets for clients)
EMERGENCY SHELTER		
Services		
Case Management	95,000	2 FTE floor liaisons / case manages
Employment Assistance		
Outpatient Health Services		
Life Skills Training		
Mental Health Services		
Substance Abuse Treatment		
Transportation	10,000	For sub contract with Prime Non-Medical transportation services for participant transportation needs
Operations		
Insurance	8,000	Professional liability , general liability , Bussiness owners insurance
Utilities		
Food	120,000	333.00 per family for lunch and dinner at 3.55 per meal per person. Breakfast included in room fee
Furnishings & Supplies		
Maintenance		
Security	3,000	Cost of increase security measures
Hotel or Motel Voucher	545,480	Cost of 30 rooms over 18 months
Shelter Rehabilitation	15,000	Fence , security gate for parking lot keep out non participants and increase safety , privacy fence to provide guests privacy from onlookers so they feel comfortable being outside
HMIS		
HMIS		
SUBTOTAL	796,480.00	
ADMINISTRATION (up to 4% of SUBTOTAL)	31,859.00	
TOTAL FUNDING REQUEST (SUBTOTAL + ADMIN)	\$828,339.00	

#2 Application SELU
Dane County CoC & City of Madison
FY20 Emergency Solutions Grant Supplemental Funding (ESG-CV)
COVID-19 HOMELESSNESS RESPONSE

PROJECT APPLICATION – PREVENTION

Part 1: Project Overview

Agency Name	Sankofa Educational Leadership United	
Project Name	Supporting Healthy Families – Eviction Prevention	
Service Location	<input type="checkbox"/> Only within the City of Madison (to be funded with City of Madison funds) <input checked="" type="checkbox"/> In Dane County, but outside the City of Madison (to be funded with CoC funds) <input checked="" type="checkbox"/> Anywhere in Dane County, including the City of Madison (to be funded with CoC funds or combination of City of Madison and CoC funds)	
Project Status	<input type="checkbox"/> New project <input type="checkbox"/> Existing project- increased number of people served <input checked="" type="checkbox"/> Existing project- increased level of services <input type="checkbox"/> Other (_____)	
Rental Payments		
Select the average duration of rent payment assistance:	<input type="checkbox"/> 1 month <input checked="" type="checkbox"/> 2-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> Arrears only	
Select the type of rent subsidy model the project uses:		
Income-Based Subsidy: household pays a fixed percentage of their income for rent		x
Flat Subsidy: subsidy is fixed and based on a client's rent or apartment size		<input type="checkbox"/>
Declining Subsidy: subsidy is income-based or flat and declines in steps based upon a fixed timeline or when the individual has reached specific goals		<input type="checkbox"/>
Complete Subsidy: subsidy covers full rent payment until the subsidy period ends		<input type="checkbox"/>

Part 2: Project Description

1. COMMUNITY NEEDS AND TARGET POPULATION: Describe the community needs for the proposed project, including the project target population and how COVID-19 impacted the population. If your agency is proposing to serve specific underserved populations, address how and why they are underserved and how your agency will reach out to serve them. (20 points)

Sankofa Educational Leadership United’s Supporting Healthy Families Initiative is designed to leverage and enhance the strengths and assets currently existing in local communities, which increases access

points for families navigating complex issues and systems. These systems inadvertently are often barriers that have long term consequences on their lives and negatively impact the health outcomes of marginalized populations. Our goal is to collectively empower and mobilize public and private community resources to implement systematic, sustainable, and clinically sound approaches to dismantle health disparities that our most vulnerable populations within Dane County experience. Under our service pillar of Health our Supporting Healthy Families Initiative team developed a 5-point strategic approach to dismantle the wave of housing insecurity that is overwhelming our community that aligns with the guidance given by the National Alliance to end homelessness, The Center on Budget and Policy Priorities, the National Low Income Housing Coalition and the National Health Care for the Homeless Council and this sentiments expressed by local officials such as Mayor Sataya Rhodes and Dane County Supervisors Health and Human Needs Committee.

Our 5-point plan strategy is as follows:

1) Integrate our agency response to housing insecurity and homelessness

caused by the pandemic with our Supporting Healthy Families Initiative as housing is a clear social determinant of health. Research supports our agency value that housing insecurities have a direct impact on families that go beyond the immediate need for physical shelter. Housing is a foundational need for social, psychological, and cultural wellbeing.

