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**City of Seattle**

**Human Services Department**

**2016**

**Bridging the Gap Shelter and Storage**

**Request for Proposals**

**Application**

**Instructions and Materials**

This Application packet contains instructions and materials for respondents applying for the 2016 Bridging the Gap Shelter and Storage RFP.

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| 1. **Submission Instructions & Deadline** |

**Completed application packets are due by 12:00 p.m. (Noon) on Friday, January 20, 2016.**

Application packets must be received in person, by mail, or electronic submission. No faxed or e-mailed proposals will be accepted. Proposals must be received and date/time stamped by the 12:00 p.m. (Noon) deadline. *Late proposals will not be accepted or reviewed for funding consideration.*

Applicants must make arrangements to ensure that applications are received by HSD by the deadline, regardless of the submission method selected. When using HSD’s Online Submission System, it is advisable to upload application documents several hours prior to the deadline in case you encounter an issue with your internet connectivity which impacts your ability to upload documents. HSD is not responsible for ensuring that applications are received by the deadline.

* Electronic Submittal: Application packets may be submitted electronically via HSD’s Online Submission System at <http://web6.seattle.gov/hsd/rfi/index.aspx>.
* Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department

RFP Response – Bridging the Gap Shelter and Storage

Attn: Tara Beck

*Delivery Mailing Address*

700 5th Ave., 58th Floor P.O. Box 34215

Seattle, WA 98104-5017 Seattle, WA 98124-4215

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| 1. **Format Instructions** |

1. Applications will be rated only on the information requested and outlined in this RFP, including any clarifying information requested by HSD. Do not include a cover letter, brochures, or letters of support. Applications that do not follow the required format may be deemed ineligible and may **not** be rated.
2. The application should be typed or word processed on double-sided, letter-sized (8 ½ x 11-inch) sheets. Use one-inch margins, single spacing, and minimum size 11-point font.
3. The application may not exceed a total of 10 pages of narrative response, Storage Application if applying for storage funds, 1 cover sheet, 2 budget forms, and any requested attachments. Pages that exceed the page limitation will not be rated.
4. The application for Storage funding is on page 17. This can be submitted separately for a Storage-only application or included in the application if you are applying for shelter funding.
5. Organize your application according to the section headings that follow in Section III. For the narrative questions, please include section titles, and question numbers. Do not rewrite the questions for specific elements of each question.

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| 1. **Proposal Narrative & Rating Criteria** |

Write a narrative response to sections A – F. Answer each section completely according to the questions. When answering questions, it is better to provide specific examples instead of speaking in generalities. Do not exceed a total of 10 pages for section A – E. combined.

