



## REQUEST FOR APPLICATIONS – STATE FUNDS

The State of Nebraska, Department of Health and Human Services, Division of Public Health (“DHHS”) Nebraska Homeless Assistance Program (“NHAP”), is issuing this Request for Applications (“RFA”) for the purposes of entering into grant agreement(s) (“grant” or “grants”) and awarding state funds to an eligible and qualified entity to provide Social Security Income (“SSI”) and Social Security Disability Income (“SSDI”) Outreach, Access, and Recovery (“SOAR”) services. A more detailed description may be found in **Project Description, Section 2**.

<b>RFA #</b>	<b>RELEASE DATE</b>
<b>R3320</b>	<b>JANUARY 7, 2025</b>
<b>APPLICATION DUE DATE</b>	<b>POINT OF CONTACT</b>
<b>FEBRUARY 5, 2025</b>	<b>OFFICE OF PROCUREMENT AND GRANTS</b>

<b>INITIAL PERIOD OF PERFORMANCE</b>	<b>TOTAL FUNDING AVAILABLE</b>
<b>JULY 1, 2025 - JUNE 30, 2026</b>	<b>\$280,000.00</b>

Grantees receiving grants may only be paid up to the actual and allowable costs (as defined herein) of completing the **Project Description, Section 2**. No Grants resulting from this RFA will be fee-for-service contracts, regardless of the method of payment, and no Grantee may keep a profit from its grant. More detail about the terms of this funding is outlined in **Terms, Section 5**, below.

Eligible entities must be a “non-federal entity,” as defined in 2 CFR § 200.1, a State, local government, Indian Tribe, Institution of Higher Education (IHE), or nonprofit organization.

A copy of this RFA may be found online at DHHS’ website at <http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx>. Until final Grants are signed, all other information pertinent to this RFA, including but not limited to any amendments or addenda, will be posted on the DHHS website.

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# 1. RFA OVERVIEW

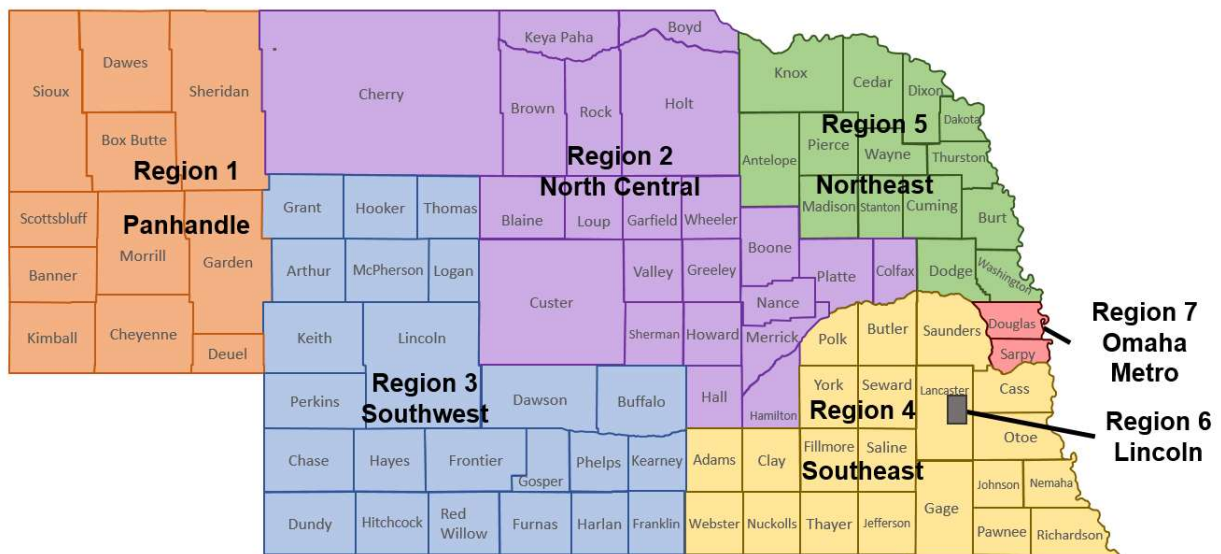
## 1.1. Funding Information

Funding Agency	Statutory Authorization
State of Nebraska General Funds	Homeless Shelter Trust Fund Act NE § 68-1601 to 68-1608

The total anticipated available funds for Grant(s) under this RFA is \$280,000.00 [Two Hundred Eighty Thousand Dollars]. A total award of this amount of funds is not guaranteed, and is subject to the Applications received, to actual money appropriated to DHHS, and to DHHS’ discretion. DHHS may establish a cap on the total amount of funds that any one Applicant or Applicants acting jointly, may request. Any cap shall be outlined in the **Applications Instructions, Section 4**, below.

The Grant funds under this RFA are intended to serve all seven regions that provide homeless assistance services across the ninety-three (93) counties in Nebraska.

### Regional Coalitions to End Homelessness



## 1.2. Budget Period

The Budget Period is the time during which a successful Applicant may incur costs and expend awarded funds to carry out the work authorized under this RFA and the resulting Grant. For purposes of this RFA and resulting Grant, DHHS will apply the definition of “budget period” in 2 CFR § 200.1. Initial Budget Period for this RFA is from July 1, 2025, to June 30, 2026. This period may be extended by DHHS.

For the initial Budget Period, all costs must be incurred (i.e., spent) by June 30, 2026, and invoiced to DHHS by July 31, 2026. These dates are dependent on DHHS’ own ability to timely process payments. They may be subject to change; final dates will be included in the final Grant between the parties. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Obligation and liquidation deadlines may be extended, but no extensions are guaranteed. Future Budget Periods, as allowed by DHHS, may have different obligations and liquidation deadlines.

## 1.3. Eligible Entities

NHAP adopted a three-year funding cycle in 2025. The first year involves a competitive application process that is open to any eligible applicant. The second and third years will be an optional renewal process open

only to existing NHAP recipients in good standing. The grant year 2025-2026 is open to any eligible applicant.

Any Applicant for this RFA must satisfy all of the following:

- Be a “non-federal entity,” as defined in 2 CFR § 200.1, a State, local government, Indian Tribe, Institution of Higher Education (IHE), or nonprofit organization.
- Be exempt from taxation under section 501(c)(3) of the Internal Revenue Code as defined in Neb. Rev. Stat. 49-801.01;
- Not discriminate on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity) as indicated by the [Substance Abuse and Mental Health Services Administration \(SAMSHA\) Nondiscrimination Notice](#); and,
- Operate a drug-free premises.

Any application submitted by an ineligible Applicant shall be rejected without scoring. Additional requirements for determining the eligibility of entities may also be included in the Project Description.

#### 1.4. Applicable Law

For purposes of this RFA and the resulting Grant(s), DHHS will apply the Uniform Grant Guidance, in addition to all applicable state laws.

Additional state statutes and regulations may apply to the funding contained herein. These may be included in **Additional Program Requirements, Section 5.6**, below, as well as in the Grant itself.

Further information about allowable costs and activities may be set forth herein.

#### 1.5. Award of Funding

DHHS will evaluate Applications in the manner set forth herein. An Intent to Award will be posted on the DHHS Website with selected Applicants. Funds will be awarded through a written agreement, termed a Grant, which will incorporate this RFA by reference. No promise for funds is binding on DHHS, and no funds will be paid to any Applicant until a Grant has been executed by both the Applicant and DHHS.

#### 1.6. Attachments

The following documents are incorporated as attachments to this RFA proposal.

- Attachment 1: ShareFile End User Guide
- Attachment 2: Additional Submission Requirements

## 2. PROJECT DESCRIPTION

### 2.1. Background and Purpose

DHHS, Division of Public Health, Nebraska Homeless Assistance Program (NHAP) is issuing this RFA for the purposes of assisting adults (18 years of age and older) at risk of or experiencing homelessness with applying for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) by utilizing the SOAR (SSI/SSDI Outreach, Access, and Recovery) model developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

#### Background

The goal of NHAP is to provide an overall "Continuum of Care" approach to address the needs of people who are homeless and near homeless in Nebraska by:

- Assisting in the alleviation of homelessness.
- Providing temporary and/or permanent housing for persons who are homeless; and,

- Encouraging the development of projects that link housing assistance with efforts to promote self-sufficiency.