2) To provide safe and supportive housing for individuals and families disproportionately impacted, in need of stability and financial assistance while working to transition into permanent housing. We commit to scaling up our landlord engagement activities to ensure that people are housed quickly and no one in a hotel or motel exits to the streets or shelter.

3) Provide eviction prevention services through flexible models of financial assistance garnered through both public and private funds to keep families that have housing, in their existing homes without disruption, with a hyper focus on those that are at the greatest risk of losing housing

4) Provide case management services that includes problem solving services, critical time interventions by providing appropriate services including housing search, food resources, mental health support, and employment services.

5) Support previously homeless families who have obtained permanent housing to help maintain family's health and housing stability by providing regular check ins and provisions of necessary services and supports

The Problem:

The health inequities impacting the Black community in Madison, Sun Prairie, WI, and the surrounding communities are many. Research suggests that repeated experiences of discrimination causes the body to be more physically sensitive to stressful or potentially stressful social situations. Routine discrimination as with other forms of stress can be a chronic stressor and

increase vulnerability to physical illness. A report released by the Foundation for Black Women Wellness in 2019 identifies a number of contributing factors to the health disparities in the black community including but not limited to: racism, bias, cultural disconnect in health-care delivery experiences, economic insecurity, housing insecurity, poor access to health- supporting assets such as safe housing, inadequate social supports, gaps in health literacy, as well as disconnected and hard to navigate community resources have been variables. Dane county has always been a resource rich community with a robust philanthropic community. However, systemic barriers to individual and family advancement as well as chronic stress prevents many marginalized populations from accessing the much- needed resources. Further, The Race to Equity Report in 2013 revealed that there was not a single indicator that was analyzed in which Black people's well- being was on par with that of whites in Dane County. Dane County is extraordinarily more difficult for black families and children than other regions because of the magnitude of the disparities that were found in many of the reports status indicators. In this time of the COVID-19 pandemic crisis, in which our attention is understandably and simultaneously focused on multiple vulnerable populations, it is imperative that we prioritize the needs and challenges facing our most “at-risk” families with children that are homeless or trying to manage housing security. According to the National CDC the public health and economic crises that has been created by the global pandemic is disproportionately affecting people experiencing homelessness, communities of color, people with disabilities and populations with underlying health conditions. Homeless assistance programs throughout Dane County have been overwhelmingly strained in normal conditions, however, the pandemic has acerbated those conditions so that now it is nearly impossible for agencies that have been providing services to continue to provide services in isolation. More service providers that work with families with low incomes in marginalized communities need to incorporate housing security, homelessness prevention and intervention as a core service area in response to these unprecedented times.

Our target population are those families that are at risk for homelessness , that have risk factors that would prevent them from gaining housing again quickly . Those that have been homeless in the past and are currently at risk .

We currently have a waiting list of families needing supports listed above that we do not have funds to serve . We will reopen our application once we secure additional funding

2. PROJECT DESCRIPTION: Describe key components of project. Explain how the funds will be used to prevent, prepare for, and respond to COVID-19. Include key aspects of project design, project structure, staffing structure, expected frequency of participant contact, duration of participant contact, etc. (20 points)

In order to create stability within our community these funds will allow Sankofa ELU to enhance our current services to better meet the needs that have arisen as a result of COVID-19. One of the unique features of this community response to COVID-19 is that we are able to get funds to the most needy and marginalized in the quickest way with a provider they trust

Our overarching goal within the Supporting Healthy Families Eviction Prevention Service is to get the supports that community members need in place without delay . Dane County has always been Resource rich , but we have some of the worse disparities in the country because the most marginalized families are unable to access funding and resources when they need them and at the same time maintain their dignity . As a result many will go without asking for help and as a result be pushed into worst circumstances because no one was available that they felt comfortable reaching out to .

Some specific examples of support that this these prevention efforts will provide include rent assistance, security deposits , moving expenses , rent arrears, utility assistance transportation, mediation and advocacy services . We will have several intake specialists working directly with clients to mitigate their needs to support them gaining housing stability . Our intake workers will use assessment tools that will focus on housing barriers in order to get participants the right resources to stabilize their housing . Payments will go directly to landlords or utility companies from our bank with bill payer . We will work with landlords to make arrangements and secure lease renewals if people are at the end of their lease and lease and mediate with landlords about their concerns to creat the best outcome for participants and landlords as housing partnerships are the glue to housing security .