**Narrative Questions – New Emergency Shelter Beds ($1.1 million)**

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| 1. **PROGRAM OVERVIEW AND POPULATION - UNSCORED** |
| **(Note: In this section speak only to the new shelter beds and/or services that will be provided with the funding under this RFP)**   1. How many new or enhanced shelter beds will your program make available as a result of this RFP? 2. Where will the new or enhanced shelter beds/services be located? 3. What household types are eligible for the new or enhanced beds/services? 4. What special populations, if any, are the new or enhanced beds/services specifically designed to serve? 5. How soon can the new or enhanced shelter beds/services under this RFP be operational? |
| PROGRAM DESIGN – (20 POINTS) |
| (Note: In this section, speak only to the new shelter beds or services that will be provided with the funding under this RFP)Housing First and Low-BarrierDescribe any housing readiness test, program prerequisites, or any other requirements participants must meet to be served. Under what circumstances would you deny someone entry into this program? *Be sure to include whether there are requirements around sobriety, participation in services or activities, or required referrals.*How do you make your program welcoming to potential participants? What do you do to minimize the informal barriers that keep many unsheltered people from accessing shelter such as having a pet, wanting to be sheltered with an intimate partner, or concern for their important possessions?What program rules or behavioral expectations do program participants have to follow, and what actions are taken if participants do not follow rules or expectations?  * 1. Describe how you will work to ensure that the new or enhanced aspects of your program funded under this RFP will meet the racial equity goals listed in section III and Appendix B of this document. Provide specific examples.  Program HoursWhat time of day may participants enter the facility? How late may they stay in the morning?Is there a curfew? May participants come and go as needed during your hours of operation?Do returning participants need to queue each day or are beds reserved for participants for the duration of their participation in the program?What hours are Supportive Services, Case Management, and/or Housing Navigation services available? See Glossary/Appendix D for definitions.*Rating Criteria – A strong application will:*   * Demonstrate an understanding of and commitment to Housing First and Low Barriers to entry. * Provide extended hours of operation and/or supportive services. * Demonstrate an understanding of the racial equity goals within this RFP. * Provide specific examples of how the program will ensure racial equity in terms of population served and client outcomes. |
| SERVICE-ORIENTED SHELTER (15 POINTS) |
| (Note: In this section speak only to the new shelter beds or services that will be provided with the funding under this RFP)Describe how individuals accessing the new or enhanced shelter beds get their hygiene, laundry, and nutritional needs met while participating in your program.Describe your staffing model related to the new or enhanced shelter beds. What supportive services are offered to individuals accessing the new or enhanced shelter beds? How does your program support participants in the goal of exiting to permanent housing? ***Rating Criteria – A strong application will:***   * Clearly describe the services offered to individuals accessing the new or enhanced shelter beds. * Clearly describe the staffing model including the presence of any Support Services, Case Management, and/or Housing Navigator staff that will support individuals under this RFP (see Glossary/Appendix D for definitions). * Clearly describe how the program supports participants with the goal of exiting to permanent housing. |
| 1. **CULTURAL COMPETENCY (25 POINTS)** |
| 1. Describe your program’s strategy for ensuring that cultural and linguistic competence will be infused through your policies, procedures and practices. 2. Describe how your agency is working to broaden staff (including leadership staff) and board diversity and knowledge around cultural competency. Do you have a mechanism for comparing data on outcomes among client groups based on race/ethnicity, disability, income level, etc. if you were to find that a particular group of your client pool had significantly worse outcomes than another? How would you use this information? What would your approach be? 3. Provide specific examples of how your agency’s approach to providing services changed as a result of cultural competency training or in response to a better understanding of a population’s needs.   ***Rating Criteria – A strong application will:***   * Demonstrate an understanding of and commitment to being culturally responsive to all clients. * Provide specific examples. * Provide access to a variety of languages either on-staff or through referral partnerships. |
| 1. **AGENCY CAPACITY (25 POINTS)** |
| **(Note: In this section you may speak to the capacity of your wider agency in providing homeless services)**     1. Describe the experience your agency has in managing homeless services programs, including experience securing permanent housing for people who are literally homeless in the Seattle-King County region. 2. Describe how your agency ensures quality data collection, data entry, and reporting for homeless services programs. 3. Describe your organization’s financial management system. How does your agency establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds that may be awarded under the terms of this RFP? Entities without such capabilities may wish to have an established agency act as a fiscal agent. 4. Describe the capacity your agency has to meet program expenses in advance of City reimbursement.   ***Rating Criteria – A strong application will:***   * Demonstrate the applicant’s experience in delivering the homeless services. * Clearly describe the process for ensuring data completeness and integrity within homeless services programs. * Provide specific details of the agency’s financial management processes. * Demonstrate the agency’s capacity to meet program expenses in advance of City reimbursement. |
| 1. **Budget (15 POints)** |
| ***This section does not count toward the page limit. Budgets should reflect a 12-month timeframe.***     1. Complete the budget proposal sheets, as appropriate (see Attachments 3). The costs reflected in this budget should be for the service area only, not your total agency budget. 2. In a budget narrative, explain how these funds will be used and identify other resources and amounts that will be used to support the clients served by this program.   For each line item listed with a dollar figure (except totals) provide a brief narrative detailing:  a) how the item relates to the proposed service; and  b) the methodology used to determine the specific cost.  **The information provided on this form applies *only* to the proposed program described in this RFP, not to the whole agency.**  ***Rating Criteria – A strong application meets all of the criteria listed below:***   * Costs are reasonable and appropriate given the nature of the service, the target population, the proposed level of service, and the proposed outcomes. * The proposed program is cost effective given the type, quantity, and quality of services. * The applicant includes a budget narrative, identifying and justifying how funds will be used. |
| **Total = 100** |

