



**Request for Applications (RFA)  
Housing Stability Services (HSS) for the Illinois Rental Payment Program 2.0  
(IRPP)**

Responses Due No Later than October 18, 2021 3:00pm CST Submit completed application electronically to [ILRPP.RFA@ihda.org](mailto:ILRPP.RFA@ihda.org) Please contact [ILRPP.RFA@ihda.org](mailto:ILRPP.RFA@ihda.org) with any questions about this RFA



## **Request for Applications (RFA) Housing Stability Services (HSS) for the Illinois Rental Payment Program 2.0**

### **ILLINOIS RENTAL PAYMENT PROGRAM**

The Illinois Housing Development Authority (IHDA) developed the Illinois Rental Payment Program 2.0 (ILRPP 2.0) to provide rental assistance to eligible Illinois households unable to pay their rent due to the COVID-19 pandemic. An “eligible household” for the ILRPP 2.0 is defined in the Act (as defined below) as a renter household in which at least one or more individuals meets the following criteria: 1. is unemployed or has been unemployed for over 90 days, has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship during or due directly or indirectly to COVID-19; 2. demonstrates a risk of experiencing homelessness or housing instability; and 3. has a household income consistent with the definition of low-income family as defined in Section 3(b) of the United States Housing Act of 1937. Eligible households that include an individual who has been unemployed for the 90 days prior to an application for assistance and households with income at or below 50 percent of the area median are to be prioritized for assistance.

### **FUNDING SOURCE FOR THE ILRPP 2.0 GRANTS AND HSS GRANTS**

Section 3201 of the American Rescue Plan Act of 2021 (March 11, 2021), the (“Act”), authorizes the U.S. Department of the Treasury (“Treasury”) to make payments to certain recipients, including the State of Illinois (the “State”), to be used to provide emergency rental assistance.. Pursuant to the Federal Funding Agreement, the IL ERA 2 Award is to be used for:

- (1) Financial assistance to eligible households (at least 90%); and
- (2) Housing stability services and administrative fees (not more than 10%).

### **ILRPP 2.0 BASICS**

IHDA anticipates that the ILRPP 2.0 rental assistance will be in the form of a one-time grant up to \$25,000 with an initial maximum coverage period of 18 months, (15 months in arrears and 3 months of prospective rent), these months should be combined with ILRPP 1 and ILRPP 2. During the ILRPP 2.0, both landlords and tenants can initiate an application for ILRPP 2.0 funds.

### **ILRPP 2.0 DURATION**

IHDA intends to launch the ILRPP 2.0 in November 2021. For purposes of responding to this RFA, applicants should assume that funding under the ILRPP 2.0 may occur in a single round, multiple rounds or via a rolling application process and that awards may be on a first-come, first serve basis, or based on a randomized selection process. This round of the ILRPP 2.0 will run through December 31, 2023 with a possibility of a renewal, contingent of availability of funds. The ILRPP 2.0 may continue through September 30, 2025, as funds are available and as authorized by the Act, or other applicable law. IHDA reserves the right to issue a supplement to this RFA, at any time, in the event additional funding becomes available, the federal expenditure timeline is extended, program guidelines are subject to change and/or IHDA determines that additional services may be needed from one or more HSS Sub-Grantees.

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### HOUSING STABILITY SERVICES

IHDA is issuing this RFA to obtain responses from qualified housing counseling agencies, community-based organizations, non-profit organizations and legal aid groups to assist IHDA with the operation of ILRPP 2.0 by providing housing stability services as contemplated under the Act. Subject to the approval of IHDA's Board, agencies selected for award pursuant to this RFA process ("HSS Sub-Grantees") will assist IHDA, throughout the entire grant period, in operating the ILRPP 2.0 specifically by engaging in the following housing stability services ("HSS"):

1. HSS OUTREACH:
  - a. Disseminating information about the ILRPP 2.0 throughout the applicant's coverage area;
  - b. Performing outreach services within the coverage area to inform as many people as possible about the ILRPP 2.0 in languages needed in the community; and
  - c. Identifying other available housing resources for Clients.
  