We will offer (up to 3 months of rent) and medium-term rental assistance (up to 18 months of rent) rental arrears (one-time payment for up to 4 months of rent in arrears).

Our Housing relocation and stabilization financial assistance will include working with our partner landlords , paying rental application fees, security deposits (no more than 2 months’ rent), last month’s rent, utility deposits, utility payments (up to 6 months of utility payments in arrears), and moving costs. Through our case management services and collaborating partners our Housing relocation and stabilization services will include housing search and placement, housing stability case management, mediation services

3. PROJECT IMPLEMENTATION: 1) Complete the implementation timeline chart below. 2) Describe what challenges you anticipate in implementing the proposed project and how your agency will address those challenges. (10 points)

Implementation Timeline	Target Date
Project staff hired	10 15 20
Project staff onboarding training completed	10/20/20
First client served	November 1st
Full service operation capacity reached	January

Project completed (no later than April 30, 2022)
--

April 30 th 2020

4. OUTCOMES: 1) Specify the unduplicated number of households and people your agency proposes to serve; 2) Specify the proposed outcomes of the project. Please refer to the Section VII Performance Measures of the RFP and address the applicable performance measure(s). If the proposed outcome is lower than the CDD target, explain the reasoning. Describe any additional outcomes your agency plans to measure and report. (10 points)

of unduplicated households served

of unduplicated people served

of participants that are able to remain in housing

5. If the proposed project were recommended for a lower funding amount than what your agency requested, would your agency still accept the funds? (YES/NO) yes

If yes, what is the lowest amount needed for this project to be functional at your agency?

25% of budget would be the lowest we could accept

Describe how receiving the lowest amount needed may change your project operation (e.g., the project will be able to serve 10 fewer households).

We would reduce our scope of work by percent of funding reduction

Part 3: Project Budget

Instruction: Provide the budget for the full length of the project, which may be longer than one year. The anticipated contract start date is October 12, 2020. The funds must be expended by April 30, 2022.

Eligible Expenses	Funding Request	Budget Narrative (e.g. 0.5 FTE case manager, bus tickets for clients)
HOMELESSNESS PREVENTION		
Housing Services		
Housing Search & Placement		
Housing Stability Case Management	48,000	1FTE
Mediation		
Legal Services		
Housing Payment		
Application Fees	5000	On average app fees are \$25-50 to serve 200-400 families
Security Deposits	40,000	On average deposited 1,000-1,500 range
Moving Costs	5,000	100-200 moving truck costs depending on how far the move is in distance
Rent Payments	40,000	Rent payments 1,000-1,500 on average
Rent Arrears	40,000	Arrears 1,000-3,500 on average
Utility Payments	10,000	300-500 utility stipends
Utility Arrears	10,000	500-1000 on average
HMIS		
HMIS	3,000	
SUBTOTAL	201,000	
ADMINISTRATION (up to 4% of SUBTOTAL)	8,040	
TOTAL FUNDING REQUEST (SUBTOTAL + ADMIN)	209,040	

Dane County CoC & City of Madison
FY20 Emergency Solutions Grant Supplemental Funding (ESG-CV)
COVID-19 HOMELESSNESS RESPONSE

PROJECT APPLICATION – RAPID REHOUSING

Part 1: Project Overview

Agency Name	Sankofa Educational Leadership United
Project Name	Supporting Healthy Families – Rapid rehousing
Service Location	<input type="checkbox"/> Only within the City of Madison (to be funded with City of Madison funds) <input checked="" type="checkbox"/> In Dane County, but outside the City of Madison (to be funded with CoC funds) <input checked="" type="checkbox"/> Anywhere in Dane County, including the City of Madison (to be funded with CoC funds or combination of City of Madison and CoC funds)
Project Status	<input type="checkbox"/> New project <input type="checkbox"/> Existing project- increased number of people served <input checked="" type="checkbox"/> Existing project- increased level of services <input type="checkbox"/> Other (_____)

Rental Payments	
Select the average duration of rent payment assistance:	<input type="checkbox"/> 1 month <input type="checkbox"/> 2-3 months <input checked="" type="checkbox"/> 4-6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> C Arrears only
Select the type of rent subsidy model the project uses:	
Income-Based Subsidy: household pays a fixed percentage of their income for rent	<input type="checkbox"/>
Flat Subsidy: subsidy is fixed and based on a client’s rent or apartment size	<input type="checkbox"/>
Declining Subsidy: subsidy is income-based or flat and declines in steps based upon a fixed timeline or when the individual has reached specific goals	<input type="checkbox"/>
Complete Subsidy: subsidy covers full rent payment until the subsidy period ends	<input type="checkbox"/>