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| 1. **Proposal Narrative Additional Questions – Storage ($200,000)** |

Please complete the following questions if you are requesting funds for storage. If you are not requesting funds for storage, you may leave this section blank and skip to the next section.

* + 1. **Location:**

\_\_\_ At an existing shelter Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ At a New Shelter Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. **Features**

|  |  |
| --- | --- |
| Description of storage |  |
| Size of storage unit per person |  |
| Number of units requested |  |
| Hours that storage is accessible |  |

* + 1. **Other**

|  |
| --- |
| Add any other information you would like us to know to evaluate this proposal: |

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| 1. **Completed Application Requirements** |

**AT APPLICATION SUBMITTAL**

To be considered Complete, your application packet must include all of the following items or the application will be deemed incomplete and will not be rated:

1. A completed and signed two-page Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Section III for instructions).
3. A completed Proposed Program Budget (Attachment 3).
4. A completed Proposed Personnel Budget (Attachment 4).

**If not a currently funded organization, please include 5, 6, 7, 8 below**

1. Roster of your agency’s current Board of Directors, including corporate and/or community affiliations and racial and/or ethnic affiliations.
2. Minutes from your agency’s last three Board of Directors’ meetings.
3. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
4. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.
5. If you are proposing a partnership with another agency, attach a signed letter of intent from that agency’s Director or other authorized representative.

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| 1. **List of Attachments & Related Materials** |

Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

Attachment 1

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| **Application Checklist** |

This optional checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.

**Have you….**

**Completed and signed the 2-page Application Cover Sheet (Attachment 2)?\***

**Completed each section of the Narrative response?**

* Must not exceed 10pages (8 ½ x 11), single-spaced, double-sided, size 11 font, with 1-inch margins. Applicants do NOT have to repeat the questions in the narrative section.
* Page count does not include the required forms (Attachments 2, 3, and 4) and supporting documents requested in this RFP.
* A completed narrative response addresses all of the following:

Program Design (20 points)

* + *There should be a separate section for each service component you have selected. To avoid repeating yourself, it is acceptable to refer to a previous service component where appropriate (e.g. “same as previous component”).*

Service-Oriented Shelter (15 points)

Cultural Competency (25 points)

Agency Capacity (25 points)

Budget (10 points)

**Completed the full Proposed Program Budget (Attachment 3)?\***

**Completed the full Proposed Personnel Detail Budget (Attachment 4)?\***

**Attached the following supporting documents if not a currently funded organization?\***

Roster of your current Board of Directors, *including* employment and/or community affiliations and racial and/or ethnic affiliations

Minutes from your agency’s last three Board of Directors’ meetings

Current verification of nonprofit status or evidence of incorporation or status as a legal entity

If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?

**If you are proposing partnership with another agency, have you attached a signed letter of intent from that agency’s Director or other authorized representative?\***

**\****These documents do not count against the 10-page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. (Noon) on   
Friday, January 20.** Application packets received after this deadline will not be rated. See Section I for submission instructions.