A lack of income and extreme poverty force individuals into homelessness. Some individuals experiencing or at risk of homelessness also suffer from disabling mental illnesses, co-occurring substance use, trauma, or other medical issues. Accessing the income and health care benefits that SSI/SSDI provide can be a critical first step on the road to recovery. Some circumstances that can impede access to these benefits are:

- The Social Security Administration (SSA) communicates mainly by mail, which is a challenge when one does not have a permanent, reliable address.
- People who are experiencing homelessness often have sporadic medical care making it difficult to access medical records to document a disability.
- Symptoms can interfere with cognitive functioning making it difficult to navigate a complex system.

The SOAR case management and technical assistance model increases access to SSI/SSDI benefits for eligible adults who are homeless or at risk of homelessness and who suffer from disabling mental illness, co-occurring substance use, trauma, and/or other medical issues that prevent or impede the ability to work. NHAP sets aside \$280,000.00 of its available Homeless Shelter Assistance Trust Fund (HSATF) to dedicate to SOAR case management services and technical assistance resources.

### **Purpose**

The purpose of this Grant is to help promote self-sufficiency and prevent the likelihood of chronic homelessness for adults experiencing or at risk of homelessness who are also suffering from disabling mental illness, co-occurring substance use, trauma, and/or other medical issues. SOAR assists eligible individuals in applying for SSI/SSDI benefits.

### **2.2. Scope of Work**

The Applicant awarded this funding will be the SOAR lead for the state of Nebraska. The awarded Applicant will ensure all ninety-three (93) Nebraska counties are provided SOAR assistance services, assist with and/or ensure SSI/SSDI applications are submitted using the SOAR methodology, be responsible for educating key stakeholders regarding the SOAR model, and for the following criteria:

- Complete the free SOAR Online Adult Curriculum Training provided through the SOAR Technical Assistance Center's SOAR Works.
- Conduct outreach activities that will solicit clients, referrals, and community collaborations.
- Establish and maintain relationships with stakeholders (i.e., medical clinics, hospitals, community corrections, libraries, and local Department of Labor offices).
- Accept referrals from the Continuum of Care and the community.
- Communicate with referring agencies regarding the quality of the referral.
- Communicate with referred clients to discuss whether they qualify for SSI/SSDI and the strength of their medical evidence.
- Coordinate with local health providers to obtain medical records and evidence.
- Meet with clients to complete the application.
- Interview former employers, family members, and caseworkers to collect evidence supporting the individual's inability to maintain work at a Substantial Gainful Activity ("SGA").
- Meet national standards, as established by Policy Research Associates, Inc. ("PRA"), including the completion of a Medical Summary Report and a Quality Review Checklist.
- Complete all paperwork required for the SSI/SSDI application.
- Update SOAR clients on the status of their applications in a timely manner.
- Submit an appeal for all SSI/SSDI applications that are denied by the Social Security Administration.
- Connect clients with housing and/or housing resources.
- Track all client referrals and application outcomes as indicated in the Performance Requirements and Reporting Requirements.
- Track completed applications and outcomes in the Online Application Tracking (OAT) system.



- Register free of charge for the SAMHSA SOAR e-Newsletter and Listserv.

### 2.3. Performance Requirements

Performance requirements are based on the 2023 National SOAR Outcomes national averages and guidance from the SAMHSA SOAR Technical Assistance Center:

- A newly trained, full-time dedicated SOAR case worker can complete approximately 25 SOAR-assisted applications during the first year of employment. This considers the time to complete the SOAR online course and become familiar with the SSI/SSDI application process.
- A full-time, experienced, dedicated SOAR case worker can be expected to complete approximately 35 SOAR-assisted applications per year.

Performance measurement requirements are listed in the table below.

- Grantee must meet or exceed the performance measurements provided in Table 1.
- Grantee must submit required performance measurements in the format established by NHAP by the last business day of each quarter or as requested by NHAP.
- At any time during the term of the grant, DHHS may require the Grantee to provide written justification of the performance standards, provided in Table 1 below, if not being met.
- Future project funding is subject to the Grantee meeting the performance standard or providing adequate justification, subject to DHHS approval.

**Table 1:**

Initial Applications	
# of SSI/SSDI Initial Applications Filed	Minimum of 175 (25 for each region; see map in Section 1.1.)
% of SSI/SSDI Initial Applications Approved	Minimum of 68%
Average # of Days to Initial Decision	167, or the national average as of July 1, 2024. Whichever is more will be the required metric for the program term.

### 2.4 Reporting Requirements

Track and report quarterly outreach activities, referrals, and outcomes on the DHHS-provided template. Report due dates will be provided by DHHS before the start of the grant term.

Record all completed applications, appeals, and outcomes in the Online Action Tracking (OAT) system within two (2) of the Grantee’s business days. Dates for entry into the OAT system and the quarterly tracking form must be consistent. A link to the OAT system will be provided to new Grantees before the start of the grant term.

Respond to the SOAR Technical Assistant (TA) Center’s request for the end-of-year Annual Qualitative Outcomes Questionnaire by the due date established by the SOAR TA Center.

Respond to any additional reporting requirements from NHAP or the SOAR TA Center.

### 3. RFA PROCEDURE

This RFA seeks Applications to complete activities allowable under the funding source identified in Section 1.2 above. All Applications must conform to all instructions, conditions, and requirements included in this RFA. Applicants should carefully examine this RFA, as well as the requirements on the state funds involved. Applications that DHHS determines do not conform to the requirements of this RFA, or Applications from ineligible entities may be considered non-responsive and rejected without scoring.

#### 3.1. RFA Point of Contact (“POC”)

Nebraska Department of Health and Human Services  
 Office of Procurement and Grants  
 PO Box 94926  
 Lincoln, NE 68508  
 DHHS.Grants@nebraska.gov

From the date the RFA is issued until the Intent to Award is issued, communication from the Applicant or prospective Applicant is limited to the POC listed above (see exceptions below). After the Intent to Award is issued, the Applicant may communicate with individuals DHHS has designated as responsible for negotiating the Grant on behalf of DHHS. No member of the state government, employee of the state, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The POC will issue any clarifications or opinions regarding this RFA in writing. Only the POC has the authority to modify the RFA, answer questions, or render opinions on behalf of DHHS. Applicants shall not have any communication with or attempt to communicate or influence any Evaluator.

The following exceptions to these restrictions are permitted:

1. Contact made pursuant to pre-existing contracts, grants, or obligations.
2. Contact required by the schedule of events, or an event scheduled later by the RFA POC; and,
3. Contact required for negotiation and execution of the final grant.

DHHS reserves the right to reject an Applicant’s application, withdraw an Intent to Award, or terminate a Grant if DHHS determines there has been a violation of these procedures.

#### 3.2. Schedule of Events

ACTIVITY		DATE/TIME
1.	Release RFA	January 7, 2025
2.	Pre-Applicant Information Session	January 14, 2025
3.	Last day to submit written questions	January 21, 2025
4.	State responds to written questions through RFA “Addendum” and/or “Amendment” to be posted to the Internet at: <a href="http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx">http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx</a>	January 31, 2025
5.	Application Review Period Begins (Application due date)	February 5, 2025
6.	Evaluation Period	February 10 – March 10, 2025
7.	Post “Intent to Award” to the Internet at: <a href="http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx">http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx</a>	April 15, 2025
8.	Budget Period Start**	July 1, 2025

*\*\*The Budget Period start may occur before a Grant is finalized, agreed to, and executed by the parties. Because this is just the period during which costs may be incurred, it does not reflect that any agreement*



between DHHS and any successful Applicant has gone into effect or is binding in any way. No binding agreement has been made between DHHS and any Applicant until a Grant is fully executed by both parties.

### 3.3. Pre-Applicant Information Session

DHHS will host a Pre-Applicant information session at the date and time listed above. Entities that are interested in applying for this RFA may participate via WebEx by having a representative attend.

At the Pre-Applicant Information Session, the POC or a designated DHHS representative will provide general information about the funding and provide guidance on how to apply for this funding opportunity. Questions will not be answered at this session and should instead be submitted as outlined in section **3.4 Written Questions and Answers**.

At the date and time listed above in the Schedule of Events entities can join the WebEx meeting by clicking the following link:

<https://sonvideo.webex.com/sonvideo/j.php?MTID=mad97a70e418f5929fb301f856efed8f1>

Join by meeting number:

Meeting number (access code) : 2492 127 7848

Meeting password: UZnRf5SCx33 (**89673572 when dialing from a phone or video system**)

Join by video system

Dial 24921277848@sonvideo.webex.com

You can also dial 173.243.2.68 and enter your webinar number.

