

**Request for Proposals**

**FY25 Youth Homelessness Demonstration Program (YHDP) Funding**

The Bakersfield-Kern Regional Homeless Collaborative (BKRHC) is pleased to announce the availability of $5,262,400 in funding under the Youth Homelessness Demonstration Program (YHDP) to address youth homelessness in Kern County. For the purpose of this funding, “youth” are defined as ages 24 & under.

The BKRHC is now issuing a Request for Proposals (RFP) to identify and select multiple organizations to administer funds for the eligible permanent housing & supportive services activities.

**RESPONSE DEADLINES AND ADDITIONAL INFORMATION:**

* All agencies applying for funding are required to submit a Letter of Intent (LOI) to apply for YHDP funding. **LOIs are to be submitted by 5PM PST – May 16, 2025.** Late LOIs will not be accepted.
* **YHDP New Project Ranking Packets are to be submitted by 5PM PST –** **May 30, 2025.** Late Ranking Packets will not be accepted.
* All LOIs and all YHDP New Project Ranking Packets (proposals) must be submitted electronically via email to Destiny Reveles at destiny.reveles@bkrhc.org and CCed to Cassandra Denna at info@bkrhc.org
* For receipt of delivery, please ensure that you include delivery & read receipts for your proposal submission.
* Please submit RFP questions to Program Administrator, Destiny Reveles, in advance of the submission deadline. Questions will be answered on a RFP FAQ sheet and posted to the BKRHC website.The CoC will hold an informational session for potential project applicants on **May 5, 2025 at 1PM** via Zoom. Zoom link here: <https://us02web.zoom.us/j/84112668723?pwd=v4EBcuNUxD271Tn6x5qavC2W9eXbeN.1>

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**INTRODUCTION**

The Continuum of Care (CoC) for Kern County in California, led by the Bakersfield-Kern Regional Homeless Collaborative (BKRHC) is accepting proposals for Youth Homelessness Demonstration Program (YHDP) funding. The YHDP, an initiative by the US Department of Housing and Urban Development (HUD), aims to prevent and end youth homelessness across the United States. This is an exciting opportunity to develop innovative projects to address and meet the needs of youth experiencing homelessness in the Kern County community.

**OVERVIEW**

In October 2024, HUD announced that the BKRHC (representing CA CoC-604) was one of 14 CoCs across the nation to receive YHDP funding in Round 8. HUD announced BKRHC would receive $5,262,400 in YHDP funding. The initial grant term is 2-years. After that, YHDP funds are renewed via the regular CoC Competition.

The BKRHC Youth Action Board (YAB) was integral in the creation of the Kern County YHDP Coordinated Community Plan (CCP). As shown in the YHDP CCP, projects that prioritize youth first are critical to have in our community. We are seeking applicants who can engage and champion for youth experiencing homelessness.

Our goal is to partner with passionate organizations that will:

* Collaborate closely with youth, ensuring their voices are heard and their perspectives are valued;
* Assist youth with obtaining self-sufficiency via connections to permanent housing, stable income, higher education, job readiness programs, and social supports;
* Respect youth choice, while utilizing Trauma Informed Care (TIC), Family Engagement and Positive Youth Development (PYD) practices;
* Engage with the BKRHC Youth Action Board (YAB) for continuous quality improvement of projects.

All projects selected shall align with the Kern County YHDP CCP. Projects must all be new; they must not be expansions of current projects.

**GENERAL REQUIREMENTS**

All applicants will be required to comply with the following:

* Must be a member of BKRHC and actively participate in subcommittees as appropriate.

*(Please note: If your agency is applying for YHDP funds, has not previously been a BKRHC member, has less than 20 paid staff members, and have a financial barrier to paying BKRHC membership fees, you may have BKRHC membership fees waived on a provisional basis, in order to apply for this YHDP funding. Email* *Destiny.Reveles@bkrhc.org* *for the waiver.)*

* Must have attended the YHDP Grant Convening in February 2025 or provided a valid excuse for not attending.
* Compliance with all HUD & YHDP regulation and reporting requirements, including but not limited to reporting on HUD determined system performance measures.
* Utilization of the definition of homelessness as defined in the HEARTH Act.
* All activities will comply with the Coordinated Entry System (CES) policy & procedures, Homeless Management Information System (HMIS) policy & procedures, and Continuum of Care (CoC) policy & procedures.
* Participation in the Homeless Management Information System (HMIS).
* Receive feedback from the BKRHC Youth Action Board (YAB) on project implementation & improvement.
* Only utilizing YHDP special activities as specified in the Kern YHDP CCP.
* Serving youth 24 years of age & younger with these funds only, prioritizing those with the highest needs.