****Attachment 2

**City of Seattle**

**Human Services Department**

**2016 Bridging the Gap Shelter and Storage**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | |  | | | | | | | | | | | |
| 1. Agency Executive Director: | | | | |  | | | | | | | | | | | |
| 1. Agency Primary Contact | | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | | Title: | |  | | | | |
|  | Address: |  | | | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | | | | | | |
| 1. Organization Type | | | | | | | | | | | | | | | | |
|  | Non-Profit | | | For Profit | | | Public Agency | | | | Other (Specify): | | | | | |
| 1. Federal Tax ID or EIN: | | | | | |  | | | | 1. DUNS Number: | | | |  | | |
| 1. WA Business License Number: | | | | | |  | | | | | | | | | | |
| 1. Brief summary of request, including number of new beds or storage units and location(s) | | | | | |  | | | | | | | | | | |
| 1. Funding Amount Requested: | | | | | |  | | | | | | | | | | |
| 1. # of clients to be served per year: 2. % of exits to permanent housing: | | | | | |  | | | | | | | | | | |
| 1. Partner Agency (if applicable): | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | Phone Number: | | | Attachment 2 | | | |
|  | Description of partner agency proposed role and responsibilities: | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  |
| 1. Partner Agency (if applicable): | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed role and responsibilities: | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
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| **Authorized physical signature of applicant/lead agency** | | | | | | | | | | | | | | | | |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* | | | | | | | | | | | | | | | | |
| Name and Title of Authorized Representative: | | | | | | | | |  | | | | | | | |
| Signature of Authorized Representative: | | | | | | | |  | | | | | | | Date: |  |
|  | | | | | | | | |  | | | | | |  |  |

**Appendix A: HSD Vision and Mission**

**Vision**

The vision of the Seattle Human Services Department is that all basic needs in our communities are met through innovative and collaborative approaches. Greater Seattle is a place where the richness of our diversity is valued, all of our communities thrive, and people grow up and grow old with opportunity and dignity.

**Mission**

The mission of the Seattle Human Services Department is to connect people with resources and solutions during times of need so we can all live, learn, work and take part in strong, healthy communities.

**Values**

We accomplish our mission by adhering to core values and funding programs whose work supports them:

* ***Vision*** – we are future-focused, funding outcomes that create a stronger community.
* ***Innovation*** – we foster an environment where creativity and new approaches are valued, tested, refined and implemented.
* ***Results*** – we fund and administer programs that are accountable, cost-effective, and research-based, ensuring people receive high-quality services.
* ***Equity*** – our resources are devoted to addressing and eliminating racial, social, economic, and health disparities in our community.
* ***Creative collaboration*** – we share the collective wisdom of our colleagues and community to develop and implement programs.
* ***Service*** – we ensure the programs we support are accessible to all community members and deliver high-quality, welcoming customer service.

HSD has developed a strategy for results-based accountability and addressing disparities to ensure that the most critical human service needs are met by:

* **Defining** the desired results for the department’s investments;
* **Aligning** the department’s resources to the desired results; and
* **EVALUATING** the result progress to ensure return on investment.

**Appendix B. HSD Theory of Change**

The results-based accountability “Outcomes Framework” helps HSD move from ideas to action to ensure that our work and investments are making a real difference in the lives of vulnerable people. HSD’s **Theory of Change** ensures that data informs our investments – particularly around addressing disparities – and shows the logical link between the desired results, indicators of success, racial equity goals based on disparity data, strategies for achieving the desired results, and performance measures.

All investments resulting from this funding opportunity will demonstrate alignment with HSD’s theory of change towards achieving the Community Support and Assistance division’s identified community value and specific desired results:

***Goal: Our community is safe, stable and self-reliant***

**Results:**

* All people living in Seattle are sheltered

**Bridges Shelter Opportunities Theory of Change**

The theory of change describes the expectations for how the desired results and equity goals will be achieved through a set of specific activities (strategy) which are measured by quantity, quality and impact performance measures.

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| --- | --- | --- | --- | --- | --- |
| **Desired Result** | **Indicator** | **Racial Disparity Data** | **Racial Equity Goal** | **Strategy** | **Performance Measure** |
| Condition of wellbeing for entire population | Achievement benchmark – how we know the “result” was achieved | Data depicting socioeconomic disparities and disproportionality between ethnic/racial populations | Stretch goal for reducing and/or impacting the racial equity disparity | Activities or interventions that align to the results and indicators, and are informed by best or promising practices, cultural competency and community engagement – what HSD is purchasing? | What gets counted, demonstration of how well a program, agency or service is doing (quantity, quality, impact) |
| All people living in Seattle are sheltered | # Individuals living unsheltered in Seattle will be at ‘functional zero’. Functional-zero is the state at which the number of homeless individuals in a community in a given month is no greater than the community’s exits to permanent housing. | % of exits within each race/ ethnicity category that were exits to Permanent Housing in 2015  3% Native Hawaiian/Pacific Islander  4% American Indian/Alaska Native  6% Multi-Racial  7% Asian  8% White  9% Black/African American  9% Hispanic/Latino | Native Hawaiian/Pacific Islander, American Indian/Alaska Native, Asian, and Multi-Racial individuals will exit emergency shelter to permanent housing at a rate at least equal to White individuals. | * Shelter beds, operations, and supportive services that are delivered in a culturally responsive way * Housing navigation and placement * Benefits acquisition (including possible SSI, SSDI, VA benefits) * Referrals to other community resources * Enrolment into Coordinated Entry for All | * # Individuals at the shelter/% bed utilization both at any given time and over contract period (quantity) * # Days stay at shelter/length of stay (quantity) * % Individuals exit to permanent housing (quality) * % focus population exits to permanent housing (quality) * # Individuals in Seattle living unsheltered (impact) |

**Appendix C: HSD Appeals Process**

The following outlines the opportunity for applicants to appeal a decision made by HSD in the funding process:

* **Post-Notice of Award Appeal Process:** This process is applicable to applicants notified by HSD of the final status of their application, as determined by the HSD Director, upon the conclusion of the review and rating process.

While the grounds for appeals and deadlines differ, both processes will follow the same appeal format and content requirements and decision process, except as otherwise stated herein.

**Post-Notice of Award Appeal Process**

**Grounds for Appeals:**

Only an appeal alleging an issue concerning the following subjects shall be considered:

* A matter of bias, discrimination or conflict of interest.
* Violation of policies or failure to adhere to guidelines or published criteria and/or procedures established in a funding opportunity.

**Appeals Deadlines:**

1. The Human Services Department will notify all applicants in writing of the final status of their application. For awarded applications, if appropriate, the level of funding to be allocated will be stated.
2. Any applicant wishing to appeal a decision regarding award must submit the appeal in writing to the HSD Director within ten (10) business days from the date of the written notification by HSD.
3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within five (5) business days of the receipt of the appeal. The HSD Director’s decision is final.
4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, HSD reserves the right to issue an interim contract for services to meet important client needs.

**Appeal Format and Content:**

A notice to HSD staff that an applicant intends to appeal does not reserve the right to an appeal. The applicant must file an appeal within the required deadline and follow the proper format. A casual inquiry, complaint or an appeal that does not provide the facts and issues, and/or does not comply with the form, content or deadline herein, will not be considered by the Department or acted upon as an appeal.

All appeals shall be in writing and state that the applicant is submitting a formal appeal. Deliveries by hand, mail or email are acceptable methods. HSD is not responsible for ensuring that an appeal is received within the appeal deadlines. If HSD does not receive the appeal by the deadline, the protest will be rejected.

Appeals must be addressed to:

Catherine Lester, Director

Seattle Human Services Department

700 5th Avenue, Suite 5800

P.O. Box 34215

Seattle, WA 98124-4125

Email: [Catherine.Lester@seattle.gov](mailto:John.Okamoto@seattle.gov)

**Appendix C: HSD Appeals Process**

Include the following information and any additional information you would like considered in the appeal. Failure to provide the following information may result in rejection of the appeal if the materials are not sufficient for HSD to adequately consider the nature of the appeal:

1. Agency name, mailing address, phone number and name of individual responsible for submission of the appeal;
2. Specify the funding opportunity title;
3. State the specific action or decision you are appealing;
4. Indicate the basis for the appeal including specific facts;
5. Indicate what relief or corrective action you believe HSD should make;
6. Demonstrate that you made every reasonable effort within the funding process schedule to resolve the issue, including asking questions, attending information sessions, seeking clarification and otherwise alerting HSD to any perceived problems; and
7. Signed by the Agency’s Executive Director or similar level agency management staff.

**Appeals Process:**

Within two (2) business days of receiving an appeal according to the appeals submission process outlined herein, the applicant will receive a receipt from the HSD Director’s Office notifying the applicant of the date, time and method by which the appeal was received. If the applicant does not receive a receipt within two business days, it should be assumed that HSD did not receive the appeal and it will therefore not be considered.

The HSD Director will review the appeal. All available facts will be considered and the HSD Director shall issue a final decision. This decision shall be delivered in writing by email or mailed letter to the individual making the appeal and the Agency’s Executive Director or similar level agency management staff who signed the appeal.

Each written determination of the appeal shall specify whether the HSD Director:

1. Finds the appeal lacking in merit and upholds the City action; or
2. Finds only immaterial or harmless errors in HSD’s funding process and therefore rejects the appeal; or
3. Finds merit in the appeal and:

**For the Minimum Eligibility Screening Appeal Process:** proceeds with inclusion of the original application, as submitted, in the application review and rating process. (This does not guarantee an award from the funding process, but rather allows the originally rejected application to re-enter the evaluation process for funding consideration.)

**For the Post-Notice of Award Appeal Process:** states the appropriate action, which may include but is not limited to rejecting all intended awardees, making partial award, re-tabulating scores, or any other action determined by the HSD Director.

If HSD finds an appeal without merit, HSD may continue with the funding process (contract execution). Even if the appeal is determined to have merit, HSD may issue an interim contract for services to meet important client needs. Nothing herein shall diminish the authority of HSD to enter into a contract, whether an appeal action or intention to appeal has been issued or otherwise.

**Appendix D: Glossary**

**Focus Populations**

Focus populations are identified as specific racial or ethnic groups within the priority community and with data showing the highest disparities in the investment area. Priority communities and focus populations for this funding are based on HSD’s outcomes framework, a results-based accountability method, and ensures that the department’s investments are dedicated to addressing disparities in the population.

**Housing First**

Housing First programs have low barriers to entry. Housing location, and housing placement are offered to people experiencing homelessness without preconditions such as sobriety, mental health treatment, medication adherence, or service participation requirements. Obtaining housing is the primary goal of housing first programs.

**Housing Navigation**

Housing Navigation services involve assisting clients in locating, applying for, and securing housing. Housing Navigation activities can be a collaborative effort between the Housing Navigator and client. The Housing Navigator will take a greater or lesser lead in housing navigation activities based on each client’s unique abilities and barriers related to locating and securing housing.

**Low Barrier**

Low Barrier programs are easily accessible to individuals with high levels of need and high barriers to successful outcomes such as individuals with active substance use, mental health challenges, behavioral challenges, medical needs, and disabilities. Low Barrier programs also have no or very minimal guidelines related to ‘curfew’, the amount of belongings one can bring onsite, entering services with partners or ‘chosen family’, and pets.

**Priority Community**

Priority communities are identified as a group (or groups) comprising a specific demographic (seniors, youth, families, etc.) or having a specific issue in common (homelessness, mental health, violence involved, etc.).

**Support Services**

Support Services include assisting clients in addressing concerns related to community/shelter living, supporting clients in being successful in the shelter environment, and connecting individuals to community based services to meet their broader needs.