

**Housing Authority of the City of Greenville**  
**Request for Proposal for**  
**Consulting and Supportive Services Coordination**

**1. GENERAL**

The Housing Authority of the City of Greenville, NC (HACG) requests proposals from qualified responders to assist the HACG in the development, coordination, and implementation of economic self-sufficiency programs to improve, empower and provide economic self-sufficiency activities to its public housing residents. The goal of the supportive services program is to assist the residents of Moyewood, Dubber-Laney Woods, Kearney Park, Newtown, East/West Meadowbrook and Hopkins Park communities achieve self-sufficiency and economic independence, to the greatest extent possible.

**2. BACKGROUND**

The mission of the Housing Authority of the City of Greenville (HACG) is to be a leader for affordable housing in the City of Greenville by serving as a housing safety net, promoting individual self-sufficiency, leveraging core housing competency to support HACG's mission, managing real estate and facilitating and participating in mixed-income housing development.

The HACG is committed to providing quality lease and for-sale housing opportunities by educating, training and assisting families to become self-sufficient. Additionally, we strive to support and empower individuals and families, promote independence through recognition of personal responsibility, encourage healthy behaviors while reducing social problems, provide services of value to taxpayers and strengthen the quality of life of residents of the HACG and the Housing Choice Voucher Program through workforce development and a network of supportive services. To achieve our mission, we are focusing our efforts on five key priorities of need, which have been identified by the HACG Needs Assessment.

These five areas of need are as follows:

- **Education** – Provide positive child and youth development (behaviors and choices) and mentoring for children 5-17 years of age. Case management service plans for adults incorporating individualized assessments of their knowledge, skills, and abilities, one-on-one and group mentoring sessions for adults to provide financial planning and budgeting activities to increase economic stability

- **Employment and Vocational Training** – Develop individualized skills assessments for residents to improve their career planning and development as well as career advancement efforts which will ultimately increase participants’ earnings, build assets, and reduce reliance on housing subsidies and other public assistance programs. Increase skills in resume development, and interviewing skills. Provide job search and referral activities to improve economic self-sufficiency.

- **Housing** – Provide affordable housing options to include preparation for homeownership. Provide residents with the knowledge, skills, and abilities to sustain their households in a safe, decent and clean manner by facilitating housekeeping classes, safe food handling, self-awareness, etc.

- **Medical/Mental Health** – Provide services and activities to combat chronic illness whether medical and/or mental in nature, educate participants on cope-ability skills needed to maintain a healthy lifestyle. Provide information and referrals to ensure access to affordable, quality health care and/or counseling services.

- **Youth Enrichment and Development** -Provide and develop youth enrichment programs that facilitate the development of their knowledge, skills, and abilities.

HACG recognizes that we, alone, cannot effectively meet all these needs. Our goal is to foster strong partnerships and a collaborative spirit across the agency network to strengthen the community’s capacity to provide basic human services to individuals and families in need through the efficient and effective use of resources.

HACG understands the importance of having a coordinated and collaborative relationship with non-profit organizations in the community so that our residents are provided the best and most cost-effective services. We also recognize our responsibility in supporting these services and ensuring their sustainability so they are available when needed.

### **3. PURPOSE OF RFP**

This Request for Proposal (RFP) invites responses from organizations related to one or more of the five needs areas specifically mentioned. We plan to fund the selected agencies for the development (start-up), maintenance, or expansion of services/programs that complement the Department’s mission. Our objective is two-fold: 1) address key areas of community need (education, employment/training, medical/mental health, personal safety, and housing) and 2) foster collaboration between organizations to strengthen the community’s response to these needs.

## 4. PROPOSAL REQUIREMENTS

There are three key requirements for responding to this RFP.

**#1. Complete the Letter of Intent (Attachment A).** Once completed, provide Attachment A to the designated persons on or before March 1, 2019. The receipt of the Letter of Intent reflects your organization's interest in submitting a response to this RFP and does not bind you in any way to respond to the RFP.

**#2. Complete the Community Partnership Proposal Response Form (Attachment B).** Submit Attachment B to Mr. Michael Best on or before March 1, 2019. All respondents must submit Attachment B for their responses to be formally considered in the HACG' funding evaluation process.

**#3. Submit a Customized Progress Report.** The HACG and its Capital Funds Officer wish to objectively review and evaluate both the use and influence of any provided funds. As such, the HACG expects there to be a rigorous exchange of information between the facilitator and the agency on a quarterly basis. To accommodate our expectations, we will work with the facilitator to design a customized Quarterly Progress Report for their particular organization. The information/metrics that will be presented in the report will reflect the services and outcomes of the agency. We are available to discuss your sample Quarterly Progress Report. Please submit the sample Quarterly Progress Report along with a completed Attachment B by March 1, 2019.

## 5. EVALUATION & SELECTION CRITERIA

The responses to our RFP will be evaluated in accordance with the procedures contained in this section. During the evaluation process, the HACG reserves the right to validate selected data provided and may request additional information from an organization that responds in order to make the most informed decision.

The evaluation process spans five major categories. Each category has specific criteria that will be evaluated against the received responses. A certain number of points will be assigned to each category and the criteria set forth will be used as the basis for ultimately determining the precise number of points awarded and for selecting the organization that will be funded under the Consulting and Supportive Services Coordination Program.