Part 2: Project Description

1. COMMUNITY NEEDS AND TARGET POPULATION: Describe the community needs for the proposed project, including the project target population and how COVID-19 impacted the population. If your agency is proposing to serve specific underserved populations, address how and why they are underserved and how your agency will reach out to serve them. (20 points)

Need and Justification

Sankofa Educational Leadership United's Supporting Healthy Families Initiative is designed to leverage and enhance the strengths and assets currently existing in local communities, which increases access points for families navigating complex issues and systems. These systems inadvertently are often barriers that have long term consequences on their lives and negatively impact the health outcomes of marginalized populations. Our goal is to collectively empower and mobilize public and private community resources to implement systematic, sustainable, and clinically sound approaches to dismantle health disparities that our most vulnerable populations within Dane County experience. Under our service pillar of Health our Supporting Healthy Families Initiative team developed a 5-point strategic approach to dismantle the wave of housing insecurity that is overwhelming our community that aligns with the guidance given by the National Alliance to end homelessness, The Center on Budget and Policy Priorities, the National Low Income Housing Coalition and the National Health Care for the Homeless Council and this sentiments expressed by local officials such as Mayor Sataya Rhodes and Dane County Supervisors Health and Human Needs Committee.

Our 5-point plan strategy is as follows:

- 1) Integrate our agency response to housing insecurity and homelessness caused by the pandemic with our Supporting Healthy Families Initiative as housing is a clear social determinant of health. Research supports our agency value that housing insecurities have a direct impact on families that go beyond the immediate need for physical shelter. Housing is a foundational need for social, psychological, and cultural wellbeing.
- 2) To provide safe and supportive housing for individuals and families disproportionately impacted, in need of stability and financial assistance while working to transition into permanent housing. We commit to scaling up our landlord engagement activities to ensure that people are housed quickly and no one in a hotel or motel exits to the streets or shelter.
- 3) **Provide eviction prevention services through flexible models of financial assistance garnered through both public and private funds to keep families that have housing, in their existing homes without disruption, with a hyper focus on those that are at the greatest risk of losing housing**
- 4) **Provide case management services that includes problem solving services, critical time interventions by providing appropriate services including housing search, food resources, mental health support, and employment services.**
- 5) **Support previously homeless families who have obtained permanent housing to help maintain family's health and housing stability by providing regular check ins and provisions of necessary services and supports**

The Problem:

Our services will be directed towards category 1 families that are literally homeless . We will utilize this program to offer wrap around comprehensive services to families that we are also supporting through our hotel voucher program

Additional Info:

The health inequities impacting the Black community in Madison, Sun Prairie, WI, and the surrounding communities are many. Research suggests that repeated experiences of discrimination causes the

body to be more physically sensitive to stressful or potentially stressful social situations. Routine discrimination as with other forms of stress can be a chronic stressor and

increase vulnerability to physical illness. A report released by the Foundation for Black Women Wellness in 2019 identifies a number of contributing factors to the health disparities in the black community including but not limited to: racism, bias, cultural disconnect in health-care delivery experiences, economic insecurity, housing insecurity, poor access to health- supporting assets such as safe housing, inadequate social supports, gaps in health literacy, as well as disconnected and hard to navigate community resources have been variables. Dane county has always been a resource rich community with a robust philanthropic community. However, systemic barriers to individual and family advancement as well as chronic stress prevents many marginalized populations from accessing the much- needed resources. Further, The Race to Equity Report in 2013 revealed that there was not a single indicator that was analyzed in which Black people's well- being was on par with that of whites in Dane County. Dane County is extraordinarily more difficult for black families and children than other regions because of the magnitude of the disparities that were found in many of the reports status indicators. In this time of the COVID-19 pandemic crisis, in which our attention is understandably and simultaneously focused on multiple vulnerable populations, it is imperative that we prioritize the needs and challenges facing our most “at-risk” families with children that are homeless or trying to manage housing security. According to the National CDC the public health and economic crises that has been created by the global pandemic is disproportionately affecting people experiencing homelessness, communities of color, people with disabilities and populations with underlying health conditions. Homeless assistance programs throughout Dane County have been overwhelmingly strained in normal conditions, however, the pandemic has acerbated those conditions so that now it is nearly impossible for agencies that have been providing services to continue to provide services in isolation. More service providers that work with families with low incomes in marginalized communities need to incorporate housing security, homelessness prevention and intervention as a core service area in response to these unprecedented