2. HSS INTAKE:
  - a. Assisting Illinois residents, including landlords and tenants ("Clients") with the initial ILRPP 2.0 application process virtually, over the phone, or in-person;
  - b. Providing assistance to Clients after submittal of an ILRPP 2.0 application including case management and referral services;
  - c. Following-up with Clients after the submittal of an ILRPP 2.0 application including case management and referral services;
  - d. Provide intentional outreach and intake assistance to landlords of 2-4 unit buildings who may face technology and language barriers; and  
Assisting tenants who have applied for funds from ILRPP 2.0, but whose landlords have been unresponsive

**NOTE: Tenants facing unresponsive landlord issues during the ILRPP 2.0 application period will be required to seek the assistance of an ILRPP 2.0 HSS Sub-Grantee to, among other things, work through the notice and communication requirements as set forth in the Act and any relevant Treasury guidance, associated with being approved for direct funding under the ILRPP. More details are available in the [Treasury FAQ](#).**

**NOTE:** IHDA reserves the right to issue a supplement to this RFA, at any time, in the event IHDA determines that additional HSS are needed for the successful operation of the ILRPP 2.0.

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### ILRPP 2.0 HSS GRANT ELIGIBILITY

Housing counseling agencies, community-based organizations, and non-profit organizations including legal aid groups are eligible to apply if they have experience with information and outreach, and client intake and management procedures.

### MAXIMUM ILRPP 2.0 HSS GRANT AWARDS

The maximum grant amounts for the various HSS activities are set forth below. Grant documentation will contain details about the funding/reimbursement process.

1. HSS OUTREACH GRANT FUNDS: the maximum grant award to provide ILRPP 2.0 information and outreach services is \$25,000.
2. HSS INTAKE GRANT FUNDS: the maximum grant award to perform intake services is \$100,000.
3. GRANT FUNDS FOR HSS EQUIPMENT: the maximum grant award for bolstering an applicant's mobile and technology network in order to perform the services, i.e. the purchase of computer workstations, laptops, tablets, headsets is \$15,000.

Maximum Request Amount- \$140,000

Note that funding may be reallocated to other ILRPP 2.0 HSS Sub-grantees based on performance and in accordance with the grant agreement. In addition, IHDA reserves the right to issue a supplement to this RFA, at any time, to increase the maximum grant amounts, in the event additional funding becomes available, the federal expenditure timeline is extended, and/or IHDA determines that additional services may be needed from one or more HSS Sub-Grantees.

### ILRPP 2.0 HSS GRANT APPLICATION

When submitting your response to this RFA, please include answers in the space provided below. Please note, other than the required financial audit and related materials discussed below, and the budget described below, additional attachments, will not be considered a part of the application and will not be reviewed by IHDA. There will be no exceptions to this provision. Only applications in PDF format, not the scanned PDF format, will be accepted. Please ensure that all questions are answered fully before the you submit your response to this RFP. Applications that do not include the requested audit and budget materials will not be eligible for funding.

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Please indicate below the amount of grant funds that you are applying for in connection with assisting IHDA in the operation of the ILRPP 2.0.

Requested HSS Outreach Grant Amount:

Requested HSS Intake Grant Amount:

Requested HSS Equipment Grant Amount:

**Total Grant Amount Requested:**

### APPLICANT’S FINANCIAL AUDIT REPORT

Applicants must provide a copy of their most recent independent financial audit. If a management letter was issued in connection with the most recent independent financial audit, a copy of the management letter and any required management response/corrective action plan must also be submitted with your response to the RFP. The Management Response and/or Corrective Action Plan MUST be signed by Executive Director, Chief Executive Officer, or chief executive of the applicant. IHDA reserves the right to use lack of corrective action or lack of response to findings to in assessing an applicant’s eligibility for funding.