**FUNDING & PROJECT TYPES**

The total amount of funds available over a two-year period is $5,262,400. Selected projects will be eligible to apply for renewal funding via the annual Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).

| **Project Type** | **Approximate Amount of Funding & Youth Served Per Year** |
| --- | --- |
| Joint Transitional Housing/ Rapid Rehousing (TH/RRH) |  **$2,734,720**19 youth in TH & 40 youth in RRH (59 total) |
| Joint Transitional Housing/ Rapid Rehousing (TH/RRH) - Rural Areas Only | **$1,216,124**12 youth in TH & 24 youth in RRH (36 total) |
| Supportive Services Only (SSO) | **$953,684**100-120 youth across 2-3 programs |

The number of projects per project type will be determined by the YHDP Ranking Panel based on applications received and funding available.

Please reference the “New YHDP Projects List” in the YHDP Coordinated Community Plan for detailed summary and description of each eligible project type, including YHDP special activities.

**SELECTION PROCESS & CRITERIA**

All complete, timely and eligible proposals (i.e. YHDP New Project Ranking Packets) will be scored by the YHDP Independent Review Panel, using the scoring matrix. It is the applicant’s responsibility to ensure documents are delivered and received on time. Total scores for each project are determined by adding up points in each section and then ensuring general requirements were met, if applicable. The YHDP Independent Review Panel is composed of BKRHC Youth Action Board members & non conflicted members of the community, following the Kern Co. YHDP Governance Structure.

Organizations selected for project funding through YHDP ranking must submit their project applications to HUD into e-snaps by 7/1/2025. The following criteria must be met in order to submit into e-snaps:

*1. SAM Registration Requirement*

*You must register at* [*www.sam.gov*](https://nam02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.sam.gov%2F&data=05%7C02%7Calbaptiste%40kern.org%7Ce78503899411441504d208dd7058f6f5%7C123ffe3b54c44a91a44dcf8a7361d099%7C0%7C0%7C638790249652040289%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=DR9ewQVWAboAtBEfd1wy%2BxaFnKpraeXdtySf2bYmZ9Y%3D&reserved=0) *before submitting an application. You must maintain current information in SAM on immediate and highest-level owner and subsidiaries, as well as on all predecessors that a Federal award within the last three years, if applicable. Information in SAM must be current for all times during which you have an active Federal award or an application or plan under consideration by HUD.*

*2. UEI Requirement*

*All entities doing business with the Federal government must use the UEI created in SAM.gov. Your application must include a valid UEI that is registered and active at* [*www.sam.gov*](https://nam02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.sam.gov%2F&data=05%7C02%7Calbaptiste%40kern.org%7Ce78503899411441504d208dd7058f6f5%7C123ffe3b54c44a91a44dcf8a7361d099%7C0%7C0%7C638790249652061432%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=K67emAWTmzoiICvE23vuk%2F9ITVnBXrYLNdKv9V2dEYo%3D&reserved=0)*. For more information, see:* [*https://sam.gov/entity-registration*](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsam.gov%2Fentity-registration&data=05%7C02%7Calbaptiste%40kern.org%7Ce78503899411441504d208dd7058f6f5%7C123ffe3b54c44a91a44dcf8a7361d099%7C0%7C0%7C638790249652081809%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=PnNSnpzg8LbP7Xm1f51dJLI3Ij%2BRIT2aUS4n1UB%2FPVM%3D&reserved=0) *information-kit/unique-entity-identifier-update. When submitting an application with a UEI that does not match the organization name as registered in sam.gov will result in an ineligible application.*