Join by phone

+1-408-418-9388 United States Toll

Access code: 2492 127 7848

### 3.4. Written Questions and Answers

Questions regarding the information needed for an application, as well as the meaning or interpretation of any RFA provision, must be submitted in writing to the POC via email and clearly marked "RFA Number R3320; Questions." The POC is not obligated to respond to questions that are received late, as outlined in the Schedule of Events.

Applicants should present, as questions, any assumptions upon which the Application is or might be developed. Applications will be evaluated without consideration of any known or unknown assumptions of an Applicant. The Grant will not incorporate any known or unknown assumptions of an Applicant.

Questions must be sent via e-mail to [DHHS.grants@nebraska.gov](mailto:DHHS.grants@nebraska.gov). DHHS recommends that Applicants submit questions using the following format:

RFA Section Reference	RFA Page Number	Question

Written answers will be posted on the DHHS Website per the Schedule of Events. Written answers will become part of this RFA.

### 3.5. Submission of Applications

DHHS is accepting either electronically submitted responses or hard copy, paper responses for this funding opportunity. Applicants must submit a complete Application, including all the parts required herein, in one of two ways:

1. *Electronic Response:*

Applicants submitting electronically can upload the response via ShareFile here:

<https://nebraska.sharefile.com/share/getinfo/r2f9364a340774d17a9775d12a17e9a2b>

Applicants should reference **Attachment 1 End User Guidance: Shared File Link** for more information regarding ShareFile.

The submission shall include the Application as a single Portable Document Format (PDF) or multiple PDFs. Failure to provide the Application in the correct format may result in DHHS being unable to read or open the Application and thus rejecting it without Evaluation.

The applicant should clearly identify the uploaded response files. To assist in identification, please use the following naming convention:

**RFA R3320 ABC Company**

If multiple files are submitted for one funding opportunity, add the number of files to file names as shown in the example below:

**RFA R3320 ABC Company File 1 of 2**

If multiple responses are received, DHHS will retain only the most recently submitted response. It is the applicant's responsibility to submit the response by the date and time indicated in the Schedule of Events. Electronic responses must be received by DHHS by the date and time of the due date per the Schedule of Events. No late responses will be accepted.

2. *Email Response:*

Applicants may submit their response electronically to the State of Nebraska Office of Procurement and Grants at [dhhs.grants@nebraska.gov](mailto:dhhs.grants@nebraska.gov)

The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt. Application submission emails that are successfully received by the [dhhs.grants@nebraska.gov](mailto:dhhs.grants@nebraska.gov) inbox will receive an automatic reply stating as such.

E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail application submissions that have requested files attached will be accepted.

Encrypted e-mails received which require opening attachments and logging into a propriety system will not be accepted as submissions. It is the Applicant's responsibility to check with its organization's information technology team to ensure that security settings will not encrypt its application submission.

File size limits are 25MB per email. Applicants may submit files across multiple emails, as necessary, due to file size concerns. All emails and files must be received by the due date as described in **Section 3.2, Schedule of Events**.

Applicants are to insert the following subject line of their e-mail submission:

**RFA R3320 ABC Company**

If multiple emails are submitted for one funding opportunity, add number of emails to email subject line:

### **RFA R3320 ABC Company File 1 of 2**

If multiple responses are received, DHHS will retain only the most recently submitted response. It is the applicant's responsibility to submit the response by the date and time indicated in the Schedule of Events. Electronic responses must be received by DHHS by the date and time of the due date per the Schedule of Events. No late responses will be accepted.

### **3. Physical Mailing Response:**

Option 1. Submission directly to the POC via United States Postal Service mail. The Application shall be sent to the POC's address listed above in Point of Contact, Section 3.1. The Application itself shall remain sealed and shall not be opened until the beginning of the Application Review Period.

Option 2. Hand-delivered responses, or responses delivered by FedEx or UPS should be delivered to:

ATTN: Office of Procurement and Grants  
DHHS – 3<sup>rd</sup> Floor Reception Desk  
301 Centennial Mall South  
Lincoln, NE 68509

The Application itself shall remain sealed and shall not be opened until the beginning of the Application Review Period.

Regardless of the submission method, Applicants must use the forms supplied by DHHS in this RFA unless specifically otherwise indicated herein. All applications must be received by the beginning of the Application Review Period, as stated in the **Schedule of Events, Section 3.2.**

### **3.6. Evaluation Committee**

Applications are evaluated by members of an Evaluation Committee(s). The Evaluation Committee(s) will consist of individuals selected at the discretion of DHHS. All members of the Evaluation Committee will disclose to DHHS any potential conflicts of interest before evaluation. Members with a conflict will be removed from the Evaluation Committee before scoring.

Any contact, attempted contact, or attempt to influence an evaluator who is involved with this RFA may result in the rejection of this Application and further administrative actions.

### **3.7. Evaluation of Applications**

All complete Applications that are responsive to the RFA will be evaluated. DHHS reserves the right to evaluate Applicants and award funds in a manner utilizing criteria selected at DHHS' discretion and in the best interest of meeting the objectives of the funding involved. The Evaluation will be conducted by the following method:

DHHS will initially evaluate all Applications to determine whether the Applicant is an eligible entity; whether the Application meets the minimum requirements of this RFA; and whether the Applicant poses a risk of noncompliance with statutes, regulations, and the terms and conditions of the Grant, such that DHHS should not award funding. DHHS will award to the top scoring Applicant, as DHHS determines and as funding allows. DHHS will conduct a fair, impartial, and comprehensive evaluation of all Applications in accordance with the predetermined criteria based on the Application. The Application does not have a character or word limitation for responses. The Applicant should provide responses that adequately address the questions and provide evaluators with the information necessary to help them assign the highest possible score. The Applicant's

responses to the Forms will be scored through a point method set forth below. DHHS will evaluate on the following categories with a maximum point potential for each:

1. **Applicant’s Organizational Overview.** Applicants will receive higher scores if they have a defined and clear organizational structure; organizational experience in grants; qualified and capable personnel with experience in federal grants or equivalent credentials or experience; or can otherwise demonstrate that they will be a reliable Grantee who will use all awarded funds in a manner consistent with law and the requirements of this RFA. **(25 points)**
2. **Applicant’s Work Plan.** Applicants will receive higher scores if their work plan responds to the Project Description and meets the goals or objectives of the funding and RFA, as well as evidencing the ability to meet expected outcomes, adhere to reporting deadlines or other deadlines, and complete any required evaluation activities. DHHS exercises sole discretion as to whether the Application adequately addresses the purposes and objectives of the funding. **(100 points)**
3. **Applicant’s Budget.** Applicants will receive higher scores if the budget is tailored to the work plan and utilizes allowable direct and indirect costs. The total request for funding itself will not determine the score; rather, Applicants will be scored based on whether the budget accurately reflects the allowable costs of completing the work outlined in the work plan. **(25 points)**
4. **Performance Outcomes. (25 points)**
  - a. **2023-24 SOAR Grantees:** Applicants will receive higher scores if their agency meets the performance requirements outlined in the 2023-24 Grant agreement. If the required performance metrics during the 2023-24 program year were not met, Applicants will receive higher scores if a clear and reasonable justification is provided.
  - b. **New SOAR Applicants:** Applicants who have not previously received SOAR funding or have not completed a full program year will receive higher scores if a strong description of experience and quality outcomes relevant to this project is provided.
5. **Quality of Application:** Applications will receive higher scores if the information presented is accurate, complete, well-presented, and free of spelling, grammatical, and mathematical mistakes. Additionally, all acronyms must be spelled out at their first mention, indicating their abbreviation in parenthesis. **(5 points)**

There are 180 total points available for Applications under this RFA.

DHHS may award to a single top Applicant at its sole discretion.