Please note that the Treasury funding supporting the ILRPP 2.0 HSS grant has a CFDA# 21.027.

**Any entity who did not have an independent financial audit conducted and is therefore unable to provide one with their response should provide a letter signed by the Executive Director, Chief Executive Officer, or chief executive of the applicant that explains why an independent financial audit has not historically been obtained and what type of audit process, or other oversight method, has been put in place in lieu of an independent financial audit. To the extent permitted by applicable law, the Authority reserves the right to deem such an entity generally eligible for funding in the Authority’s sole discretion. If prohibited by applicable law, the entity will be deemed ineligible for funding.**

### REPORTING

ILRPP 2.0 HSS Sub-grantees will be required to provide detailed reports to IHDA, which may include: a) agencies directly assisting with intake must use their unique agency code to properly capture applicants coming through their organization, b) agencies must report all of the outreach efforts and locations conducted by the agency, including contact information and any other relevant information. In addition, back up documentation to support the funds reimbursed and the addresses of all rental units assisted will be needed in periodic reports.

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**ILRPP 2.0 HSS APPLICATION**

**Agency Name**

**Main Office Street Address, Line 1**

**Street Address, Line 2**

**City**

**State**

**Zip Code**

**Website**

**Primary Contact Name**

**Title**

**Telephone Number**

**E-mail Address**

**Secondary Contact Name**

**Title**

**Telephone Number**

**E-mail Address**

**How many staff do you anticipate dedicating to provide HSS for the ILRPP 2.0?**

[Application Contact Link](#) – click on the link to fill out your organization’s information.

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- 1. Geographies to be covered by this grant – list the county/counties you intend to service if awarded grant funds. Also, please provide each zip code that you intend to service. Please also specifically name any particular target areas, neighborhoods or community areas you anticipate serving, if applicable.**

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**2. Describe the demographic makeup of the clients that the Applicant serves.**

**3. Describe all the services that the Applicant currently offers.**



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4. How many clients did the Applicant serve across all programs for calendar year 2020? \_\_\_\_\_

5. Describe the Applicant's previous experience with COVID-19 related rental assistance programs, including an estimate of how many clients were assisted, broken down by ILRPP, ERA/EMA program type (or other Coronavirus Relief Fund programs). This includes those clients reported in the ILRPP, ERA/EMA application portal (code entry) and those that were not officially reported but were assisted through your agency.

6. If awarded grant funds, please indicate how many clients you anticipate being able to reach in conducting ILRPP 2.0 HSS Outreach? \_

7. If awarded grant funds, please indicate how many clients to anticipate being able to serve in conducting ILRPP 2.0 HSS Intake? \_

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**8. Describe how the Applicant will assist clients with the ILRPP 2.0 application portal, remotely or otherwise, if the Client does not have internet access and/or is limited with technical skills.**

**9. Describe and clearly identify the Applicant's previous experience with ILRPP 1 and how this will help with ILRPP 2.0. If the Applicant did not participate with ILRPP, please indicate N/A**

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**10. Please mark an "x" for all the HSS functions that the Applicant is able to perform as of the date of this application.**

- a.  Has capacity to conduct virtual/remote client intake
- b.  Has capacity to conduct telephone client intake
- c.  Has capacity to conduct in-person client intake (in a COVID-19 compliant manner)
- d.  Has a client management system in use
- e.  Has capacity to track and report on client level and aggregate data
- f.  Has capacity to print and copy documents
- g.  Has capacity to scan and e-mail documents
- h.  Has capacity to mail or overnight documents
- i.  Has capacity to serve clients, **verbally**, in the following languages (check all applicable)

English <input type="checkbox"/>	Spanish <input type="checkbox"/>	Polish <input type="checkbox"/>	Mandarin <input type="checkbox"/>	Cantonese <input type="checkbox"/>
Tagalog <input type="checkbox"/>	Arabic <input type="checkbox"/>	Urdu <input type="checkbox"/>	Korean <input type="checkbox"/>	Gujarati <input type="checkbox"/>
Hindi <input type="checkbox"/>	Russian <input type="checkbox"/>	German <input type="checkbox"/>	French <input type="checkbox"/>	Other _____