- 2. PROJECT DESCRIPTION:** Describe key components of project. Explain how the funds will be used to prevent, prepare for, and respond to COVID-19. Include key aspects of project design, project structure, staffing structure, expected frequency of participant contact, duration of participant contact, etc. (20 points)

The Supporting Healthy Families initiative 5-point strategic model is rooted in innovation, flexibility, expertise and driven by community and strategic partnerships.. Our strategic collaboration creates an opportunity to build relationships with landlords and housing developments that will sustain liberating solutions for those that are facing homelessness or are already homeless by creating a greater Madison-suburb landlord engagement effort including the development and implementation of a collaborative unit identification process to expedite housing placements. Capella realty manages 40 units and Luxcom

LLC manages 6 multi family units . Both of these agencies have committed to the rapid rehousing process and helping families obtain permanent housing .

Our project will require leadership from our CEO Jalateefa and hiring an engagement facilitator to create our larger engagement of Dane county landlords . We will also have a case manager that will work with clients and landlords to quickly place them in housing and support the client in navigating the housing applications process , lease signing and understanding of program participation rules .

We will engage in Short-term and/or medium-term rental assistance necessary to help homeless individuals or families move as quickly as possible to permanent housing and achieve stability in that housing.

- security deposits
- and moving costs.
- Progressive engagement leases and financial assistance Housing relocation and stabilization services include housing search and placement,
- housing stability case management

3. PROJECT IMPLEMENTATION: 1) Complete the implementation timeline chart below. 2) Describe what challenges you anticipate in implementing the proposed project and how your agency will address those challenges. (10 points)

Implementation Timeline	Target Date
Project staff hired	10/15/20
Project staff onboarding training completed	10/20/20
First client served	November 1 st
Full service operation capacity reached	January 15 th
Project completed (no later than April 30, 2022)	April 30 th 2022

4. OUTCOMES: 1) Specify the unduplicated number of households and people your agency proposes to serve; 2) Specify the proposed outcomes of the project. Please refer to the Section VII Performance Measures of the RFP and address the applicable performance measure(s). If the proposed outcome is lower than the CDD target, explain the reasoning. Describe any additional outcomes your agency plans to measure and report. (10 points)

of participants that were able to access housing within 30 days

of participants that maintained the permanent housing

of participants that were able to meet progressive engagement goals

of new landlords that sign on to the project to support rapid rehousing

5. If the proposed project were recommended for a lower funding amount than what your agency requested, would your agency still accept the funds? (YES/NO)

Yes

If yes, what is the lowest amount needed for this project to be functional at your agency?

The lowest would be 50% of our original request

Describe how receiving the lowest amount needed may change your project operation (e.g., the project will be able to serve 10 fewer households).

We would not be able to secure permanent housing for as many families as we would like to . We would reduce project plans by 50%

Part 3: Project Budget

Instruction: Provide the budget for the full length of the project, which may be longer than one year. The anticipated contract start date is October 12, 2020. The funds must be expended by April 30, 2022.

Eligible Expenses	Funding Request	Budget Narrative (e.g. 0.5 FTE case manager, bus tickets for clients)
RAPID REHOUSING		
Housing Services		
Housing Search & Placement	20,000	
Housing Stability Case Management	40,000	
Mediation		
Legal Services		
Housing Payment		
Application Fees		
Security Deposits	50,000	
Moving Costs		
Rent Payments	170,000	
Rent Arrears	10,000	
Utility Payments		
Utility Arrears	10,000	
HMIS		
HMIS		
SUBTOTAL	300,000	
ADMINISTRATION (up to 4% of SUBTOTAL)	12,000	
TOTAL FUNDING REQUEST (SUBTOTAL + ADMIN)	312,000	

Dane CoC Written Standards Checklist- General

Agency :Sankofa Educational Leadership United Program(s):Emergency Shelter, Rapid Rehousing, prevention services

Instructions: If completing for an existing program, answer based on your agency’s current policies and practices. If completing for a newly proposed program, answer based on the agency’s intention to comply with the standards. If the agency is operating or proposing to operate multiple programs with same answers, you may list all programs and submit just one form for those programs. If the agency is using or plans to use any waivers approved by the Dane CoC Board of Directors, note in the comment section. Please note that HUD CoC or ESG funded programs must comply with all applicable written standards of the local CoC.