*3. Requirement to Register with Grants.gov*

*Anyone planning to submit applications on behalf of an organization must register at Grants.gov and be approved by the E-Biz POC in SAM to submit applications for the organization. Registration for SAM and Grants.gov is a multi-step process and can take four (4) weeks or longer to complete if data issues arise. Applicants without a valid registration cannot apply through Grants.gov. Complete registration instructions and guidance are provided on Grants.gov. HUD will treat an application containing the wrong UEI as having a curable deficiency. Failure to correct the deficiency and meet the requirement to have a UEI and active registration in SAM will render the application ineligible for funding.*

**APPLICATION PACKAGE**

In order to apply for funding, all agencies must submit a Letter of Intent (LOI) **by 5PM PST – May 16, 2025.** YHDP LOI template is available on the BKRHC website at bkrhc.org or on Appendix A of this document.

In order to apply for funding, all agencies must submit a YHDP New Project Ranking Packet **by 5PM PST –** **May 30, 2025.** YHDP New Project Ranking Packet is available on the BKRHC website at bkrhc.org or on Appendix B of this document.

All projects selected shall align with the Kern County YHDP Coordinated Community Plan (CCP), which can be located on the BKRHC website at bkrhc.org.

**Letter of Intent (LOI) Summary RE:**

**FY25 Youth Homelessness Demonstration Program (YHDP) Funding**

**Deadline**: The deadline for submitting YHDP New Project Ranking Packets is **May 30, 2025 at 5pm PST**.

**Information Session:**  The CoC will hold an informational session for potential project applicants on  **May 5, 2025 at 1PM**  via Zoom.

**Join Zoom Meeting**:

<https://us02web.zoom.us/j/84112668723?pwd=v4EBcuNUxD271Tn6x5qavC2W9eXbeN.1>

Meeting ID: 841 1266 8723

Passcode: 621732

Information Session details will be posted to the Bakersfield‐Kern Regional Homeless Collaborative website.

**Letter of Intent**: New project applicants must complete the **Letter of Intent**. Only one LOI per applicant is required. The LOI template is available on the BKRHC Home website: [www.bkrhc.org](http://www.bkrhc.org) and on page 2 of this document.

For Collaborative membership, contact or LOI information contact the BKRHC, Destiny Reveles (Programs Administrator) or Cassandra Denna (Administrative & Events Coordinator), 661-526-0111.

Meetings of the BKRHC Governing Board are open to the public and generally scheduled to meet the last Wednesday of each month, 9:45am, at the Mission at Kern County, 816 E 21st St, Bakersfield CA 93305.

LETTERS OF INTENT MUST NOT BE MAILED. LOIs must be delivered VIA EMAIL TO info@bkrhc.org CC: Destiny.Reveles@bkrhc.org.

It is the responsibility of the submitter/applicants/sponsor to confirm receipt of the emailed LOI(s) to request a time/date stamped receipt of documentation delivered. **Letters of Intent must be received by May 16, 2025 at 5pm PST. Letters of Intent received after the deadline will not be considered.**

Date

Destiny Reveles, Programs Administrator

Bakersfield Kern Regional Homeless Collaborative

2101 Oak Street

Bakersfield, CA 93301

**RE: Letter of Intent – FY25 Youth Homelessness Demonstration Program (YHDP) Grant Funding**

Dear Destiny:

Please let this serve as the Letter of Intent (LOI) for Agency Name to apply for Youth Homelessness Demonstration Program (YHDP) funds. Agency Name’s Unique Entity Identifier (UEI): ##

Agency Name is a:

☐ State or County government

☐ City or special district government

☐ Indian Tribe or tribally designated housing entity

☐ Nonprofit organization

Agency Name plans to apply for the following project type(s):

☐Transitional Housing/Rapid Rehousing (TH/RRH)

☐Transitional Housing/Rapid Rehousing (TH/RRH) – Rural

☐Supportive Services Only (SSO)

Agency Name will be requesting approximately this much funding: $XX

Agency Name is an active member of the Bakersfield Kern Regional Homeless Collaborative in good standing.

