

2019 IDA Request for Proposals

Neighborhood Partnerships (NP) and Oregon Housing and Community Services (OHCS) are pleased to make \$9,600,000.00 available to fund continuing Oregon IDA Program services for the 2019-20 program year. These funds are made possible through the sale of the Oregon IDA Tax Credit.

NP and OHCS will be offering funding only to current Fiduciary Organizations (FOs). A full list of current FOs can be found [here](#).

Requests will be reviewed on the assumption that FOs' IDA programs and organizations are remaining substantially the same as in the current 2018-19 program year. Any anticipated changes should be included in your request.

All requests will be evaluated based on information submitted, as well as ongoing contract management data and information. This will include:

- 2018-19 Program and Fiscal Reviews
- 2018-19 program and fiscal quarterly reports through the 3rd quarter
- Evaluation reports and data
- Data from Outcome Tracker on match utilization and allocation

NP and OHCS will be basing decisions on a range of factors, including both core standards of excellence and alignment with state systems and priorities. This includes:

- Maintaining compliance with statute (ORS 458.670-458.700)
- Maintaining and improving program delivery and fiscal management
- Maximizing IDA impact by supporting collaboration and sharing resources across the Initiative
- Collaborating with other state resources, partnerships, systems and/or structures that align with asset building and financial capability efforts; and
- Aligning with the Governor's priorities and Oregon Housing and Community Services (OHCS) [Statewide Housing Plan](#), particularly Priority One: Equity and Racial Justice in an effort to equitably serve under-served or difficult-to-serve communities.

Requests are due no later than Monday, February 4, 2019 by 5PM. NP and OHCS will offer a call to help answer any questions about this year's RFP (see timeline below). The same call will be offered twice to help accommodate schedules.

Please submit your materials via the [online portal](#).

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RFP Timeline

- January 7th- RFP released to partners
- January 11th- RFP Call from 10-11am, call in # (877)885-9727
- January 16th- RFP Call from 3-4pm, call in # (877)885-9727
- February 4th – Proposals due by 5pm
- February 5th- March 15th – Proposals reviewed by OHCS and NP Staff
- March 18th- March 29th- Final award decisions, announcements for 2019-20 Program Year
- April 1st - Awards effective, new program year begins

NP or OHCS may request additional information during the application review process. Please note that supplemental materials other than those specified in the application will not be reviewed. All proposals must be eligible pursuant to Statute and Administrative Rules pertinent to the Oregon IDA Initiative, ORS 458.670-700 and OAR 813-300 et seq.

Application Summary Instructions

You will submit your application through the 2019 RFP Portal. You will input contact and summary budget request information directly to the portal, and attach your Narrative and Budget Detail materials. Screenshots and instructions for those sections are shown on the next several pages. Use the worksheet on page 5 to gather the required information.

You will also submit a 2018 IDA RFP Budget Detail Form, demonstrating your anticipated Program and Admin budget for the 2018–2019 Program Year. Instructions for the Budget Detail Form are on page 8.

Application Summary

Contact Information

FO Name *

Proposal Contact Name *

<input type="text" value="First"/>	<input type="text" value="Last"/>
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Proposal Contact Email * **Proposal Contact Phone**

<input type="text"/>	<input type="text"/>
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Confirm your email. Your confirmation will be sent to this email address.

Application Information

The undersigned certifies that the information provided within this application is complete, and accurately describes the proposal. For purposes of review and evaluation, the undersigned authorizes release of this information to the review committee. Should the proposal be awarded, the undersigned commits to follow all Statute and Administrative Rules pertinent to the Oregon IDA Initiative, ORS 458.670-700 and OAR 813-300 et seq, as well as all agreements as outlined in the contract.

Executive Director Name * **Electronic Signature ***

<input type="text" value="First"/>	<input type="text" value="Last"/>	<input type="radio"/> Signature received
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Date *

Budget Summary Worksheet and Instructions

The Budget summary will be filled out on the [portal](#). The below worksheet and instructions will guide you through the information you will need to fill it out.