Standards	Yes	No	Comments/Plan for Improvement
CASE MANAGEMENT SERVICES			
1. The frequency of case management services will vary based on program participant need. Initial contacts with the participant will typically be at least weekly and continued contacts will be at least monthly. In-person contact is preferred whenever possible.	X		Our plan is to have availability to clients daily and build trusting relationships and adding additional consults as needed to meet the needs of family requests
2. Case management services include, but are not limited to: developing an individualized housing/service plan, assistance with obtaining and maintaining housing, counseling, employment referrals, education, referral and coordination of services, accessing mainstream benefits, and coordinating with schools.	X		These services are offered but not required
3. Case management service plans will incorporate the participants’ expectations and choices for short and long-term goals.	X		
4. Together, the program and program participants will develop a schedule for reassessing the individualized service plan. The reassessments will occur at least annually, and as often as required by the funder.	X		
PERSONNEL			
1. The agency selects, for its service staff, only those employees and/or volunteers with appropriate knowledge, or experience, for working with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability.	X		
2. The program provides training to all paid and volunteer staff on both the policies and procedures employed by the program and on specific skill areas as determined by the program.	X		

3. All paid and volunteer service staff participates in ongoing and/or external training and development to further enhance their knowledge and ability to work with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability. Examples of training topics include, but are not limited to, harm reduction, trauma informed care, housing first and racial justice.	X		
4. For programs that use HMIS, all HMIS users must abide by the standard operating procedures found in the HMIS Policies and Procedures manual. Additionally, users must adhere to the privacy and confidentiality terms set forth in the User Agreement.	X		
5. Agency staff with responsibilities for supervision of the casework, counseling, and/or case management components have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability.	X		
6. Staff with supervisory responsibilities for overall program operations shall have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.	X		
7. All staff has a written job description that, at a minimum, addresses the major tasks to be performed and the qualifications required for the position.	X		
8. The program operates under affirmative action and civil rights compliance plans or letters of assurance.	X		
9. Case supervisors review current cases and individual service plans on a regular and consistent basis to ensure quality, coordinated services.	X		
HOUSING FIRST			
1. Program admission/tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.	X		
2. Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of "housing readiness." Although applicants may be rejected due to convictions for violent criminal activity, agencies will make all effort possible to remove barriers to program enrollment. A rejection is only appropriate when an applicant presents a direct threat to the health and safety of program staff and residents and that threat cannot be ameliorated.	X		

<p>3. 1) Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals.</p> <p>2) (PSH & RRH ONLY) Participation in services or program compliance is not a condition of permanent supportive housing tenancy. (Rapid re-housing programs may require case management as condition of receiving rental assistance as required by state or federal funding.)</p>	<p>X</p> <p>X</p>		
<p>4. 1) (IF APPLICABLE) Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.</p> <p>2) (PREVENTION, TH, PSH, RRH ONLY) Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of tenants’ lives, where tenants are engaged in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.</p>	<p>X</p> <p>X</p>		
<p>5. (PSH & RRH ONLY) If a participant’s tenancy is in jeopardy, every effort is made to offer a transfer to a tenant from one housing situation to another. Whenever possible, eviction back into homelessness is avoided. If unavoidable, every effort is made to connect the participant with outreach or other housing support services.</p>	<p>X</p>		
<p>6. (IF APPLICABLE) Tenant selection plan for permanent housing includes a prioritization of eligible tenants based on criteria other than “first come/first serve” such as duration/chronicity of homelessness, vulnerability, or high utilization of crisis services.</p>	<p>X</p>		
<p>7. (PSH ONLY) Tenants in permanent housing are given reasonable flexibility in paying their tenant share of rent (after subsidy) on time and are offered special payment arrangements (e.g. a payment plan) for rent arrears and/or assistance with financial management including representative payee arrangements.</p>	<p>X</p>		
<p>TERMINATION AND GRIEVANCE PROCEDURES</p>	<p>X</p>		
<p>1. Programs should terminate assistance only in the most severe cases, utilizing the housing first philosophy. (See Housing First section.)</p> <ul style="list-style-type: none"> • Prior to initiating program termination, PSH program staff will complete a Transfer Request Form (Appendix L) and submit to the Coordinated Entry Manager for discussion at the next meeting. At the placement meeting, PSH program staff will discuss the situation and housing options, including keeping the participant in their current program and possibly transferring the participant to another program. • Discussion of housing options will be participant-centered. 	<p>X</p>		