### 3.8. Form of Application Submission

Applications do not have a limit to the number of pages submitted, the font size or typeface, or margin format. We recommend using Arial 12 (twelve) point font with a 1 (one) inch margin; however, this is not a requirement. Applications shall be submitted as a single Portable Document Format (PDF) or multiple PDFs. Additional information for each form can be found in Table 3. Required forms are provided by DHHS as part of this RFA and are noted below:

Application Requirements		
Submission Requirement	Required Content	Required Form provided by DHHS
Form 1 – Application Form and Cover Sheet	Complete and signed per Section 4.2	Yes
Form 2 -Applicant Organizational Overview	See Section 4.3	Yes
Form 3 – Applicant Work Plan	See Section 4.4	Yes
Form 4 – Applicant Budget	See Section 4.5	Yes
Form 5 – Performance Outcomes	See Section 4.6	Yes
Form 6 – Submission Checklist	See Section 4.7	Yes

Additional Requirements	
Requirement Content	Important Details
Applicant Organization Chart	Applicant must provide a diagram displaying the structure of the Applicant's organization.
Certificate of Good Standing	Applicant must be registered to conduct business in the State of Nebraska (not applicable for governmental applicants).  Provide current certification from the Nebraska Secretary of State or print out of active state from: <a href="https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search">https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search</a>
Cost Allocation Plan	Required IF applicant is claiming a direct cost allocation plan in budget.
Indirect Rate Agreement	Required IF applicant is claiming an indirect rate in budget other than de minimis
Letter of Community Support	Letters from agencies that are part of the sustainability plan should be included describing what part they will play in supporting the project beyond project funds. Applicants may include relevant letters of support from key personnel, collaborators, significant contributors, and/or organizations that do not have an active role in the project but believe the project will have a positive outcome. Applicants should also provide letters of commitment documenting contributions to the project. Letters must explain the organization's role in the project including tasks and/or items to be provided. Letters <b>MUST</b> be on official letterhead.
Signed W9	Applicant must submit signed W9 from most recent tax year. W9 must include applicant's legal name, any "DBA" associated with the applicant, applicant EIN, and administrative address. Not applicable for governmental applicants.

### 3.9. Late Applications

Applications received after the time and date of the Application opening will be considered late Applications. Late Applications will be rejected. All Applications must be electronically or physically received by the date and time of the Application Opening. The State is not responsible for Applications that are late or lost regardless of cause or fault. It is the Applicant's responsibility to ensure Applications are received timely.

### 3.10. Corrections

An Applicant may correct a mistake in an application prior to the time of opening by giving written notice to the POC of intent to withdraw the Application for modification, or to withdraw the Application completely. Changes to an Application after the Evaluation Period has begun are acceptable only if the change is made to correct a minor error. DHHS shall determine whether an error is minor.

### 3.11. Grievance and Protest Procedures

All grievances must follow the DHHS Subaward and Grant Grievance/Protests Procedures, available on the DHHS website. Grievances must be filed timely.

### 3.12. Competition / Joint Efforts

Applicants may cooperate or submit Applications jointly, but all such Applications must clearly identify the Applicants involved, the roles each will have in administering the Grant, and that they are eligible for the Grant, as set forth herein. Applicants may create a legal entity or describe a plan for the creation of a legal entity as a cooperative or joint venture if the entity itself is eligible for the grant and all Applicants are also eligible. DHHS shall determine the proper method for any resulting Grant, should the joint Applicants be selected for funding.

### 3.13. DHHS Reservations of Authority During Application and Evaluation Process

After Evaluation of the Applications, or at any point in the RFA process, DHHS may take one or more of the following actions:

1. Amend the RFA.
2. Extend the time of or establish a new Application opening time (i.e., allowing additional time to submit Applications).
3. Waive deviations or errors in the RFA process and in Applications that are not material, do not compromise the RFA process or an application, and do not improve an Applicant's position.
4. Accept or reject a portion of or all of an application.
5. Accept or reject all Applications.
6. Withdraw the RFA; or,
7. Elect to reissue the RFA.

DHHS reserves the right to adjust the Applicant's budget with successful Applicants after the Intent to Award is issued. DHHS also reserves the right to adjust the Work Plan with Applicants to meet the requirements of the Grant, law, or to meet DHHS programmatic needs. DHHS also reserves the right to apply additional conditions based on the successful Application and the result of a pre-award risk assessment. If a scoring method is used to rank applications to determine funding amounts, all adjustments shall have no bearing on rank.

If DHHS rejects all Applications, it may either reissue an RFA with the same or different specifications and terms, or it may negotiate a single or multiple Grants with individual Applicants or non-Applicants.

## 4. APPLICATION INSTRUCTIONS

### 4.1. Application Contents

A complete, responsive Application must contain the following completed documents:

1. Form 1 – (Response to Section 4.2) Application Form and Cover Sheet.
2. Form 2 – (Response to Section 4.3) Applicant's Organizations Overview.
3. Form 3 – (Response to Section 4.4) Applicant's Work Plan.
4. Form 4 – (Response to Section 4.5) Applicant Budget.
5. Form 5 – (Response to section 4.6) Performance Outcomes
6. Form 6 – Submission Checklist

Applications that do not contain all the required sections will be rejected without scoring. An editable Microsoft Word-formatted document of the Forms will be posted on the DHHS Website, which Applicants may fill in and submit.

### 4.2. Form 1 – Cover Sheet

Form 1 – Cover Sheet must be signed and returned, along with the application materials, before the Application Due Date. Applicants are encouraged to register with SAM.gov and acquire a Unique Entity Identifier (UEI). This is not a requirement of the RFA and DHHS is unable to assist in the registration process. Questions regarding your UEI and SAM.gov registration can be directed to the Federal Service Desk at [www.fsd.gov](http://www.fsd.gov) or by telephone at 866-606-8220. Applicants who do not have a UEI may enter "NA" on Form 1.

The applicant's name listed on Form 1 must match the legal name as displayed on applicant W-9. Applicants are required to review eligibility prior to submitting their application and certify that they are both 1) eligible to receive funding under this RFA and 2) not presently debarred or suspended. Form 1 must also be signed by an authorized signatory for the organization.

### 4.3. Form 2 - Applicant's Organizational Overview

The Applicant's Organization Overview ([Form 2](#)) section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required



in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Grant.

1. **Organization Information.** Applicant's full legal name, including any other "doing business as" names, or any previous names the organization used.
2. **Summary of Federal and State Grants Experience.** A description of the Applicant's previous experience with receiving grant funds. This shall include, but not be limited to, experience receiving grant funds as a recipient or a Grantee. Applicant should describe and demonstrate knowledge of the Uniform Grant Guidance, as well as any specific experience with the program and funding source that funds this RFA.
3. **Summary of Programmatic Experience.** A description of the Applicant's experience with the type of programming or work contained in the Project Description or other relevant work.
4. **Personnel and Management.** Applicant should identify individuals employed by the Applicant, on its board of directors, or otherwise affiliated with Applicant, who have a demonstrated knowledge or experience with federal or state grants, the Uniform Grant Guidance, programmatic experience, or other relevant experience.
5. **Agreements Terminated or Costs Disallowed.** Applicant must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:
  - Were terminated for cause; or,
  - Where Specific Conditions were placed on Applicant

If an Applicant has been debarred by the United States Federal government, it is not eligible to receive funding under this RFA.

#### 4.4. Form 3 - Applicant's Work Plan

The Work Plan ([Form 3](#)) must respond in detail to the Project Description. It must contain a description of the work activities the Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the applicable state funding sources, and, as applicable, descriptions of timelines, outcome/process measures, and program evaluation activities.

Applicants must provide the following elements as part of the budget submission:

1. Work Plan (*work plan template provided*)
2. Work Plan Narrative

The Work Plan must respond in detail to the Project Description. It must contain a description of the work activities the Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the applicable state funding source, and, as applicable, descriptions of timelines, outcome/process measures, and program evaluation activities.

Applicant must demonstrate a working knowledge of the issues that affect individuals experiencing or at risk of homelessness, experience working with and/or advocating on behalf of individuals experiencing or at risk of homelessness, and a history of strong community coordination and collaboration in case management provided to individuals experiencing or at risk of homeless.

1. **Project Summary.** Provide a brief, one-paragraph statement that clearly states the project goal, the major activities to be undertaken, and the projected impact on individuals experiencing or at risk of homelessness applying for SSI and SSDI.
2. **Agency Qualifications.** Describe and document Applicant's capacity to carry out the programmatic intent of funds and proposed Scope of Work activities. Information in this section should include the Applicant's mission, programs, and services. The names, titles, qualifications,

and experience of persons who will be responsible for and assisting with the SOAR project must be included.