Budget Summary	
Match Amount * <input type="text"/>	Match Percentage of Total Grant <i>If Match Amount is more or less than 75% please provide information below supporting your request for an alternative funds distribution.</i>
Term of Budget: April 1, 2019 – March 31, 2024	
Disbursal Schedule: Match funds will be disbursed to maintain a reserve of cash at the FO equivalent to the total match funds disbursed to program participants over the previous 12 months, less Oregon IDA funds tied to any AFI grants. Funds will be disbursed during two request periods annually during the program year, August 15 and February 15, aligning with submission date of the 1st and 3rd quarterly fiscal reports. Oldest active grants will be disbursed first. Requests should be submitted using the IDA FO Request for Match Funds form.	
Overallocation? * <input type="radio"/> Yes <input type="radio"/> No	Overallocation Percentage * <input type="text"/> <i>If no overallocation, put 0%</i>
Program Amount * <input type="text"/>	Program Percentage of Total Grant <i>If Program Amount is more or less than 20% please provide information below supporting your request for an alternative funds distribution.</i>
Term of Budget (Term of years over which Program Funds will be allocated) * <input type="text"/>	
Disbursal Schedule: 100% of Program funds will be disbursed when the contract is executed.	
Admin Amount * <input type="text"/>	Admin Percentage of Total Grant <i>If Admin Amount is more or less than 5% please provide information below supporting your request for an alternative funds distribution.</i>
Term of Budget (Term of years over which Admin Funds will be allocated) * <input type="text"/>	
Disbursal Schedule: 100% of Admin funds will be disbursed when the contract is executed.	
Total Amount \$0.00	
Historically, seventy-five percent (75%) of award funds have been used for participant matching funds, twenty percent (20%) of funds granted for case management and education ("Program" funds), and five percent (5%) for administration ("Admin" funds). If these percentages do not fit your project's needs for the 2019-20 program year, use the space below to briefly explain why the proposed changes to percentages are necessary.	
Request for Alternative Funds Distribution between Match/Program/Admin * <input type="text"/>	

Match Amount \$ _____ (Percentages will autofill)

Note: Term of Budget and Disbursal Schedule for Match are standard across the Initiative. This information is prefilled.

Match Overallocation percentage _____

If you have previously had an agreement to overallocate match funds, and anticipate a continuing need to overallocate, please indicate the percentage here.

Program Amount \$ _____ (Percentages will autofill)

Term of Program Budget _____

Please indicate the number of years over which your Program funds will be used. The term can be different for program and admin.

<p>For example, if you will use half the funds in the first year and half the second, your program term is 2 years. If you will use them over the life of the grant, the term is 5 years.</p>

Term of Admin Budget _____

Total Award Requested \$ _____

This field will autofill the total from your entries.

Request for Alternative Funds Distribution between Match/Program/Admin

If your program is seeking a different division of your total grant from the standard 75% Match 20% Program and 5% Admin, please provide support for that request here.

Narrative Questions

Include responses to each of the following questions in your request. Please include the questions number with your answers. You will need to save your Narrative response as a PDF and upload it through the RFP Portal.

Single site FOs please use one page for question 1. Networks may use up to two pages.

1. Organizational overview

Please provide a summary of your IDA program including the following information:

- Year started as an FO
- Years as an IDA Provider prior to becoming an FO (if applicable)
- If single site: Location/s of program offices
- If network: Attach list of partner organizations and locations (not included in page limit)
- Counties served
- IDA Asset categories supported
- Specific populations or communities served
- Program Design: please provide a basic description of your program design and structure
- How the IDA Program fits into your larger organization

Please answer questions 2-4 in no more than 3 pages.

2. Is your program considering any changes to its

- Geographic coverage?
- IDA Savings goals?
- Communities or populations served?

Is your organization considering any changes that would impact your IDA Program?

If yes to any of the above, please discuss the proposed changes, including challenges or barriers, funding needs, goals, or other impacts on your IDA program or the Initiative.

If no, just briefly indicate that.

3. What new or continuing resources and activities does your organization anticipate devoting to the Statewide Housing Plan priority to equitably serve under-served or difficult to serve communities? How have you laid the groundwork for this?

4. Current and projected Match allocation and maximization

What is your IDA program's:

2018 Grant 3rd Quarter Match Allocation Percentage_____

Number of accounts_____

To calculate Match Allocation Percentage: Run an Outcome Tracker Project Summary (date range 1/1/2000-12/31/2018) for all open grants. Divide the Potential Match total by the total Project Amount and multiply by 100.

(Potential Match/Project Amount) × 100

2018 Grant estimated 4th Quarter Match Allocation Percentage _____

Number of accounts _____

2018 Grant over-allocation level (if any) _____

2019 Grant projected over allocation level _____

Projected Number of accounts _____

Over allocation is intended to expand the reach of State resources. If your organization has over-allocation available, will you reach your over-allocation goal for 2018? If not, what opportunities does your program envision to fully utilize granted match funds? What strategies do you have in place to fully maximize/allocate your program's existing available match funds? What barriers exist preventing full allocation?