<ul style="list-style-type: none"> • Transfers may be made from PSH to PSH program if the participant has chronic homeless documentation in place prior to program entry. • Transfers may be made from RRH to PSH if the participant needs more intensive support services. There must be documentation of chronic homeless status prior to RRH program entry. Transfers from RRH to PSH should not be made only for affordability reasons. • Transfers will be granted based on consensus of those present at the Housing Placement Meeting. 			
<p>2) All agencies providing services with CoC and ESG funds shall be required to have a termination and grievance policy. Policies must allow an applicant to formally dispute an agency decision on eligibility to receive assistance. The policy must include the method an applicant would be made aware of the agency's grievance procedure and the formal process for review and resolution of the grievance.</p>	X		
<p>3) All agencies must have policies that allow a program participant to formally dispute an agency decision to <i>terminate assistance</i>. The policy must include the method that a written notice would be provided containing clear statement of reason(s) for termination, which shall include a detailed statement of facts, the source of the information upon which it was based, and the participant's right to advance review of the agency's file and all evidence upon which the decision was based; a review of the decision in which the program participant is given the opportunity to present evidence (written or orally) before a person other than the person who made or approved the termination decision; and a prompt written notice of the final decision to the program participant. The agency has the burden to prove the basis for their decision by a preponderance of the evidence. The decision shall not be based solely on hearsay.</p>	X		
<p>4) If an agency has a website, they must publicly post their termination and grievance procedures.</p>	X		
<p>5) If a program participant is terminated from a program in which the agency owns the unit, the program will retain the participant's property for a minimum of 30 days before discarding.</p>	X		
RECORD KEEPING REQUIREMENTS			
<p>1. Each participant file should contain, at a minimum, information required by funders, participation agreements and/or signed lease agreements, service plans, case notes, information on services provided both directly and through referral and any follow-up and evaluation data that are compiled.</p>	X		
<p>2. When required by funders, client information must be entered into HMIS in accordance with the data quality, timeliness and additional requirements found in the HMIS Policies and Procedures manual. At a minimum,</p>	X		

programs must record the date the client enters and exits the program, and update the client's information as changes occur.			
3. Financial recordkeeping requirements include documentation of: all costs charged to the grant, funds being spent on allowable costs, the receipt and use of program income, compliance with expenditure limits and deadlines and match contributions.	X		
4. The program will maintain each participant file in a secure place and shall not disclose information from the file without the written permission of the participant as appropriate except to project staff and other agencies as required by law. Participants must give informed consent to release any client identifying data to be utilized for research, teaching and public interpretation.	X		
5. Files must be saved for a minimum of six years after program discharge. It should be noted that different funders may have different record keeping requirements.	X		
Coordinated Entry Section pertaining to General Requirements			
1. The Coordinated Entry System complies with the nondiscrimination and equal opportunity provisions of Federal civil rights laws.	X		
2. When a household is referred to the priority list, the staff making the referral completes follow-ups every 30-45 days and records them in HMIS.	X		

Suggested Updates:

Dane CoC Written Standards Checklist- Prevention

Agency:SELU Program(s):Supporting Healthy Families Eviction Prevention

Standards	Yes	No	Comments/Plan for Improvement
FINANCIAL ASSISTANCE	X		
1. Financial assistance includes the following: one-time payment for up to 6 months of rent in arrears including any late fees, short-term rental assistance up to 3 months, medium-term rental assistance up to 6 months, rental application fees, security deposits equal to no more than 2 months rent, last month's rent, utility deposits, utility payments up to 6 months, and moving costs (or otherwise directed by the funder).	X		
2. Households can only receive assistance once in a three-year period or otherwise directed by the funder.	X		
3. Households in CoC –funded Permanent Supportive Housing (PSH) can receive financial assistance if the program receives rental assistance funding. If the PSH program is leasing or operation, the household is <u>not</u> eligible for financial prevention assistance.	X		
4. 1) The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing and achieve stability in that housing for at least 30 days. Prevention funds may be provided for 6 months of rental arrears not to exceed two months of Fair Market Rent for the unit type. a. All clients are assessed to determine initial need and create a budget to outline planned need for assistance, including establishing a plan for housing stability for the next 30 days. b. Agencies cannot set organizational maximums or minimums. c. The HSC expects that agencies will use progressive engagement and households receive the minimum amount of assistance necessary to stabilize in housing.	X		
5. If providing short-term rental assistance (more than a one time payment of rental arrears), eligibility and types/amounts of assistance must be re-evaluated not less than once every 3 months. At a minimum, each re-evaluation must establish and document: a. The program participant does not have an annual income that exceeds 30% of county median income.	X		

