

# Program Information

The Office of Preparedness, within the Division of Homeland Security and Emergency Management (DHSEM) will fund qualified social service organizations, charitable foundations or trusts, nonprofit organizations, and governmental entities, to provide humanitarian relief to newly arrived migrants.

All applicants to this award must provide culturally and linguistically appropriate integration services that include: housing and case management. Other eligible services are listed below but no application will be accepted without housing and case management.

Funding can be provided through June 30, 2024. The maximum funding available for all entities is approximately $4 million.

This funding is to support newly arrived migrants, who intend to call Colorado home, move out of emergency shelters into more stable housing, and to assist them in becoming self-sufficient as quickly as possible.

These funds are authorized and budgeted through the American Rescue Plan Act (ARPA) Funds, appropriated and otherwise made available pursuant to C.R.S. § 24-75-226 and funds that may be made available through C.R.S. §24-33.5-1623.

# Eligibility Criteria

As the State of Colorado’s goal is for migrants wishing to call Colorado home become self-sufficient as soon as possible, lawful employment is a priority. Lawful employment is a key to becoming self-sufficient, and that the vast majority of migrant newcomers have lawful presence. Therefore, all applicants to this award must ensure the eligibility of persons seeking services by verifying that each individual:

1. Must be newly arrived with an Alien Identification Number (A #) and a U.S. Department of Homeland Security release date.
2. Must be currently housed or have been released from local government shelter no more than 6 months from the date assistance is provided under this program
3. Can only be assisted with state-funded housing assistance one time

# Program Activities

 **Required Services**

Integration services should be culturally and linguistically appropriate and **must** include both:

1. Securing housing or referrals to housing including co-signing leases, paying security deposits and first month's rent, housing orientation, etc. (please include a description of housing types proposed)
2. Case management (at a minimum to include an intake, assessment of needs, a plan for self-sufficiency, and assistance with achieving that plan)

 **Other Eligible Services**

Integration services should be culturally and linguistically appropriate and **may** include:

1. Cultural orientation
2. Employment services including career coaching, counseling, navigation, training, certification/licensure and job placement
3. Health and mental health referrals or care
4. Necessary intra-state transportation if it promotes self-sufficiency
5. Child care if necessary for employment (must be licensed, exempt, or qualified for exemption)
6. Enrollment of children in school or summer camps and navigation of such so parent(s) can find employment
7. Interpretation and translation needed
8. Coordination of activities among community-based organizations, particularly ensuring coordinated case management and avoiding duplication of benefits or benefits.

**Program Administration**

Applicants are required to submit monthly reports by the 10th day of the following month on all activities that utilize grant funding. Monthly invoices are due on the 15th of the following month. All housing data must be entered into the state tracking software (AppSheet). Applicants that do not submit reports or are late in filling out reports may have their grants revoked. Reports include:

* 1. Summary update to state grants manager regarding all activities performed for the reporting period.
	2. Challenges encountered during the reporting period.
	3. Unique or new objectives for the next reporting period.
	4. Migrant support activities that are currently funded through other grants or sources specific to this response/mission. All grantees are required to coordinate with other state grantees and, as appropriate, other grantees, and local governments to maximize funding streams and services to new arrivals.
	5. A numbers, DHS release date, name, date of birth, of all individuals assisted with the funding.

# Applicant Scoring

For housing, case management and integration services:

The focus of this award is to promote the self-sufficiency and integration of Colorado’s newest arrivals. *Applicants that can help newly arrived migrants get out of emergency sheltering and into more permanent housing with holistic services, including case management, with the ultimate purpose of helping clients become self-sufficient will score more highly upon review*.

The current funding is available for a period of performance through June 30, 2024. All costs proposed must be expended by that date or they are not eligible for reimbursement under this award.

The scoring criteria are

* Efficiency: Applicants that can help more people in a culturally and linguistically appropriate manner with less funding will score more highly.
* Narrative description of program: Applicants that describe how their program thoroughly meets the needs of Colorado’s newest arrivals, in a culturally and linguistically appropriate manner, and shows a detailed plan for success will score more highly.
* Detailed budget: Applicants that provide a detailed budget to demonstrate how they will maximize state funding will score more highly.
* References: Applicants that include references that can verify the applicant has run similar successful programs will score more highly.
* Experience with other grant funding: Applicants that can demonstrate successful federal grant management experience and attach their policies and procedures for compliance with federal grants will score more highly. Applicants that cannot demonstrate funding from previous federal grants should take time to explain any contracting or procurement actions they may take and how they will comply with federal grant requirements; they should also attach any policies and procedures that govern how they administer their finances and manage contracts or grants.
* Commitment to coordinate activities with other providers and state agencies.
* Legal services are not included in this funding opportunity. If you are interested in providing legal aid services please see this announcement: https://dhsem.colorado.gov/grants/grant-programs/migrant-support-grant-for-legal-services

# How To Apply

1. **Applicants must submit a narrative with their proposal which includes all information requested in the “Applicant Scoring” section**
2. Complete the application below.
3. Provide a recently signed W-9.
4. Send all documents to CDPS\_SEOCFinance@state.co.us

# APPLICATION

# All applications must contain a narrative description of the proposed program and must describe, in detail, how your organization will complete the tasks for which funding is requested. If funding is requested and not described in the narrative, it will not be considered.

# Applicant Contact Information

Legal Name of the Organization:

Mailing address:

Physical address of facility (if different from mailing):

Type of Organization:☐ Non Profit ☐ Local Government ☐ Private Entity

Tax Identification Number:

Unique Entity ID Number (UEI), required:

POC Contact Information Full Name:

Position/Title:

Email:

Work telephone number:

Authorized Official Contact Information

Full Name:

Position/Title:

Email:

Work telephone number:

# Total Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# (Provide full detailed budget inclusive of any administrative costs)

We are able to provide the following items (Check all that apply):

* Housing

For how many individuals:

For how long (per individual): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Case management: # of individuals served \_\_\_\_\_\_\_\_\_\_
* Cultural orientation: # of individuals served \_\_\_\_\_\_\_\_\_\_
* Referral to or provision of employment services including career coaching, counseling, navigation, training, certification/licensure and job placement

# of individuals served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Healthcare navigation # of individuals served \_\_\_\_\_\_\_\_\_\_\_\_\_
* Referrals to or provision of childcare:

For how many individuals \_\_\_\_\_\_\_\_\_\_\_\_\_

For how long (per individual) \_\_\_\_\_\_\_\_\_\_\_

* Enrollment of children in school and/or summer camp and navigation of such for parents

# of individuals served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Donation/Volunteer Services: Describe services here or in your supplementary material:
* Interpretation/ translation
* Other Services:

# CERTIFICATION

Read each statement below and indicate such by checking the box to the left.

* The application information is complete and true.
* We understand this is a reimbursable grant.

-or-

* We would need advance funding in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_ to complete the activities described in this application
* We agree to follow all Federal, and State financial and programmatic requirements associated with the grant including submitting timely Requests for Reimbursements (RFRs) and timely Reports.
* If awarded, we agree the grant funds will not supplant our existing agency budget.Submitted activities are not currently fully funded through other grants, other agencies, or our own budget.
* We will comply with all reporting requirements of the award. We understand that failure to comply with reporting requirements may result in funding being revoked.

By signing and returning this certification, I attest I have read and agree to all statements above. Fiscal officer:



Print Name & Title, Signature, Date Authorized Official:



Print Name & Title, Signature, Date