3. **Coordination and Collaboration.** Describe the Applicant's community involvement and document the strength of relationships with other agencies to achieve common goals which include assisting individuals experiencing or at risk of homelessness to apply for SSI and SSDI using the SOAR case management model. Supporting information can include a list of current agency subawards or contracts, evidence of working relationships and community partners, and a list of agency memberships on community focus groups, teams, coalitions, or other local organizations. If applicable, identify other individuals or organizations collaborating on the project, and provide a brief description of their contribution and qualifications. Letters of commitment/support from these partners can be attached to this application.
4. **Detailed Narrative.** Identify the Applicant's background and purpose for this project. Describe in detail the need for the proposed project and how the Applicant's project will address assisting individuals experiencing or at risk of homelessness to apply for SSI and SSDI. Responding to the requirements detailed in the Project Description section, describe the activities the Applicant will engage in, why these activities are necessary, and what these activities will achieve. Explain the approach that will be taken to be successful in achieving the project's goal, the expected performance measurement requirements (what will be created or achieved by the end of the project) and expected project outcomes (the level of achievement or success that occurred because of the project activities). Include a description of any products and deliverables that will be developed.
5. **Accomplishments.** Summarize the expected accomplishments of the project. Identify the output and outcomes to be achieved, aligning with the expected Performance Requirements. Explain how successful completion of the project will contribute to achieving the Scope of Work and Performance Requirements identified for this project. Explain what the projected short-term and long-term (post-project) benefits of the project will be for individuals experiencing or at risk of homelessness applying for SSI and SSDI and in the communities where SOAR services are provided.
6. **Work Plan.** Create a Work Plan of activities to complete the objectives using the attached Work Plan template. The Work Plan must include the following: start and end dates for each Activity (these dates cannot simply reflect the start and end dates of the project; each activity will have a specific start and end date); the person responsible for the activity; and the estimated number of individuals who will benefit from the project. Work Plan MUST include a goal and activities related to the sustainability of the project and/or its outcomes.
7. **Project Sustainability.** Applicants must describe in detail their plan to sustain SOAR-related activities and efforts if future funds are not available. The plan should identify the activities, features, or practices that the applicant wants to sustain.

#### 4.5. Form 4 - Applicant's Budget

Each budget ([Form 4](#)) should contain only costs that are allowable under the applicable statutes, regulations, terms, and conditions of this RFA. Applicants will not be allowed to change their budgets once submitted to DHHS unless the POC specifically requests, in writing, budget changes. Budgets may be modified as required by DHHS or in an agreement between DHHS and the Applicant after the Intent to Award is announced. Applicants should not rely on budget changes or modifications in submitting their proposed budget but should be able to perform the program activities consistent with their budget.

Applicants must provide a cost allocation plan for this grant that ensures all 93 counties in Nebraska will be provided equal and adequate services.

If Applicants plan to charge indirect costs other than through a cost allocation plan, Applicants must provide one of the following along with their budget: 1) A current federally approved indirect cost rate agreement; 2) A currently

approved indirect cost rate agreement with DHHS; or 3) A calculation of de minimis indirect costs consistent with federal rules. DHHS may provide a calculator to aid programs in calculating de minimis indirect costs upon request.

Indirect costs and cost allocation plans may also be negotiated after the Intent to Award. As consistent with law, Applicants may voluntarily opt to take a lower indirect rate than their approved agreement or indirect cost calculation allows.

The maximum amount of available funding is \$280,000 [Two Hundred Eighty Thousand Dollars] to meet the criteria as provided in Section 2.

**4.6. Form 5 - Performance Outcomes**

All applicants who have previously received NHAP funding to support the efforts of SOAR must provide outcomes ([Form 5](#)) for the 2024-2025, or applicable, Grant program year. If performance metrics were not met, provide justification for all metrics not met during the applicable Grant term.

**Initial Applications**

# of SSI/SSDI Initial Applications Filed	
# of SSI/SSDI Applications Approved	
% of SSI/SSDI Initial Applications Approved	
Average # of Days to Initial Decision	

**Appeals**

# of SSI/SSDI Appeals	
% of SSI/SSDI Appeals Approved	
Average # of Days to Appeal Decision	

**Referred Clients**

# of clients referred to the agency for SOAR services	
# of referred clients that met the eligibility criteria for SOAR services	
# of referred clients that were eligible for services but were placed on a waiting list for assistance	

Reflecting on the 2024-25 SOAR grant program year:

- What challenges were experienced?
- What new best practices were implemented?

New SOAR Applicants Only:

- For Applicants that have not previously received SOAR funding or completed a full program year, describe experience and outcomes relevant to this project.

**4.7. Form 6 – Submission Checklist**

Applicants are encouraged to utilize this checklist to ensure all required forms are submitted with the application. Failure to submit a complete application with all required documentation may result in an application being rejected without scoring.

**5. TERMS**

Applicants must be aware of the following terms when submitting their applications. These terms will be included in the resulting Grant between the parties, as well.

**5.1. Addenda**

The following Addenda will be incorporated into any Grant with a selected Applicant:

- Addendum A - DHHS General Terms – State Funds Grants

- Addendum C - HIPAA Business Associate Agreement Provisions – State Funds Grants

DHHS reserves the right to amend these terms at any time during the RFA; to negotiate the terms with selected Applicants; to amend or change these terms for any subsequent Grant signed and executed by the parties; or any combination of the above. Terms required by federal, or state law will not be negotiated. If an Applicant cannot agree to these terms, DHHS may withdraw or modify the Intent to Award and take any of the actions set forth herein.

## **5.2. Budget Changes**

The final Grant may contain terms to allow a Grantee to modify a budget, with or without approval from DHHS. Applicants should not, however, rely on this when submitting budgets.

## **5.3. Direct Costs**

Under this Grant, DHHS shall only pay for actual and allowable costs (as defined in 2 CFR § 200 Subpart E, Cost Principles, incurred during the Budget Period.

To be allowable, all costs must be:

- Necessary, reasonable, allowable, allocable, and consistent with all other laws, regulations, policies, or other requirements applicable to the state funds involved.

To be actual, all costs must be finalized and spent by the appropriate dates outlined in the Grant.

## **5.4. Program Income**

Any revenue generated by the Grant is program income (see definition in 2 CFR § 200.1). Program Income requires an accounting of its use and must be handled in accordance with 2 CFR § 200.307. All program income generated by the Grants awarded as a result of this RFA must be handled under the addition method. Please see the regulations cited above for more details.

## **5.5. Additional Program Requirements**

In addition to any other requirements outlined in this RFA or the resulting Grant, the Grantee must comply with the following:

### **Records Retention**

- All records pertaining to each fiscal year of NHAP funds must be retained for the greater of 5 years or the period specified below. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.
- Documentation of each program participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must be retained for 5 years after the expenditure of all funds from the Grant under which the program participant was served.

### **Faith-Based Activities**

- Organizations that are religious or faith-based are eligible, on the same basis as any other organization, to receive NHAP funds. Neither the Federal Government nor a State or local government receiving funds under NHAP shall discriminate against an organization based on the organization's religious character or affiliation.
- Organizations that are directly funded under NHAP may not engage in inherently religious activities, such as worship, religious instruction, or proselytization as part of the programs or services funded under NHAP. If an organization conducts these activities, the activities must be offered separately, in time or location, from the programs or services funded under NHAP, and the participation must be voluntary for program participants.
- Any religious organization that receives NHAP funds retains its independence from Federal, State, and local governments. A religious organization may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs, provided that the

religious organization does not use direct NHAP funds to support any inherently religious activities, such as worship, religious instruction, or proselytization. Among other things, faith-based organizations may use space in their facilities to provide NHAP-funded services, without removing religious art, icons, scriptures, or other religious symbols. In addition, an NHAP-funded religious organization retains its authority over its internal governance, and the organization may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

- An organization that receives NHAP funds shall not, in providing NHAP assistance, discriminate against a program participant or prospective program participant based on religion or religious belief.
- NHAP funds may not be used for the rehabilitation of structures to the extent that those structures are used for inherently religious activities. NHAP funds may be used for the rehabilitation of structures only to the extent that those structures are used for conducting eligible activities under the NHAP program. Where a structure is used for both eligible and inherently religious activities, NHAP funds may not exceed the cost of those portions of the rehabilitation that are attributable to eligible activities in accordance with the cost accounting requirements applicable to NHAP funds. Sanctuaries, chapels, or other rooms that an NHAP-funded religious congregation uses as its principal place of worship are ineligible for funded improvements under the program. Disposition of real property after the term of the grant or any change in use of the property during the term of the grant is subject to government-wide regulations governing real property disposition (see 2 CFR §§ 200 et seq.).
- If the recipient or a Grantee that is a local government voluntarily contributes its funds to supplement federally funded activities, the recipient or Grantee has the option to segregate the Federal funds or commingle them. However, if the funds are commingled, this section applies to all the commingled funds.