Please answer question 5 in no more than 1 page.

5. Propose 3–5 Work plan goals.

Work plan goals may include goals from your RFP; continuing work from previous work plan; other goals to support and develop your program or role in the Initiative.

Please use no more than one page for question 6.

6. Do you have anything else you would like us to consider in this 2019–20 RFP?

Budget Detail Form

The [Budget Detail form is in excel format](#) and attached to the RFP announcement email. You will need to upload it as an attachment on the RFP portal. A screenshot of the form is included here for reference. Instructions follow.

	A	B	C	D	E	F
1			2019-20 Projected Program and Admin Budget Detail			
2	FO Name:					
3						
4	Please see the Budget Detail Form Instructions included in the 2019-2020 IDA Application Instructions.					
5	IMPORTANT: Include only amount allocated for the 2019-2020					
6						
7					IDA Program	
8					2019-2020	
9						
10	Revenue					
11		2019 IDA Program Funds (only funds to be used in Program Year 2019-2020)			-	
12		Carryover of Previous Year(s) Program Funds			-	
13		2019 IDA Admin Funds (only funds to be used in Program Year 2019-2020)			-	
14		Carryover of Previous Year(s) Admin Funds			-	
15		Interest earnings received from NP			-	
16		Interest earnings on IDA cash your organization holds			-	
17		Other-specify			-	
18		Other-specify			-	
19		Other-specify			-	
20		Other-specify			-	
21						
22		Total Revenue			-	
23						
24						
25	Expenses					
26		Salaries, Benefits, Fringe				
27		Title/Position		% FTE	-	
28		Title/Position		% FTE	-	
29		Title/Position		% FTE	-	
30		Title/Position		% FTE	-	
31		Title/Position		% FTE	-	
32						
33		Other-specify			-	
34		Other-specify			-	
35		Other-specify			-	
36		Other-specify			-	
37		Other-specify			-	
38						
39		Total expenses			-	
40						
41		Gain (Loss)			-	

Budget Detail Form Instructions

Purpose: To detail the expense of running your organization's IDA Program, how the Program and Admin portions of the IDA grants support your program, and how your organization funds any shortfall.

Instructions:

General

- The form (2019 IDA RFP Budget Detail.xlsx) was included with the announcement email.
- This form should be filled out by the fiscal or program staff most familiar with your program's budget.
- Please save the form to include your organization's name in the document name. For example, CollegeDreams_2019IDABudgetDetail.
- The completed form will be submitted as an attachment with the other application materials through the 2019–20 IDA RFP Submission Portal
- The application portal is secure, and all information submitted will be kept confidential.

FO Name: Please add your name to the form

Revenue

Include only amounts that will be applied to the 2019-20 program year. Your revenue section should include all revenue sources that are used to support your IDA program, including interest earned on IDA cash, organizational funds and outside grants.

2019 IDA Program Funds

Include only IDA Program grant amounts that you anticipate using in the 2019-20 Program year.

Carryover of Previous IDA Grant Year(s) Program Funds

Include any IDA Program grant amounts from previous years that you anticipate using in the 2019-20 Program year.

2019 IDA Admin Funds

Include only IDA Admin grant amounts that you anticipate using in the 2019-20 Program year.

Carryover of Previous Year(s) Admin Funds

Include any IDA Admin grant amounts from previous years that you anticipate using in the 2019-20 Program year.

2018 estimated interest earned on IDA cash held by NP

You will receive an email by January 9th, 2019 with an estimate of interest that NP will be transferring to your organization just prior to the first quarter of the 2019-20 program year. Include that amount here. This is interest earned in 2018 on cash held for your organization.

2018 estimated interest earned on IDA cash held by your organization

Please provide an estimate, or final figure if available, for interest your organization earned or expects to earn on IDA cash it holds for future disbursement.

Other—specify

Please include in a brief description of each additional revenue source. Add additional lines as necessary.

Total Revenue

This field will autofill from your entries.

Expenses

Salaries, Benefits, Fringe

- Please include all staff positions who receive a measurable portion of their salary and benefits from the IDA Program.
- **Position:** Type in the position and/or title.
- **% IDA FTE:** Type in the percentage of the position designated to the IDA Program.
- The dollar amount should reflect that designated percentage of their total salaries, benefits, and fringe.

Other—specify

Please provide a brief description of each additional expense line associated with your IDA program. Add additional lines as necessary.

Total expenses

This field will autofill from your entries.

Gain (Loss)

This field will autofill from your entries.