Please contact the following agency contacts regarding this LOI:

| Point of Contact: | **Name** | AND | **Name** |
| --- | --- | --- | --- |
| Organization: | Agency Name |  | Agency Name |
| Title: | Title |  | Title |
| Mailing Address: | Street Number |  | Street Number |
|  | City, State, Zip Code |  | City, State, Zip Code |
| Email Address: | E-mail |  | E-mail |
| Phone: | Telephone Number |  | Telephone Number |

Sincerely,

**Name**

**Title**

**Bakersfield/Kern County CoC**

**Ranking Packet for New YHDP Project**

**Instructions:** Please complete one packet for each new project application.

**Lead Agency Information**

Agency Name:

Agency Address:

City:       State:       Zip:

Phone:       Fax:       Email:

Grant/Application Contact Person:

Name:

Phone:

Email:

Agency Director:

 Name:

Phone:

Email:

HMIS Contact Person:

 Name:

 Phone:

Email:

**Project Information:**

Name of Project:

Project Address:

Grant amount requested:

Project Type (TH/RRH, SSO, etc):

Primary Population: Youth

I certify, on behalf of my agency that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care (CoC) Youth Homelessness Demonstration Program (YHDP) Application to HUD.

Executive Director/CEO/President Date

**INITIAL SCREENING QUESTIONS:**

1. Is your agency a current member of Bakersfield-Kern Regional Homeless Collaborative?

**☐YES ☐NO**

*(Please note: If your agency is applying for YHDP funds, has not previously been a BKRHC member, has less than 20 paid staff members, and have a financial barrier to paying BKRHC membership fees, you may have BKRHC membership fees waived on a provisional basis, in order to apply for this YHDP funding.)*

1. Will your agency enter all youth clients into the Homeless Management Information System (HMIS) that participate in this project?

**☐YES ☐NO**

1. Will your agency receive its referrals through the Coordinated Entry System (CES) for this project?

**☐YES ☐NO**

1. Did your agency attend the YHDP Grant Convening in February 2025 to participate in the YHDP System Mapping?

**☐YES ☐NO**

If no, please explain if your agency requested to be excused & why your agency did not attend:



1. **PROJECT BUDGET (20 Points Total Max)**

**Instructions:**

Attach an itemized budget of the proposed project to this application that includes the following:

1. Budgets should be complete, thorough, and accurate, including a specific description of each cost to demonstrate that the costs are reasonable, well-supported, and justified.
2. Budgets should include estimated costs of the housing, supportive services, and staff (FTE/PTE) proposed.
3. Budgets should also include all other financial resources to be used in the project to demonstrate that there are sufficient resources to support the successful implementation of the project, including the in-kind and/or external resources used to meet the required 25% match (other than leasing).
	1. If providing leveraged resources, describe below.

* 1. If request will be made to utilize the YHDP Special Activity that removes the match requirement, state that below.

1. [TH-RRH Only] Provide a detailed budget for costs associated with leased units and rental assistance.
2. Explain below how your project would be able to scale up or down, if necessary, due to YHDP funding.

1. **EXPERIENCE (25 Points Total Max)**

All questions in this category must be answered with 1,000 characters max.

1. **(20 Points Max)** Describe your agency and subrecipients’ (if any) experience and past performance in providing housing, supportive services, and/or referral services, especially to unaccompanied youth at-risk of and experiencing homelessness

1. **(5 Points Max)** Describe your agency’s experience in effectively utilizing local, state, or federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.

**III. DESIGN OF HOUSING & SUPPORTIVE SERVICES (60 Points Total Max)**

All questions in this category must be answered with 1,000 characters max.

1. **(5 Points Max)** Explain why your agency and subrecipients (if any) are interested in and committed to serving youth experiencing homelessness.

1. **(5 Points Max)** Explain the vision of your proposed project.

1. **(5 Points Max)** Describe the steps the project will take to achieve that vision.

1. **(5 Points Max)** Explain how the project aligns with the Kern YHDP CCP’s Vision, Mission, Goals, Objectives & Action Steps.