- j.  Has capacity to serve clients, **in writing**, in the following languages (check all applicable)

English <input type="checkbox"/>	Spanish <input type="checkbox"/>	Polish <input type="checkbox"/>	Mandarin <input type="checkbox"/>	Cantonese <input type="checkbox"/>
Tagalog <input type="checkbox"/>	Arabic <input type="checkbox"/>	Urdu <input type="checkbox"/>	Korean <input type="checkbox"/>	Gujarati <input type="checkbox"/>
Hindi <input type="checkbox"/>	Russian <input type="checkbox"/>	German <input type="checkbox"/>	French <input type="checkbox"/>	Other _____

10b. Other than providing services in language in addition to English, if you are unable to provide one or more of the above-listed functions, please indicate why in the space below:

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11. Describe your current marketing and outreach services for your existing programs. Provide a detailed description of how you plan to conduct HSS outreach for the ILRPP 2.0?

12. Describe your current intake process for your existing programs. Provide a detailed description of how you plan to conduct HSS intake for the ILRPP 2.0. Describe your ability to provide outreach and intake assistance to landlords of 2-4unit buildings who may face technology and language barriers.

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13. **Prepare and attach** a detailed budget for the total grant amount requested, broken down by HSS activity. If grant funds will be needed to purchase equipment in order to execute deliverables under the grant agreement, please include detailed budget for i.e. computers, laptops, tablets, and headsets. IHDA understands that the budgets submitted will be good faith estimates, but responses to this RFP should be as detailed as possible.
14. In the space provided below, please describe your ILRPP 2.0 HSS action plan and anything else you would like IHDA toknow about your capacity in connection with your response to this RFP. In describing your ILRPP 2.0 HSS action plan, include detail for all the below items:
- ✓ Readiness timeline
  - ✓ Strategy for managing ILRPP 2.0 volume on top of existing work (including call volume, virtual meeting volume, and,if applicable, in-person meetings)
  - ✓ Strategy for managing intake of all potential clients
  - ✓ Strategy for assisting priority populations (specific to those unemployed and 50% AMI and under)
  - ✓ Strategy for assisting tenants with unresponsive landlords
  - ✓ Strategy for post application assistance
  - ✓ Strategy for referring Clients to other available housing resources

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### STANDARD REQUIREMENTS AND CERTIFICATIONS

Every entity selected for a ILRPP 2.0 HSS grant will be required to comply with these certifications and requirements as well as any additional certifications or requirements covered in the Act, and any documents required by IHDA:

1. Applicant certifies that all statements herein are true, accurate, and complete;
2. Applicant is an eligible recipient of the Program based on requirements per the application;
3. Applicant is authorized to do business and in good standing in the State of Illinois;
4. Agency offices and services provided will be accessible to people with disabilities;
5. Applicant will not permit any discrimination based on gender, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability in connection with its participation in the Program;
6. Applicant will ensure expenditures of funding are for eligible uses under the Program;
7. Applicant will maintain records in connection with administration of the Program for five years after the date of termination of the Funding Agreement;
8. Applicant will comply with the terms and conditions of the Program and additional local, state, and federal laws, rules and regulations; including without limitation, compliance with the Illinois Grant Accountability and Transparency Act;
9. Applicant will comply with monitoring and evaluation of the Program in accordance with the Funding Agreement; and
10. Neither the applicant, nor its affiliates or related entities are delinquent in the payment of any debt to the State of Illinois (or if delinquent, has entered into a deferred payment plan to pay any debt).

On behalf of \_\_\_\_\_, I certify that the information contained herein accurately reflects my organization’s commitment and ability to participate fully in the Program.

**Name**

**Title**

**Date**

**Signature of Authorized Official**