The five categories to be evaluated, their specific criteria, and the points allotted to each category are as follows:

### **Proposal Response Assessment – 10 Points**

- Thoroughness/Completeness
- Timelines
- Reliability/Integrity of Data Provided
- The extent of Supplementary Information Provided

### **Strategic Fit Assessment – 30 Points**

- Alignment with the HACG' Priorities
- Description of Service/Program
- Service/Program Track Record
- Accessibility of Location

### **Funding Request Assessment – 30 Points**

- Urgency of Need
- Reasonableness of Amount Requested Based on Defined Need vs. Financial Resources Available to the Agency.
- The budget for the Proposed Year
- Description of All Funding Sources and Funding Strategy

### **Progress Reporting Assessment – 10 Points**

- Supportive Data
- Proposed Outcomes
- A mix of Figures/Narrative
- Improvement of Progress Reports Submitted vs. Current Report Form

### **Collaborative Spirit Assessment – 20 points**

- Responsiveness to HACG' Residents
- Referrals to/from Social Services Agencies
- Interest/Track Record in Collaboration
- The extent of Collaboration with another Agency and/or Social Service Programs

### **Total Possible Points – 100 Points**

## 6. TERMS AND CONDITIONS

1. All responses to this RFP become the property of the HACG, and as such may be subject to public review.
2. Any costs and expenses incurred by an organization in preparing or submitting responses are the sole responsibilities of the respondent.
3. This RFP does not commit the HACG to award funds.
4. The HACG reserves the right to request additional information and/or clarification from any respondents to this RFP.
5. A respondent must be prepared to present evidence supporting their responses to satisfactorily meet the requirements set forth or implied in the RFP.
6. In some cases, respondents may be asked to attend a meeting or be interviewed to provide further explanation to the HACG's RFP Evaluation Committee.
7. If a response involves two or more respondents, the precise amount of funding requested by each respondent needs to be clearly stated and a signed letter that sets forth the specific amounts for each party.
8. All respondents to the RFP must conform to instruction. Failure to include required signatures, meet deadlines, answer all questions, follow the required format, or failure to comply with other requirements of the RFP may be considered appropriate cause for rejection of the response. All communication must be done through the HACG Officer.
9. The contract produced from the selection process will represent the entire agreement between the respondent and the HACG and will supersede all prior negotiations, representations, or agreement, alleged or made between the parties. Terms of the contract are for one year with no guarantee of automatic renewal or the full distribution of funds pledged.
10. The HACG may terminate the funding agreement, in whole or in part, for default based on the following conditions: (1) respondent fails to provide the HACG with timely and/or acceptable progress reporting data; (2) insolvency of the respondent; (3) loss of key personnel responsible for administering the program/service; (4) lack of responsiveness to the HACG inquiries; or (5) respondent fails to fulfill any of its obligations. Prior to

termination, The HACG shall notify the respondent of the default condition and shall allow respondent thirty (30) calendar days within which to rectify the condition. If the condition is ameliorated within the allowed period, the funding agreement shall remain in full force. If the default condition remains beyond the allowed period; the HACG may terminate the funding agreement, in whole or in part by written Notice of Termination to the respondent. All notices of termination shall minimally state the basis for termination, and the data upon which such termination will become effective.

**ATTACHMENTS FOLLOW**

**Attachment A**

**LETTER OF INTENT TO SUBMIT A PROPOSAL**

**Housing Authority of the City of Greenville**

**RFP for Consulting and Supportive Services Coordination**

**Return to:** Michael Best  
Deputy Executive Director/COO  
Greenville Housing Authority  
1103 Broad Street  
Greenville, NC 27834  
252-329-4000  
bestmo@ghanc.net

**Return Deadline:** 4:00 p.m. Friday, March 1, 2019

**The organization/agency below intends to submit a proposal in response to the above referenced RFP.**

*Note: This letter is a non-binding expression of interest and does not obligate the sender to submit a proposal.*

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**Attachment B**

**Housing Authority of the City of Greenville**

**Consulting and Supportive Services Coordination Application Form**

**April 1, 2019 – September 31, 2019**

<b><i>I. Applicant Information</i></b>			
Organization/Agency		Executive Director	
Contact Persons		Title	
Address		City	State   Zip Code
Telephone	Federal Tax ID Number	Contact Person's Email Address	
<b><i>II. Program Profile (Please provide a separate narrative overview)</i></b>			
Name of Program			
New Program <input type="checkbox"/>	On-Going Program <input type="checkbox"/>	Expansion of Ongoing Program <input type="checkbox"/>	
Program Goal(s): _____ _____ _____ _____			
Program's Client Metrics:	Overall Client Count: _____	HACG Resident Count: _____	
Program Proposed Monthly Expense/Fee \$ _____			
Note: Please answer all questions on this form. Submit the completed form along with the following documents.			
Any document missing from your submission will be grounds for rejection of your response.			
<input type="checkbox"/> Annual Report			
<input type="checkbox"/> Organization Chart and Biographies of Key Staff Members			
<input type="checkbox"/> Program Performance Measures: Output, Quality, and Outcome Measures			
<input type="checkbox"/> Program Narrative (an outline of your program goals, objectives to include past achievements/experience).			

## **Program Narrative**