1. **(10 Points Max)** Answer the following questions, keeping in mind these YHDP requirements:

*YHDP Minimum Staff: Client Ratio Requirements:*

*● Site-based PSH/TH: 1:15 staff/client ratio*

*● Scattered Site PSH/TH: 1:12 staff/client ratio*

*● RRH: 1:15-1:20 staff/client ratio*

*● SSO: 1:25-30 staff/client ratio*

*● Peer Staff supporting SSO, RRH, TH &/or PSH: 1:12 peer/client ratio*

*YHDP TH: RRH Bed Ratio Requirements: For Joint TH/RRH projects, it is required to have double the number of RRH beds to TH beds.*

* 1. How many youth will be served annually in your project;
	2. How many staff will be hired;
	3. (For TH/RRH projects only): Maximum number of units and maximum number of beds
	4. (For TH/RRH projects only): Where will the housing unit(s) be located?

1. **(5 Points Max)** Self Sufficiency: Describe how youth will be assisted to maximize ability to live independently and increase self-sufficiency. Include coordination with other providers and mainstream systems, including connection to health, social, and youth serving programs.

1. **(5 Points Max)** Employment: Describe how youth will be connected to employment opportunities, training programs, or other avenues that will result in increased earned income.

1. **(5 Points Max)** Education: Describe how youth will be assisted to obtain educational goals including high school completion (or equivalent) and/or higher education.

1. **(5 Points Max)** Youth Choice: Describe how youth choice will be implemented in your project through housing options, supportive services, client-driven supports, and/or individualized case plans.

1. **(5 Points Max)** Social & Community Integration: Describe how the project will equip a youth to succeed across multiple domains of daily life including school, work, relationships, and the community.

1. **(5 Points Max)** Positive Youth Development (PYD), Trauma-Informed Care (TIC) & Family Engagement: Describe how the project will incorporate PYD, TIC, and Family Engagement models and strategies in housing & service delivery.

1. **YOUTH COLLABORATION (50 Points Total Max)**

All questions in this category must be answered with 1,000 characters max.

* **(20 Points Max)** Describe your agency and subrecipients’ (if any) previous experience hiring youth with lived experience and/or collaborating with the BKRHC Youth Action Board to receive feedback on implementation and continuous improvement of services.

* **(10 Points Max)** Describe how youth voices were included in the planning of this project.

* **(10 Points Max)** Describe how agency and subrecipients’ (if any) will convey, in language, practice, and policy, the assets of youth (while avoiding framing their experiences based on individual deficits).

* **(10 Points Max)** All recipients of YHDP funds will be required to receive feedback from BKRHC’s Youth Action Board (YAB) for the continuous quality improvement of the project over the next two years. Please describe your agency’s strategy for working with the YAB.

**V. TIMELINESS (10 Points Total Max)**

All questions in this category must be answered with 1,000 characters max.

Provide a timeline for project implementation and include proposed project milestones. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of work (quick inspections and payment processing). This should include a plan for rapid implementation of the program. Provide a summary of relevant contracts and agreements (e.g., with local providers, housing quality inspectors, other partner organizations) needed for the achievement of project operation.

1. **FINANCIAL (20 Points Total Max)**

All questions in this category must be answered with 1,000 characters max.

1. **(10 Points Max)** Describe the basic organization and management structure of the applicant and sub-recipients (if any). Include description of internal and external coordination, structures for managing basic organization operations, and an adequate financial accounting system that will be used to administer the grant (including capacity to properly isolate and track YHDP-related income and expenditures (ensuring a thorough record of expenditures can be provided for purposes of an audit), the separation of duties/functions, and tracking staff time). Demonstrate how financial management systems in place can manage federal funding.

1. **(5 Points Max)** Has the applicant or any subrecipients had a monitoring or audit of HUD homeless assistance programs in the last 12 months? If yes, were there any findings from the audit?

**☐YES ☐NO**

* + If yes, please describe.
	+ Have all findings been resolved? If yes, Attach a copy of close out letter. If not, please attach a copy of the corrective action plan.
1. **(5 Points Max)** Are there any unresolved monitoring or audit findings for any other federal and/or state grants operated by the applicant or potential subrecipients (if any)?

**☐YES ☐NO**

* + If Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve.

| **Total Pts Available** | **Project Ranking Score** | **Total Pts Awarded** |
| --- | --- | --- |
| **185** |  |  |
|  | Presentation Bonus Points (0-10) |  |
|  | Total Points |  |