## 6. GLOSSARY OF TERMS

*All terms shall have the meaning as outlined in 2 CFR §§ 200 et seq. or 45 CFR §§ 75 et seq. unless otherwise specifically set forth herein.*

**Agent/Representative:** A person authorized to act on behalf of another.

**Amend:** To alter or change by adding, subtracting, or substituting.

**Amendment:** A written correction or alteration to a document.

**Applicant:** Non-Federal Entity that has applied for funding under this RFA.

**Application:** The written proposal submitted by the Applicant applying for funding under this RFA, which is composed of Forms 1 through 5.

**Application Due Date:** The date the RFA must be submitted to DHHS, and if not submitted by that time, rejected.

**Budget Period:** The time interval from the start date of a funded portion of an award to the end date of that funded portion during which recipients are authorized to expend the funds awarded, including any funds carried forward or other revisions pursuant to § 200.308.

**DHHS Website:** [www.dhhs.ne.gov](http://www.dhhs.ne.gov)

**Evaluation:** The process of examining an application after opening to determine the Applicant's responsibility, responsiveness to requirements, and to ascertain other characteristics of the Application that relate to the determination of the successful award.

**Evaluation Committee:** Committee(s) appointed by DHHS that advises and assists DHHS in the evaluation of Applications.

**Evaluator:** An individual on the Evaluation Committee who advises and assists in the evaluation of Applications.

**Grant:** The Agreement executed, pursuant to the terms of the RFA, between DHHS and the Applicant.

**Grantee:** The entity that has executed a Grant with DHHS.

**HHS Grants Guidance ("HHS GG"):** The regulations codified at 45 CFR §§ 75 et seq., a re-codified version of the UGG, which provides the general administrative requirements for grant funding flowing down from the federal Department of Health and Human Services. See also Uniform Grant Guidance.

**Indirect costs:** are costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved as defined in 2 CFR § 200.1.

**Intent to Award:** A document noting the results of the RFA evaluation process and any identified Applicant(s) with whom DHHS intends to award federal funds, but not a binding agreement with any promise to award.

**Mandatory/Must:** Required, compulsory, or obligatory.

**May:** Discretionary, permitted; used to express possibility.

**Must:** See Mandatory/Must and Shall/Will/Must.



**Non-Responsive:** When an application does not meet the minimum requirements of this RFA.

**Point of Contact (“POC”):** The person designated to receive communications and to communicate.

**Request for Applications (“RFA”):** Written solicitation of competitive applications for grant funding.

**Shall/Will/Must:** An order/command; mandatory.

**Should:** Expected; suggested, but not necessarily mandatory.

**Uniform Grants Guidance (“UGG”):** The regulations codified at 2 CFR §§ 200 et seq., which provide the general administrative requirements for grant funding flowing down from the federal government. See also HHS Grants Guidance.

**Will:** See Shall/Will/Must.

**FORM 1 – APPLICATION COVER SHEET**

**Instructions:** This form must be signed and returned, along with the application materials, before the Application Due Date, to the POC or designated email address, as applicable.

<b>RFA #</b>	<b>RELEASE DATE</b>
R3320	January 7, 2025
<b>APPLICATION DUE DATE</b>	<b>POINT OF CONTACT</b>
FEBRUARY 5, 2025	DHHS.grants@nebraska.gov

**CERTIFICATION AND GUARANTEE OF COMPLIANCE**

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application and certifies that all information contained in this Application is accurate. This Application is submitted pursuant to the terms of the RFA, and if the Applicant is awarded funding, it will be incorporated into the Grant between the parties. I understand that if anything in this Application conflicts with the RFA or with the subsequent Grant, the Grant and RFA shall govern as set forth in the Grant.

ORGANIZATION: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

UEI (UNIQUE ENTITY IDENTIFIER) \_\_\_\_\_

PARENT UEI (UNIQUE ENTITY IDENTIFIER) \_\_\_\_\_

CONGRESSIONAL DISTRICT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_ I CERTIFY THAT THIS ORGANIZATION IS AN "ELIGIBLE ORGANIZATION" AS DEFINED BY THIS RFA.

\_\_\_\_ I CERTIFY THAT THIS ORGANIZATION IS NOT PRESENTLY DEBARRED OR SUSPENDED.

SELECT ONE OF THE FOLLOWING:

- 2023-24 OR PRIOR SOAR GRANT RECIPIENT
- 2024-25 SOAR GRANT RECIPIENT
- NEW SOAR GRANT RECIPIENT

SIGNATURE: \_\_\_\_\_

TYPED NAME & TITLE OF SIGNER: \_\_\_\_\_

## FORM 2 – APPLICANT’S ORGANIZATIONAL OVERVIEW

The Applicant’s Organizational Overview shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Grant.

- **Organization Information.** Applicant’s full legal name, including any other “doing business as” names, or any previous names the organization used.
- **Summary of State and Federal Grants Experience.** A description of the Applicant’s previous experience with receiving state or federal funds. This shall include, but not be limited to, experience receiving state or federal funds as a recipient or a Grantee. The Applicant should describe and demonstrate knowledge of the Uniform Grant Guidance, as well as any specific experience with the particular state program and funding source that funds this RFA.
- **Summary of Programmatic Experience.** A description of the Applicant’s experience with the type of programming or work contained in the Project Description or other relevant work.
- **Personnel and Management.** The Applicant should identify individuals employed by the Applicant, on its board of directors, or otherwise affiliated with the Applicant, who have a demonstrated knowledge or experience with federal or state grants, the Uniform Grant Guidance, programmatic experience, or other relevant experience.
- **Agreements Terminated or Costs Disallowed.** Applicant must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:
  - o Were terminated for cause; or,
  - o Where Specific Conditions were placed on the Applicant (see 2 CFR § 200.207 or 45 CFR § 75.207).

If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.

## FORM 3 – APPLICANT’S WORK PLAN

### Instructions:

Applicants must provide the following elements as part of the budget submission:

1. Applicant’s Work Plan Narrative
2. Work Plan (*Work plan template provided*)

The Work Plan must respond in detail to the Project Description. It must contain a description of the work activities the Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the applicable state funding source, and, as applicable, descriptions of timelines, outcome/process measures, and program evaluation activities.

Applicant must demonstrate a working knowledge of the issues that affect individuals experiencing or at risk of homelessness, experience working with and/or advocating on behalf of individuals experiencing or at risk of homelessness, and a history of strong community coordination and collaboration in case management provided to individuals experiencing or at risk of homeless.

1. **Project Summary.** Provide a brief, one-paragraph statement that clearly states the project goal, the major activities to be undertaken, and the projected impact on individuals experiencing or at risk of homelessness applying for SSI and SSDI.
2. **Agency Qualifications.** Describe and document Applicant’s capacity to carry out the programmatic intent of funds and proposed Scope of Work activities. Information in this section should include the Applicant’s mission, programs, and services. The names, titles, qualifications, and experience of persons who will be responsible for and assisting with the SOAR project must be included.
3. **Coordination and Collaboration.** Describe Applicant’s community involvement and document the strength of relationships with other agencies to achieve common goals which includes assisting individuals experiencing or at risk of homelessness to apply for SSI and SSDI using the SOAR case management model. Supporting information can include a list of current agency subawards or contracts, evidence of working relationships and community partners, and a list of agency memberships on community focus groups, teams, coalitions, or other local organizations. If applicable, identify other individuals or organizations collaborating on the project, and provide a brief description of their contribution and qualifications. Letters of commitment/support from these partners can be attached to this application.
4. **Detailed Narrative.** Identify the Applicant’s background and purpose for this project. Describe in detail the need for the proposed project and how the Applicant’s project will address assisting individuals experiencing or at risk of homelessness to apply for SSI and SSDI. Responding to the requirements detailed in the Project Description section, describe the activities the Applicant will engage in, why these activities are necessary, and what these activities will achieve. Explain the approach that will be taken to be successful in achieving the project’s goal, the expected performance measurement requirements (what will be created or achieved by the end of the project) and expected project outcomes (the level of achievement or success that occurred because of the project activities). Include a description of any products and deliverables that will be developed.
5. **Accomplishments.** Summarize the expected accomplishments of the project. Identify the output and outcomes to be achieved, aligning with the expected Performance Requirements. Explain how successful completion of the project will contribute to achieving the Scope of Work and Performance Requirements identified for this project. Explain what the projected short-term and long-term (post-project) benefits of the project will be for individuals experiencing or at risk of homelessness applying for SSI and SSDI and in the communities where SOAR services are provided.
6. **Work Plan.** Create a Work Plan of activities to complete the objectives using the attached Work Plan template. The Work Plan must include the following: start and end dates for each Activity (these dates cannot simply reflect the start and end dates of the project; each activity will have a specific start and end date); the person responsible for the activity; and the estimated number of individuals who will benefit from

the project. Work Plan MUST include a goal and activities related to the sustainability of the project and/or its outcomes. Template is provided below. Additional goals and objectives are allowable and may be inserted into the template.

- Project Sustainability.** Applicants must describe in detail their plan to sustain SOAR-related activities and efforts if future funds are not available. The plan should identify the activities, features, or practices that the applicant wants to sustain.

**WORK PLAN TEMPLATE**

*Organization Name:*

*Project Title: RFA R3320 - NHAP SOAR (SSI/SSDI Outreach, Access, and Recovery) Grant*

*Project Duration: 7/1/2025 - 6/30/2026*

<b>Goal:</b>					
<b>Objective:</b>					
#	Activity	List What Your Measure of Success Will Be.	Responsible Staff/Party	Start Date	End Date
<b>Goal:</b>					
<b>Objective:</b>					
#	Activity	List What Your Measure of Success Will Be.	Responsible Staff/Party	Start Date	End Date

**FORM 4 – APPLICANT'S BUDGET**  
**(SOAR DETAILED BUDGET AND SERVICE DESCRIPTION)**

Soar Non-Training Costs	Funds Requested Under This RFA	Other Supporting Funds to Assist This SOAR Project	Grand Total of Funds for This SOAR Project
Personnel – Wages			
Personnel – Benefits			
Participant Services			
Office (e.g., space, phone, supplies, internet, printing)			
Travel			
Contract Services			
Indirect Costs – Select approved rate, enter percentage % and the effective dates of the approved rate. <input type="checkbox"/> DHHS-Approved Rate: Effective Date: <input type="checkbox"/> Federally Approved Rate: Effective Date: <input type="checkbox"/> De minimis rate: 15%			
<b>TOTAL SOAR Non-Training Costs</b>			

SOAR Training Costs	Funds Requested Under This RFA	Other Supporting Funds to Assist This SOAR Project	Grand Total of Funds for This SOAR Project
Personnel – Wages			
Personnel – Benefits			
Travel			
Contract Services			
Indirect Costs – Select approved rate, enter percentage % and the effective dates of the approved rate. <input type="checkbox"/> DHHS-Approved Rate: Effective Date: <input type="checkbox"/> Federally Approved Rate: Effective Date: <input type="checkbox"/> De minimis rate: 15%			
<b>TOTAL SOAR Training Costs</b>			
<b>TOTAL SOAR Budget</b>			

**Instructions:** Provide a narrative description of the SOAR services to be provided, the plan to meet the national standard, a description of line-item costs being proposed, and a detailed description of how each line item was calculated (e.g., breakdown of personnel costs, service cost calculations, methods of determining cost allocation percentages, detail of operational expenses, etc.).

Provide the total amounts and a brief description of other funds utilized to support the SOAR program. If there are anticipated “other funds” to support the work of SOAR, indicate the source of funding in the narrative. If “other funds” is blank or has a zero, provide details as to why no other funding is sought or anticipated to be received.

If the Applicant plans to charge indirect costs other than through a cost allocation plan, the Applicant must select whether the costs will be charged to an approved rate or a *de minimis* rate. Additionally, Applicants must provide one of the following along with the budget: 1) A current federally approved indirect cost rate agreement; 2) A currently approved indirect cost rate agreement with DHHS; or, 3) A calculation of de minimis indirect costs consistent with federal rules. DHHS may provide a calculator to aid programs in calculating de minimis indirect costs upon request.



## FORM 5 – PERFORMANCE OUTCOMES

NHAP reviews performance measurements to demonstrate subrecipient outcomes. Outcomes assist in measuring program progress and in demonstrating that the defined goals and objectives for SOAR funding are being met.

2024-25 For Previous SOAR Grantees Only:

All Applicants that have received funding to support SOAR services during the July 1, 2024 – June 30, 2025 program year must complete the below Performance Outcomes. Provide justification for all performance metrics not met during the previous grant agreement.

For Applicants that have previously received SOAR funding, but not during the 2022-23 program year, complete the tables below regarding the most recent Grant-funded year. If performance metrics were not met, provide justification for all metrics not met during the applicable Grant term.

### **Initial Applications**

# of SSI/SSDI Initial Applications Filed	
# of SSI/SSDI Applications Approved	
% of SSI/SSDI Initial Applications Approved	
Average # of Days to Initial Decision	

### **Appeals**

# of SSI/SSDI Appeals	
% of SSI/SSDI Appeals Approved	
Average # of Days to Appeal Decision	

### **Referred Clients**

# of clients referred to the agency for SOAR services	
# of referred clients that met the eligibility criteria for SOAR services	
# of referred clients that were eligible for services but were placed on a waiting list for assistance	

Reflecting on the 2024-25 SOAR grant program year:

- What challenges were experienced?
- What new best practices were implemented?

New SOAR Applicants Only:

- For Applicants that have not previously received SOAR funding or completed a full program year, describe experience and outcomes relevant to this project.

### FORM 6 – SUBMISSION CHECKLIST

Applicants are encouraged to utilize this checklist to ensure all required forms are submitted with the application.

Submission Requirements	Required Documentation	Included?
<b>All Application Sections</b>	Form 1 – Application Cover Page	<input type="checkbox"/>
	Form 2 – Organizational Overview	<input type="checkbox"/>
	Form 3 – Work Plan Template and Narrative	<input type="checkbox"/>
	Form 4 – Budget Template and Narrative	<input type="checkbox"/>
	Form 5 – Performance Outcomes	<input type="checkbox"/>
<b>Applicant Organizational Chart</b>	Applicant must provide a diagram displaying the structure of the Applicant's organization.	<input type="checkbox"/>
<b>Indirect Cost Rate/ Direct Cost Allocation Plan (if applicable)</b>	<p>If applicant is requesting an indirect rate, applicant must provide current approved indirect rate agreement approved by either the federal government or the State of Nebraska. If applicant is requesting the de minimis rate, applicant must provide calculations to support the request. Applicants with a direct cost allocation plan must include sufficient documentation to demonstrate costs are properly allocated. Approved cost allocation plan must be submitted with application.</p> <input type="checkbox"/> NA	<input type="checkbox"/>
<b>Certificate of Good Standing</b>	<p>Applicant must be registered to conduct business in the State of Nebraska (not applicable for governmental applicants). Provide current certification from the Nebraska Secretary of State or print out of active state from:  <a href="https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search">https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search</a></p> <input type="checkbox"/> NA	<input type="checkbox"/>
<b>Letters of Support or Commitment (if applicable)</b>	Letters from agencies that are part of the sustainability plan should be included describing what part they will play in supporting the project beyond project funds. Applicants may include relevant letters of support from key personnel, collaborators, significant contributors, and/or organizations that do not have an active role in the project but believe the project will have a positive outcome. Applicants should also provide letters of commitment documenting contributions to the project. Letters must explain <b>the organization's role in the</b> project including tasks and/or items to be provided. Applicable cash and/or in-kind contributions should appear as match on the Budget.	<input type="checkbox"/>
<b>Signed W9</b>	Applicant must submit signed W9 from most recent tax year. W9 must include applicant's legal name, any "DBA" associated with the applicant, applicant EIN, and administrative address. Not applicable for governmental applicants.	<input type="checkbox"/>

## Attachment 1 – End User Guidance: Shared File Link

### STEP 1:

Click the URL link to the ShareFile folder.

Enter the required information and Click “Continue” button.

ShareFile works with Firefox, Internet Explorer, and Chrome web browsers. **ShareFile does not work with Microsoft Edge.**

NEBRASKA

To continue, please enter your information below.

Email  
page.barringham@nebraska.gov

First Name  
Page

Last Name  
Barringham

Company  
DHHS

Remember Me

Your information will be used for internal tracking purposes only. It will not be shared with third parties.

### STEP 2:

Upload or drag files to upload them.

Applicants should clearly identify the uploaded response files. To assist in identification please use the following naming convention: **RFA XXXX ABC Company**

If multiple files are submitted for one funding opportunity, add number of files to file names: **RFA XXXX ABC Company File 1 of 2**

NEBRASKA

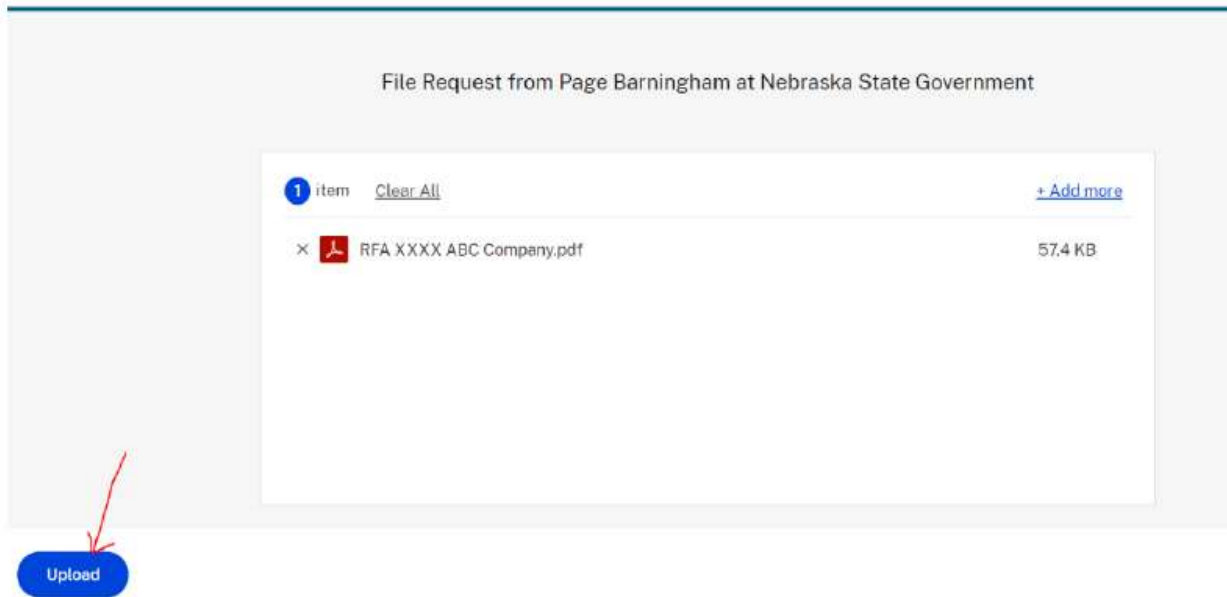
File Request from Page Barringham at Nebraska State Government

Drag files here  
[Browse files](#)

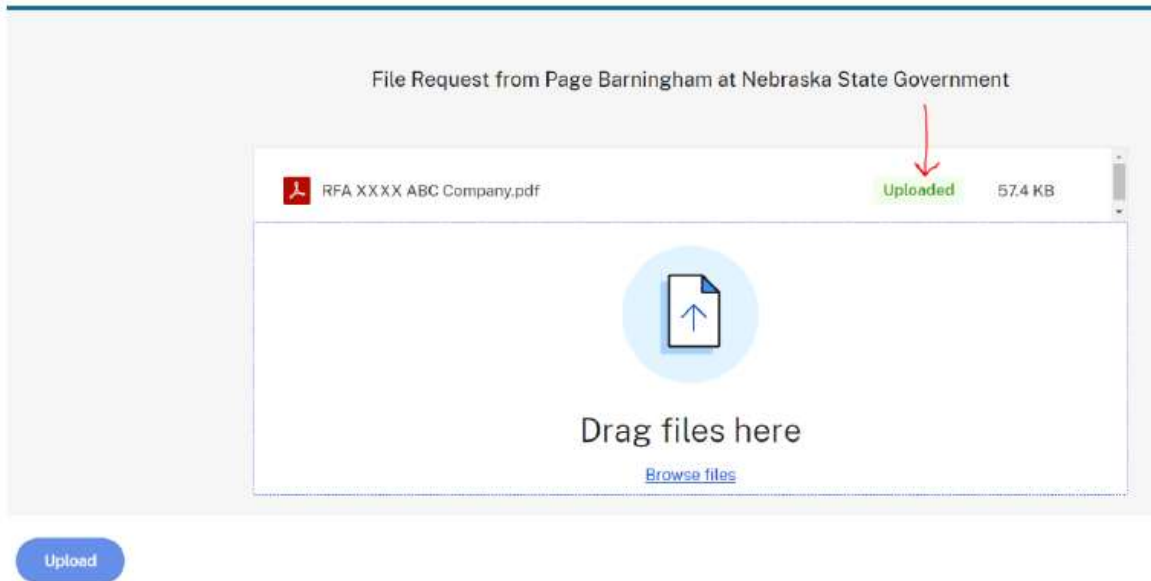
### STEP 3:

Verify and submit loaded documents.

Click the "Upload" button to submit.



An uploaded document will show up as "Uploaded" in green highlight on the screen.



**STEP 4:**

Verify the file has Uploaded successfully.

The system will generate a confirmation of the upload to be sent to the email address that was entered in STEP 1.

If you do not receive this confirmation, your file may not have been received.

## You Have Uploaded a File To ShareFile



mail@sf-notifications.com  
To: Barringham, Page

**EXTERNAL SENDER** - This email originated from outside of the State of Nebraska Enterprise Email System. Even if you recognize the sender, DO NOT open ATTACHMENTS or LINKS unless you know the content is safe. If there are problems with how this message is displayed, [click here to view it in a web browser](#).  
[Click here to download pictures](#). To help protect your privacy, Outlook prevented automatic download of some pictures in this message.



Page,

This message is confirmation that you have uploaded the following file at 12/15/22 5:57P:

### File Box

**Name:** RFA XXXX ABC Company.pdf

**Size:** 57.40 KB • **Date:** 12/15/22 5:57p

**User:** Page Barringham [Page.Barringham@nebraska.gov] (Nebraska Department of Health and Human Services)

Dates are displayed in UTC -5

[Click here to change how often ShareFile sends emails](#)

Powered By Citrix ShareFile 2022

Assistance with technical issues can be found at <https://www.sharefile.com/support>.

## Attachment 2 – Additional Requirements

### **Applicant Organizational Chart**

Applicant must provide a diagram displaying the structure of the Applicant's organization.

### **Certificate of Good Standing**

Applicant must be registered to conduct business in the State of Nebraska (not applicable for governmental applicants). Provide current certification from the Nebraska Secretary of State or print out of active state from: <https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search>

### **Indirect Cost Rate/ Direct Cost Allocation Plan (if applicable)**

If applicant is requesting an indirect rate, applicant must provide current approved indirect rate agreement approved by either the federal government or the State of Nebraska. If applicant is requesting the de minimis rate, applicant must provide calculations to support the request.

Applicants with a direct cost allocation plan must include sufficient documentation to demonstrate costs are properly allocated. Approved cost allocation plan must be submitted with application.

### **Letters of Support or Commitment (if applicable)**

Letters from agencies that are part of the sustainability plan should be included describing what part they will play in supporting the project beyond project funds. Applicants may include relevant letters of support from key personnel, collaborators, significant contributors, and/or organizations that do not have an active role in the project but believe the project will have a positive outcome. Applicants should also provide letters of commitment documenting contributions to the project. Letters must **explain the organization's role in the project** including tasks and/or items to be provided. Applicable cash and/or in-kind contributions should appear as match on the Budget.

### **Signed W9**

Applicant must submit signed W9 from most recent tax year. W9 must include applicant's legal name, any "DBA" associated with the applicant, applicant EIN, and administrative address.