<ul style="list-style-type: none"> b. The program participant lacks sufficient resources and support networks necessary to retain housing without prevention assistance. c. Programs may require program participants receiving assistance or services to provide notification regarding changes to household income, household composition, or other circumstances that may impact need for assistance. 			
6. Financial assistance will be distributed in a way to ensure that programs have funds available throughout the grant period.	X		
7. Participants will work with their case manager to develop their individual housing plan based on participant goals and shared goals for achieving housing stability. Case managers will use the housing plan to determine the participant contribution based on monthly income. Financial assistance is available for households with zero income.	X		
HOUSING RELOCATION AND STABLIZATION SERVICES			
1. Housing Relocation and Stabilization Services include the following: housing search and placement, housing stability case management, mediation, legal services, and credit repair. <i>Specify which service you provide in the comment section.</i>	X		Housing stabilization
2. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing and achieve stability in that housing.	X		
3. Eligibility and types/amounts of assistance must be re-evaluated not less than once every 3 months. At a minimum, each re-evaluation must establish and document: <ul style="list-style-type: none"> a. The program participant does not have an annual income that exceeds 30% of county median income. b. The program participant lacks sufficient resources and support networks necessary to retain housing without prevention assistance. 	X		
4. Programs may require program participants receiving assistance or services to provide notification regarding changes to household income, household composition, or other circumstances that may impact need for assistance.	X		
5. Homeless prevention participants receiving housing stability case management will be offered a meeting with a case manager not less than once per month to assist in ensuring long-term housing stability. Case managers and program managers are encouraged to provide more than the minimum required services through case management.	X		

Suggested Updates:

Dane CoC Written Standards Checklist- Rapid Rehousing Program

Agency: SELU Program(s): Supporting Healthy Families Rapid Rehousing

Standards	Yes	No	Comments/Plan for Improvement
1. The maximum length of program participation is 24 months.	X		
2. Program staff will assist participants in locating housing.	X		
3. Supportive services designed to meet the needs of the project participants must be made available to the project participant throughout the duration of stay in the RRH project.	X		
4. Project participants in RRH must enter into a written lease agreement that is terminable for cause. The lease must be automatically renewable upon expiration for a minimum term of one month, except on prior notice by either party. Programs may have additional requirements determined by program funding requirements. For example, programs may require a written lease agreement for an initial term of one year.	X		
5. RRH project will use Housing First approaches, following the Minimum Standards listed in the Housing First section of the Written Standards.	X		
6. Financial assistance and case management should be based on a household's individual needs using progressive engagement. Assistance should be offered using a light touch; start with a small amount of assistance and increase it if needed.	X		
7. RRH programs will connect households with community resources and mainstream benefits to allow for individual resources to be used for housing costs.	X		
8. While working with a participant, if it becomes apparent they have documentation of chronic homelessness, program staff will talk with them about the option of continuing with the program or returning to the priority list for a PSH slot. The program must explain how long it may take to receive PSH.	X		
Coordinated Entry Sections pertaining to Rapid Rehousing	X		
1. 1. Housing providers contact CE staff with vacancies or transfer requests	X		

<p>2. Housing providers may not reject a household for assistance based on perceived barriers to housing or services.</p>	<p>X</p>		
<p>3. CoC, EHH and ESG funded programs must use the Coordinated Entry process as the only referral source from which they fill vacancies in housing or services.</p>	<p>X</p>		
<p>4. When an agency receives a name from the priority list, staff must initiate contact with the person within two business days.</p> <ul style="list-style-type: none"> a. Staff must attempt contact three times during seven business days b. All attempts must be documented in HMIS under the Coordinated Entry Referral Follow Up section. c. If staff attempts contact on three occasions during the seven business days and does not get a response, they may move to the next household on the priority list. 	<p>X</p>		

Suggested Updates:
