

Emergency and Transitional Housing Program

Program Guidelines and Application



Spring 2021 Application – Program Guidelines Revised on: **04/26/2021**

The Emergency and Transitional Housing Program (ETH) shall provide short-term housing to people who are at risk for homelessness and are currently under the supervision of Probation and Parole/Adult or who have just been released from DOC incarceration. The Division of Probation and Parole (P&P) and Transition Specialist staff at state and local facilities will work with individuals entering their custody to ensure these individuals have a housing plan prior to their release. In the event this is not feasible or the person's situation changes upon release, the P&P Officer will refer the individual to an ETH Provider for a safe place to stay. The ultimate goal of the program is to improve formerly incarcerated persons (FIPs) chances of having a successful reentry experience through improved access to transitional and permanent housing opportunities.

The Department of Public Safety and Corrections (DPS&C) is seeking housing providers to provide stable short-term housing and food access on a per diem basis to participants. *At this time, the priority is to recruit housing providers in the following parishes: Orleans, Jefferson, East Baton Rouge, Caddo, St. Tammany, Bossier, Ouachita, Rapides, Lafayette, Calcasieu, Lafourche and Terrebonne; but housing providers from any parish are welcome to apply.*

In support of the goals of the Justice Reinvestment (JRI) Legislation of 2017, the portion of the savings allocated to DPS&C for reinvestment for priorities that support reducing prison admissions and recidivism shall fund this program.

1 Goal of Program

The purpose the ETH program is to provide limited-time funds for short-term housing for individuals under the supervision of the Division of Probation and Parole, or who have just been released from DOC incarceration. The goal of this program is to provide emergency and/or transitional housing in an effort to stabilize the reentry process until longer term housing can be found, which will improve their chances of having a successful reentry experience. Ultimately, it shall be the responsibility of the participant to secure long term housing.

The application window for prospective housing providers will occur twice yearly, in the Spring and the Fall. Approved housing providers shall be placed on a "Housing Provider Referral List" for one (1) year. Providers interested in continuing with the ETH program must reapply on an annual basis.

ETH Housing Providers who applied and were approved in Spring 2020 must reapply in order to remain on the ETH Approved Provider list. ETH Housing Provider who applied and were approved in Fall 2020 do not need to reapply at this time.

2 Housing Provider Eligibility and Qualifications

2.1 Applicant Eligibility

Eligible housing providers are limited to: nonprofits, governmental entities and community-based organizations that have a documented history of working with either formerly incarcerated persons and/or as an emergency or transitional housing provider. The applicant must provide IRS 501c3 tax exemption designation in order to be eligible for the ETH program.

The Applicant must:

- Be in good standing with the Louisiana Secretary of State office and have been so for the last two (2) years (if operational for less than two (2) years, must be in good standing since inception).
- A registered vendor on LaGov (See Appendix A)
- Submit a completed Vendor Profile Form with application (See Appendix A)
- Submit a signed IRS Form W-9
- Must be currently operational as an emergency and/or transitional housing facility; properly zoned as such or similar designation.
- Submit proof of ownership of each property
- Submit IRS 501(c)3 designation
- Submit a copy of all house polices, rules and procedures
- Submit a notarized Vendor's Published Price Affidavit¹:
 - A blank affidavit can be found in Appendix D of the Program Guidelines and Application

3 ETH Program Description

3.1 Scope of Services

Emergency Housing

Definition: Overnight shelter (homeless shelter) provides emergency sleeping accommodations for a period not to exceed twelve (12) hours. Access to food services for at least one (1) meal per day is required.

Eligible Participants and Approved Length of Stay:

| Participant Type | Approved Length of Stay |
|---|--|
| Participants under supervision with P&P | Not to exceed fourteen (14) days within a six (6) month period |
| Participants who have just full-termed out of DOC incarceration | Not to exceed fourteen (14) days within a six (6) month period |

¹ In prior funding rounds, the JRI Office accepted “websites, brochures or other official organization document clearly identifying the service provide and cost related to.” This has been revised to require the Proof of Vendor's Published Price as a notarized and signed affidavit.

Transitional Housing

Definition: Transitional housing is not an extended shelter stay; but is a temporary residence until a participant can find a long-term housing solution. The facility shall provide residents access to food services for at least one (1) meal per day. Supportive and counseling services are optional, but are not fully covered under the ETH program.

Eligible Participants and Approved Length of Stay:

| Participant Type | Approved Length of Stay |
|--|---|
| Participants under supervision with P&P | Not to exceed six (6) months, or until supervision end date whichever is sooner |
| Participants who have just full-termed out of DOC incarceration ² | Not to exceed three (3) months |

3.2 Deliverables

Housing providers shall provide services as outlined in Section 3.1 Scope of Services (Emergency and/or Transitional Housing) to participants and submit a monthly invoice detailing the name of participant, length of stay to date, and per diem amount per day.

3.3 Housing Provider Referral List

Approved housing providers shall be placed on a “Housing Provider Referral List” for one (1) year. Providers interested in continuing with the ETH program must reapply on an annual basis.

Placement on the referral list does not guarantee any number of participant referrals to any housing provider.

4 Housing and Meal Accommodations

4.1 Housing Accommodations

At the minimum, the ETH program requires the following housing standards and food availability based on providing either emergency or transitional housing services as defined in Section 3.1- Scope of Services. Facilities will be inspected by DPS&C staff prior to approval of application and staff will conduct annual site visits to ensure adequate housing.

4.1.1 *Housing Standards* (adapted from [ESG Minimum Standards](#))

- A. **Structure and Materials:** The facility must be structurally sound to protect the residents from the elements and not pose a threat to the health and safety of the residents.
- B. **Access:** Residents shall have 24/7 access to the facility and have alternate means of evacuation in case of a fire or other emergency.

² See Section 5.1 – “Eligible Participants” for more details

- C. Space and Security: The facility must provide each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.
- D. Interior Air Quality: Each room or space within the shelter has a natural or mechanical means of ventilation.
- E. Water Supply: Water supply is free of contamination.
- F. Sanitary Facilities: Residents must have access to sanitary facilities that are in proper operating condition, private, and adequate for personal cleanliness and the disposal of human waste.
- G. Thermal Environment: Facility has any necessary heating/cooling facilities in proper operating condition.
- H. Illumination and electricity: Facility has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. The facility has sufficient electrical sources to permit the safe use of electrical appliances in the facility.
- I. Food Preparation: Food preparation areas shall contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
- J. Sanitary Conditions: The facility shall be maintained in a sanitary condition.
- K. Fire Safety: The facility must have a sufficient number of functioning smoke detectors, in proper working condition, on each occupied level of the facility. Where possible, smoke detectors must be located near sleeping areas. The facility shall have a second means of exiting the building in the event of a fire or other emergency.

4.2 Food Availability

The facility shall provide at least one (1) meal or access to food. This may include, but is not limited to:

- A. Staff preparing meals in a kitchen. The facility shall have proper permits in place in accordance with state and local laws regarding food preparation, storage and handling.
- B. Provide access to a place for participants can cook/prepare meals for themselves. This would include, but not limited to: stovetop/oven, microwave, kitchen ware and utensils, etc. Preferably, providers should also ensure that the resident has one the following options: 1) access to a food bank, 2) have SNAP (food stamp) benefits, or 3) a means to purchase their own food.

4.2.1 SNAP Policy

ETH Providers shall not require residents to submit their SNAP/food stamps for use by other residents. If some residents receive SNAP/food stamps while others do not, then a provision for food access must be maintained by the ETH Provider for those participants who do not.

4.3 Additional Housing Policies

As a part of the application process, all ETH providers must submit a copy of all house polices, rules and procedures. In addition, the following housing policies should be implemented for ETH participants.

4.3.1 *Waiving of Fees Encouraged*

The purpose of the ETH program is to provide short-term housing for people at risk of homelessness who might not be able to afford other housing opportunities. Therefore, we strongly encourage all ETH providers to waive any deposits or fees for ETH participants.

4.3.2 *Participant Acknowledgement of the ETH Program*

Approved housing providers must have ETH participants read and sign the “ETH Participant Acknowledgement” form upon placement in your housing facility. This form is provided to the ETH housing provider by the JRI Office upon acceptance in the ETH program. It is recommended that this form to be completed upon intake when the participant is reviewing your facility’s in-house rules and policies.

The form includes the following information:

- An explanation of the compensation provided by ETH relative to the cost of room and board
- Resident responsibility for housing and housing costs beyond the ETH period
- An explanation of what the ETH funds do and do not cover

The form must be read and signed by the ETH resident upon intake, and submitted to the JRI Office during invoicing.

4.3.3 *Work as Payment Not Allowed*

The ETH participant may not be required to work as a payment for housing during the period that the ETH Provider is receiving reimbursement from the JRI Office.

5 Participant Placement

5.1 Eligible Participants

Eligible participants for this program must fall into one of these categories:

- **Participants Under P&P supervision:** People who are at an immediate risk for homelessness and are currently under the supervision of Probation and Parole³, or
- **Participants who have just full-termed out of DOC incarceration:** People who are leaving DOC incarceration, and at immediate risk for homelessness, and will not be under the supervision of Probation and Parole upon release, and do not need to register as a sex offender with the Louisiana State Sex Offender and Child Predator Registry upon release.

³ All under adult felony supervision by the Department of Public Safety and Corrections

5.2 Participant Referrals

There are three (3) methods for participant referrals:

1. **Probation & Parole Direct Referral:** If an individual is in need of housing services, their Probation & Parole Officer will refer them to a specific housing provider on the ETH Housing Provider Referral List. The P&P Officer will select the housing provider based on the individual’s characteristics (i.e. sex, parish, sex offender status) and the individual’s needs (e.g. proximity to employment, proximity to family, etc.).

2. **Indirect Referral:** If your organization identifies eligible participants through other sources (e.g. faith based outreach, word of mouth, etc.), you may receive the per diem for the participant with prior approval from the participant’s P&P Officer. It is your responsibility to request written approval from the P&P officer and the P&P Reentry Program Manager. You will need written approval from the P&P officer and the P&P Reentry Program Manager before accepting the participant. In order for Indirect referrals to be recognized on the invoice, you will need to send the copies of the written confirmation from P&P.

3. **JRI Office Referral:** If an individual is currently incarcerated and in-need of housing services upon release, a state or local facility staff member (i.e. Transition Specialist) will contact the JRI Office to approve a referral to an ETH provider. These referrals will be done on a case-by-case basis, and will be conducted by the JRI Office.

Placement on the referral list does not guarantee any number of participant referrals to any housing provider.

Referrals to housing providers will be based on the participants needs including and not limited to: proximity to employment, doctor appointments, transportation, etc.

| Participant Type | Approved Referral Sources | Time of Referral |
|---|--|---|
| Participants under supervision with P&P | P&P Direct Referral Indirect Referral <i>JRI Office Referral (if needed)</i> | Immediately prior to release, or At-Release, or Post-Release (while the participant is under supervision) |
| Participants who have just full-termed out of DOC incarceration | JRI Office Referral Only | Immediately prior to release, or At-Release |

5.3 Participant Referrals for Sex Offender Statuses

Housing providers shall be in compliance with local and state laws as it relates to the housing of sex offenders. It is incumbent upon the housing provider to determine eligible housing opportunities and availability; as this shall be verified at the time of submission and prior to the placement of participant.

5.4 Case-By-Case Participant Extensions

Some participants may be approved for additional ETH reimbursement **on a case-by-case basis**. Those participants include:

- Individuals who have completed supervision while participating in the ETH program, but are nearing their next housing opportunity
- Individuals who have completed 6 months in the ETH Program, but are nearing their next housing opportunity

These extensions must be pre-approved by the JRI Office as soon as possible, and no less than one month prior to the participants' ETH end date.

Additionally, an ETH participant may take over per diem payments once the maximum ETH length of stay is reached, at the discretion of the housing provider.

6 Application Submission Process

6.1 Application Submission and Deadline

Completed applications for this program may be submitted to jriprograms@la.gov with the subject line "Spring 2021-ETH Program-[Organization Name]" or one copy may be mailed or hand delivered to the following address:

Dept. of Public Safety and Corrections
Attn: Nicole George, JRI Coordinator
504 Mayflower Street
Baton Rouge, LA 70802

Deadline for applications for the Spring 2021 housing provider referral list is: **May 31, 2021 at 4:30 pm (CT).**

The following constitutes a complete application:

- A complete Emergency & Transitional Housing Application (Appendix B)
- Proof of ownership for each housing facility
 - If the property is owned by the organization: proof of ownership (e.g. local tax assessor record, etc.)
 - If the property is rented by the organization: proof of rental agreement and a signed letter by the property owner detailing knowledge of emergency and transitional housing activities at the residential address
- Proof of non-profit status (i.e. IRS 501(c)3 designation)
- Copy of all housing policies, rules and regulations
- Copy of a signed IRS Form W-9
- Completed Vendor Profile Form (from the LaGov Vendor Portal)

- A notarized Vendor’s Published Price Affidavit⁴:
 - A blank affidavit can be found in Appendix D of the Program Guidelines and Application
- If applicable, Request for Additional Per Diem Funding form and required budgetary documentation

Questions regarding the ETH Program, may be submitted to jriprograms@la.gov.

6.2 Application Review

Applications will be reviewed on a rolling basis in the order they were received. The JRI Office will be in contact with the person listed on the application for any clarifying information or if additional information is needed in order to make the appropriate determination. The JRI Office and/or P&P staff will conduct a housing facility site visit to ensure they are structurally sound and safe for living. Application processing and review can take up to three weeks upon submission of your application.

Applicants will be contacted in writing upon approval of application, or if denied, a reason will be given and the applicant would be eligible to reapply in the next application period.

Applications will be approved or denied at the sole discretion of DPS&C and Division of P&P staff. Decisions are final and not subject to appeal.

6.3 ETH Approved Providers

Applicants will receive written notification of acceptance into housing program referral program. The letter will also include the per diem amount authorized and the effective date of accepting participants. Approved providers will also receive a copy of the ETH Approved Provider Handbook that will include more details about the referral process and invoicing procedure.

Approved housing providers will be placed on a “Housing Provider Referral List” for one (1) year. **Placement on the referral list does not guarantee any number of participant referrals to any housing provider.**

7 Payment Information

7.1 Allowed Per Diem

Compensation for this program shall be limited to the following per diem rates (per participant) by housing provider type:

| Housing Provider Type | Allowable Cost (Per Participant) |
|------------------------------|----------------------------------|
| Emergency (Homeless) Shelter | Up to \$12 per day |

⁴ In prior funding rounds, the JRI Office accepted “websites, brochures or other official organization document clearly identifying the service provide and cost related to.” This has been revised to require the Proof of Vendor’s Published Price as a notarized and signed affidavit.

| | |
|---|--|
| Transitional Housing (Short-term Housing) | Up to \$20.84 per day ⁵ <i>If Approved for Additional Per Diem Funding:</i> Up to \$26.10 per day |
|---|--|

Upon approval into the ETH program, each housing provider will be notified of their approved per diem amount. **The approved per diem amount shall not be higher than the applicant’s published price.**

7.2 Request for Additional Per Diem Funding

We understand that the ETH per diem may not cover all incurring costs for housing an ETH participant. If your vendor published price is above the maximum daily ETH per diem rate (i.e. \$20.84 per participant per day), you may request for additional per diem amount for transitional housing using the Request for Additional Per Diem Amount form of the ETH Application (Appendix C).

Additional Per Diem Requests will be reviewed and may be approved based on at least **one** of the following criteria:

- The requested per diem amount is reasonable and necessary to aid ETH participants in finding and securing long term housing. This would include employing additional staff to assist participants in identifying and applying for rental units or long term housing programs.
- Operating expenses for the facility (i.e. rent, utilities, essential staff) is higher than the maximum per diem (\$20.84 per participant per day); therefore, accepting individuals into the ETH program at the allocated per rate would be detrimental to the operation of the transitional housing facility.

We cannot guarantee that a request for additional per diem will be granted.

In order to be considered for an additional per diem amount, the ETH Provider must submit supporting documentation that details the operational costs of your facility and/or illustrates the need for the additional per diem amount (e.g. operational budget, funding sources etc.).

A provider cannot invoice DPS&C for more than \$5,000.00 in any given month, regardless of the per diem rate, or the number of locations or facilities. Therefore, by requesting a higher per diem amount per participant, you may be limiting the number of ETH participants and the number of bed days that you can accommodate for ETH reimbursement each month.

7.3 Probation and Parole Reporting Fee

In order to compensate ETH Providers for the administrative effort needed to comply with the ETH program, all approved ETH providers will receive a \$1.00 P&P reporting fee per participant per day added to the approved per diem amount. The fee will be auto-calculated on the ETH invoice.

⁵ Unless a Request for Additional Per Diem Funding is approved by the JRI Office

However, the total invoice amount, including the reporting fee, must be lower than \$5,000 per month in order to be processed for payment (See 7.4 Maximum Compensation).

7.4 Maximum Compensation

Maximum compensation allowed per housing provider is \$5,000 per month. A provider cannot invoice DPS&C for more than \$5,000.00 in any given month, regardless of the per diem amount, P&P reporting fee, or the number of locations or facilities a provider has.

For example, Provider A provides transitional housing for 7 ETH participants for the entire month of March.

Calculating the Overall Per Day Per Participant Amount:

- Approved Daily Per Diem: \$20.84 per participant per day
- P&P Reporting Fee: \$1.00 per participant per day
- *Total Per Day Amount for Invoicing:* $\$20.84 + \$1.00 = \mathbf{\$21.84}$ per participant per day

Calculating Total Invoice Amount for March

- 7 people * 31 days = 217 bed days
- 217 bed days * \$21.84 per day = \$4,739.28
- *Total Invoice Amount for March:* **\$4,739.28**

Please stay mindful of how many ETH participants you are enrolling and how long they expect to stay in housing. It is recommended to “fill out” the invoice as you are enrolling or continuing participants, as the template provided will calculate the total automatically.

7.5 Invoice Processing

Upon receipt of each invoice, DPS&C shall check the invoice and attachments for correctness and return if required. Upon acceptance and approval of a signed itemized invoice for services performed, DPS&C will make every reasonable effort to make payments within thirty (30) business days of the approval of invoice. If the invoice is returned to the ETH Provider for corrections, the thirty days processing window will start over upon resubmission.

To ensure faster payment, all ETH Providers are encouraged to sign up for direct deposit via the Electronic Funds Transfer Enrollment form by the Office of Statewide Reporting and Accounting Policy (OSARP). Please see Appendix A for more information.

7.6 ETH Funding Requirements

DPS&C reinvestment funding may not be used for housing a participant otherwise being fully funded under another funding source (federal, state, local, philanthropic funding, etc.). For example, a housing provider cannot invoice for a participant in the ETH program and list the same participant to receive full payment under a federal grant. By submitting the signed itemized invoice, the housing provider is certifying that they are not being fully compensated by another funding source for ETH participants’ stay.

Additionally, the ETH participant may not be charged for room and board costs paid through this program. If the ETH reimbursement does not fully cover room and board costs as defined by the published price submitted with the ETH application, the ETH provider may request a weekly fee of the ETH participant to make up the difference. The ETH provider must denote this weekly fee on the ETH Application. Since ETH participants are at-risk of homelessness, we highly encourage all ETH providers to waive any fees or deposits.

8 COVID-19 Considerations and Resources

Each ETH Provider has discretion to administer their own COVID-19 screening and cleaning protocols. ETH Providers are encouraged to use local testing facilities to screen prior to entry; however, the JRI Office will not reimburse the ETH Provider for any COVID-19 testing costs or other COVID-19 related expenses.

The ETH Provider is also highly encouraged to educate all residents on how to identify COVID-19 symptoms.

The Center for Disease Control published COVID-19 Guidance for Shared or Congregate Housing (see [here](#)). The guidance also includes links to helpful resources such as videos, fact sheets and posters for your housing facility.

9 ETH Program Contact Information

9.1 ETH Application

Questions or concerns regarding ETH Application should be sent to:

The JRI Office

Department of Public Safety and Corrections

225-342-1368

jriprograms@la.gov

Emergency & Transitional Housing Application Checklist

Submit all the following documents to jriprograms@la.gov with the subject line “Spring 2021 -ETH Program-[Organization Name]” **by May 31, 2021 at 4:30 pm (CT)**.

- Completed Emergency & Transitional Housing Application (Appendix B)
- Copy of your housing policies, rules and regulations
- Copy of a signed IRS Form W-9
- Completed Vendor Profile Form from the LaGov Vendor Portal,⁶ updated within that last twelve months
- A notarized Vendor’s Published Price Affidavit
 - A blank affidavit can be found in Appendix D of the Program Guidelines and Application
- Proof of non-profit status (i.e. IRS 501(c)3 designation)
- If your organization **OWNS** the housing facility: Provide proof of ownership of each housing facility (e.g. tax assessor record, etc.)
- If your organization **RENTS** the housing facility:
 - Provide the rental agreement for each housing facility, and
 - Provide a signed letter from the property owner that indicates the following information:
 - The property owner is aware that the [Name of Your Organization] operates a transitional housing facility at the property
 - The property’s address
 - The property owner’s phone number
 - The property owner’s signature
- If applicable, a Request for Additional Per Diem Funding (Appendix C) and the suggested budgetary documentation

⁶ See Appendix A for more State Vendor Information

Appendix A: State Vendor Information

10 Louisiana Procurement and Contract Network (LaPAC) Information

10.1 New Vendor Registration

In order to be an authorized vendor with the State of Louisiana, the organization must register on-line. This process is managed by Office State Procurement, using the Louisiana Procurement and Contract Network (LaPAC)

New vendors can go to the *LaPAC Vendor Registration Menu* and complete the Vendor Enrollment Portal, and learn more about Vendor Registration Procedures:

<https://wwwcfprd.doa.louisiana.gov/osp/lapac/Vendor/VndPubMain.cfm?tab=2>

Current vendors can update their LaPAC information using the LaGOV Vendor Portal:

<https://lagoverpvendor.doa.louisiana.gov/irj/portal>

10.2 Assistance with LaGov Vendor Portal

If you have forgotten your password to your vendor record and/or require assistance, please call 225-342-8010 or send an email to vendr_inq@la.gov.

10.3 Completing Your Vendor Profile Form

All ETH Applicants must submit a completed vendor profile form using the LaGOV Vendor Portal. To complete the Vendor Profile Form:

1. Log into the LaGov Vendor Portal (<https://lagoverpvendor.doa.louisiana.gov/irj/portal>)
2. Once logged in, click Vendor Profile Data at the bottom of the left column
3. You will now be able to review, edit and print Vendor information
4. Click Save to update your form
5. The “Last Review” date must be within the last twelve months
6. Print and scan or save as a pdf for submission with the application.

10.4 Finding Your Vendor Supplier Number

A vendor supplier number is assigned to every registered vendor in the LaGOV system.

To locate your Vendor Supplier Number:

1. Go to “LaGOV Vendor Search”: <https://wwwcfprd.doa.louisiana.gov/osp/lapac/vendor/srchven2.cfm>
2. Fill in your Company Name and other details, if necessary
3. Click “Search”
4. In the LaGOV Vendor Search Results, you will see a column titled “Vendor” all the way to the right.



5. This is your Vendor Supplier #. It should start with the numbers “310.”

11 Secretary of State Business Status

All ETH Providers must be “In Good Standing” with the Louisiana Secretary of State, and have completed an Annual Report in the last year.

11.1 Checking Your Status with the Secretary of State

In order to check your status with the Secretary of State, please follow these instructions:

1. Go to the Secretary of State’s website, and click “Search for Louisiana Business Filings”
<https://coraweb.sos.la.gov/commercialsearch/commercialsearch.aspx>
2. Enter your Entity Name and click “Search”
3. Find your Entity and click to see the full profile.
4. Under “Status,” confirm that your status is “Active” and the Annual Report Status is “In Good Standing”
5. At the top, click “Print Detailed Record” for your records.

11.2 Submitting an Annual Report with the Secretary of State

If you need to submit an Annual Report, you will need to log into GeauxBiz.com.

1. Visit <https://geauxbiz.sos.la.gov/> and login. If you are signing in for the first time, click “Create Account” to create an account and verify your email address
2. On your dashboard, click “Getting Started”
3. Select “File an amendment, such as an annual report, with the Louisiana Secretary of State”, and then click Next
4. Enter your charter number, and then click Next
5. On your business’ details page, click File Annual Report
6. Follow the instructions in geauxBIZ to complete your filing

12 Direct Deposit Information

12.1 Electronic Funds Transfer (EFT) Enrollment

In order to receive direct deposit payment for ETH reimbursement, you must complete the Electronic Funds Transfer Enrollment Form, which can be found attached to this application.

If you have previously received direct deposit payment for services rendered with other State agencies, then you do not need to re-enroll in EFT.

You will need to send the completed EFT form to the Office of Statewide Reporting and Accounting Policy (OSRAP) by fax to (225) 342-0964 or to DOA-OSRAP-EFT@la.gov for processing.

Appendix B: Emergency & Transitional Housing Application

Organization Contact Information

Organization Name: _____

Legal Name (if different): _____

Office Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Tax ID: _____

Vendor Supplier⁷ #: _____

Authorized Contact Person (person who can sign on behalf of the organization):

Name: _____ Email Address: _____

Title: _____ Phone Number: _____

Organization Background Information

1. Select 1 of the following options that applies to you:

- I am a New ETH Applicant. I have never applied for the ETH Program
- I am an Approved ETH Provider. I became an ETH Provider in Spring 2020 and I am reapplying
- I am a Re-Applicant. I have applied for the ETH Program, but I have not been approved

2. Are you currently offering transitional housing at these facilities? YES NO

3. How many years has your organization offered transitional housing? _____

4. Have you ever provided transitional housing for people returning from incarceration or under P&P supervision? YES NO

a. If YES, how long have you been providing this service? _____

5. Do you own or lease the proposed ETH properties? YES NO

Note: You must own or lease the property to be eligible for the ETH reimbursement. You must provide proof of ownership of each facility.

⁷ See Appendix A for more information on locating your Vendor Supplier number. The number starts with "310"

6. Are the proposed ETH properties zoned to house multiple unrelated people? YES NO
7. Do the proposed ETH properties meet all state, parish and local government requirements regarding permits, licenses and inspections? YES NO
8. Is your organization connected with your area's Continuum of Care (CoC) and Coordinated Entry Access Point?⁸ YES NO
9. Please describe your relationship and history with your area's Continuum of Care (CoC) and Coordinated Entry Access Point, if applicable:

ETH Housing Questions

10. Total # of Housing Facilities _____
11. Total # of Beds Available _____
12. Total # Beds Available Monthly for ETH Participants⁹: _____
13. Do you provide participants with transportation for essential trips? (e.g. doctor's office, grocery store)¹⁰ YES NO

14. Please select 1 food access option that will be available at your ETH Facility or Facilities
Note: All ETH Providers must provide one meal or access to food.

- Participants will have access to a kitchen, and the ETH Provider will provide groceries
- Participants will have access to a kitchen, and ETH Provider will connect the participant to a food bank
- Participant will have access to a kitchen, and the ETH Provider will ensure that all participants have access to SNAP
- Staff will prepare at least 1 meal in a kitchen for participants.
- Other (Please explain):

⁸ Continuums of Care (CoC) is a HUD federal funded program designed to promote communitywide commitment to the goal of ending homelessness. Coordinated Entry Access Points are places where people experiencing homelessness can be assessed and referred to appropriate housing resources. To see the CoC regions in Louisiana, click [here](#).

⁹ Note: This is for estimation purposes only. The number of beds available for ETH participants is depending on: (1) the size of your housing facility, (2) how many people you can house with the ETH per diem for under \$5000/month, and (3) how you plan to allot your bed space for ETH Participants.

¹⁰ This is not required to be an ETH Approved Provider. It is for referral purposes only.

Referral And Invoicing Contact

15. For Direct Referrals from Probation and Parole (See Section 5.2 "Participant Referrals" for more information)

Probation & Parole should: (Select all that apply)

Call Name: _____ Phone Number: _____

Text Name: _____ Phone Number: _____

Email Name: _____ Email Address: _____

Other: (Please explain)

16. Who will be responsible for submitting the ETH invoice for reimbursement to the JRI Office?

Name: _____ Email Address: _____

Title: _____ Phone Number: _____

Application & Intake Process and Requirements

17. Are residents required to complete a written application? YES NO

18. Is an interview required prior to admission? YES NO

19. Are medical tests required prior to admission? (e.g. TB test) YES NO

a. If Yes, Please Explain:

20. What is your protocol for COVID-19 screening of incoming residents, as well as current residents?¹¹

21. Other Admissions Requirements (Please Explain):

¹¹ Please see the CDC COVID-19 Guidance for Shared and Congregate Housing at: <https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

Housing Policies and Procedures

In addition to these questions, please also attach your housing policies, rules and regulations to your ETH Application.

22. Is there a curfew? YES NO
23. Are visitors allowed? YES NO
24. Other Restrictions (Please explain):

Resident Verification

25. Is there a house manager that lives on site? YES NO
- a. If **YES**, please describe the days/hours that a house manager is present at the housing facility

-
- b. If **NO**, please describe who is responsible for looking after the housing facility, their role, and days/hours they are present at the facility.

-
26. Resident Verification: Please describe the process and frequency for determining who is currently living in your housing facility (i.e. a sign-in sheet, individual key codes assigned to each resident, checking on the house daily/weekly, having house meetings that require resident attendance etc.)
-

Per Diem Requested:

| | Emergency (Homeless Shelter) | Transitional Housing |
|---|------------------------------|--|
| Per Diem Allowances¹² | Up to \$12 per day | Up to \$20.84 per day If Approved for Additional Per Diem: Up to \$26.10 per day |

27. Please list your current published price your housing facility:

\$ _____.

This should match the amount listed on Appendix D, Vendor Published Price Affidavit

Frequency:

Per Day

Per Week

Per Month

28. Is your daily per diem more or less than \$20.84?¹³

More than \$20.84/day

Less than \$20.84/day

If your daily per diem is more than the \$20.84 per day, you are able to apply for more per diem funding. Please attach Appendix C, "Request for Additional Per Diem Funding" and the budgetary documentation to your ETH Application.

¹² The per diem amount shall not be higher than the vendor's published price.

¹³ To convert a "per month price" to a daily price, divide the monthly price by 30.42 days. 30.42 is the average number of days per month.

Fees & Deposit Information for ETH Participants

Note: All fee and deposit information should be clearly defined in the housing program guidelines

29. Please describe all fees and costs required of the participant, assuming they are eligible for the ETH reimbursement. (i.e. their room & board will be reimbursed). If you need additional space, please attach additional sheets to your application.

| Name of Fee/Cost | Frequency of Payment | Amount Owed | Can It Be Waived? | Please explain the purpose of the fee/cost |
|------------------|------------------------------------|-------------|---|--|
| A. | _____ | \$_____. | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | <input type="checkbox"/> Per Day | | | |
| | <input type="checkbox"/> Per Week | | | |
| | <input type="checkbox"/> Per Month | | | |
| | <input type="checkbox"/> One Time | | | |
| B. | _____ | \$_____. | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | <input type="checkbox"/> Per Day | | | |
| | <input type="checkbox"/> Per Week | | | |
| | <input type="checkbox"/> Per Month | | | |
| | <input type="checkbox"/> One Time | | | |
| C. | _____ | \$_____. | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | <input type="checkbox"/> Per Day | | | |
| | <input type="checkbox"/> Per Week | | | |
| | <input type="checkbox"/> Per Month | | | |
| | <input type="checkbox"/> One Time | | | |

Housing Facility Information

Please complete all questions for each housing property. More than 1 facility? See the end of the application for more Housing Facility Information sheets.

Property #1

Address: _____

City, State Zip Code: _____

Parish: _____

Housing Details

Type of Housing Facility Emergency Housing¹⁴ Transitional Housing

Is this housing facility a sober living residence¹⁵? YES NO

Total # Beds Available Monthly for ETH Participants¹⁶: _____

Is your facility near public transportation¹⁷? YES NO Other

Explain: _____

Is your facility handicap accessible¹⁸? YES NO Other

Explain: _____

Participant Eligibility: Please indicate below who is eligible to stay in your housing facility:

Gender (Select All That Apply) Men Women

Sex Offenders Accepted?¹⁹ YES NO Other

If Other, Please Explain: _____

Does this facility serve any of these specific populations? (Select all that apply) Veterans Women with Children Other

If Other, Please Explain: _____

Other Participant Eligibility Criteria (e.g. age range): _____

¹⁴ Emergency Housing is an overnight shelter (homeless shelter) that provides emergency sleeping accommodations for a period not to exceed twelve (12) hours.

¹⁵ A sober living residence is a residence that requires abstinence from alcohol and other drugs.

¹⁶ Note: This is for estimation purposes only. The number of beds available for ETH participants is depending on: (1) the size of your housing facility, (2) how many people you can house with the ETH per diem for under \$5000/month, and (3) how you plan to allot your bed space for ETH Participants.

¹⁷ This is not required to be an ETH Approved Provider. It is for referral purposes only.

¹⁸ This is not required to be an ETH Approved Provider. It is for referral purposes only.

¹⁹ If yes, your housing meet the minimum qualifications as stated in Louisiana RS 15:538 D. (i.e. at least a 1,000 away from a school, church or park, etc.)

Certification and Signature

I certify that the information provided above is accurate and complete. I further understand that if this application is approved and placed on the preferred housing provider list, it does not guarantee a minimum number of participants each month, if any.

By signing below, the Housing Provider (hereafter "Vendor") agrees to protect, defend, indemnify, save and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, its officers, agents, servants and employees, including volunteers, from and against any and all claims, demands, expense and liability arising out of injury or death to any person or the damage, loss or destruction of any property which may occur or in any way grow out of any act or omission of the Vendor, its agents, servants and employees and any and all costs, expense and/or attorney fees incurred by the Vendor as a result of any claim, demands, and/or causes of action except for those claims, demands and/or causes of action arising out of the negligence of the Department, its agents, representatives and/or employees. Vendor agrees to investigate, handle, respond to, provide defense for and defend any such claims, demands or suit at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claim, etc.) is groundless, false or fraudulent.

Authorized Signature

Date

Additional Housing Facility Information

If you have more than one housing facility that you are submitting for ETH approval, please complete as many “Housing Facility Information” sheets as needed.

Housing Facility Information

Please complete all questions for each housing property. More than 1 facility? See the end of the application for more Housing Facility Information sheets.

Property #2

Address: _____

City, State Zip Code: _____

Parish: _____

Housing Details

Type of Housing Facility Emergency Housing²⁰ Transitional Housing

Is this housing facility a sober living residence²¹? YES NO

Total # Beds Available Monthly for ETH Participants²²: _____

Is your facility near public transportation²³? YES NO Other

Explain: _____

Is your facility handicap accessible²⁴? YES NO Other

Explain: _____

Participant Eligibility: Please indicate below who is eligible to stay in your housing facility:

Gender (Select All That Apply) Men Women

Sex Offenders Accepted?²⁵ YES NO Other

If Other, Please Explain: _____

Does this facility serve any of these specific populations? (Select all that apply) Veterans Women with Children Other

If Other, Please Explain: _____

Other Participant Eligibility Criteria (e.g. age range): _____

²⁰ Emergency Housing is an overnight shelter (homeless shelter) that provides emergency sleeping accommodations for a period not to exceed twelve (12) hours.

²¹ A sober living residence is a residence that requires abstinence from alcohol and other drugs.

²² Note: This is for estimation purposes only. The number of beds available for ETH participants is depending on: (1) the size of your housing facility, (2) how many people you can house with the ETH per diem for under \$5000/month, and (3) how you plan to allot your bed space for ETH Participants.

²³ This is not required to be an ETH Approved Provider. It is for referral purposes only.

²⁴ This is not required to be an ETH Approved Provider. It is for referral purposes only.

²⁵ If yes, your housing meet the minimum qualifications as stated in Louisiana RS 15:538 D. (i.e. at least a 1,000 away from a school, church or park, etc.)

Housing Facility Information

Please complete all questions for each housing property. More than 1 facility? See the end of the application for more Housing Facility Information sheets.

Property #3

Address: _____

City, State Zip Code: _____

Parish: _____

Housing Details

Type of Housing Facility Emergency Housing²⁶ Transitional Housing

Is this housing facility a sober living residence²⁷? YES NO

Total # Beds Available Monthly for ETH Participants²⁸: _____

Is your facility near public transportation²⁹? YES NO Other

Explain: _____

Is your facility handicap accessible³⁰? YES NO Other

Explain: _____

Participant Eligibility: Please indicate below who is eligible to stay in your housing facility:

Gender (Select All That Apply) Men Women

Sex Offenders Accepted?³¹ YES NO Other

If Other, Please Explain: _____

Does this facility serve any of these specific populations? Veterans Women with Children Other
(Select all that apply) If Other, Please Explain: _____

Other Participant Eligibility Criteria (e.g. age range): _____

²⁶ Emergency Housing is an overnight shelter (homeless shelter) that provides emergency sleeping accommodations for a period not to exceed twelve (12) hours.

²⁷ A sober living residence is a residence that requires abstinence from alcohol and other drugs.

²⁸ Note: This is for estimation purposes only. The number of beds available for ETH participants is depending on: (1) the size of your housing facility, (2) how many people you can house with the ETH per diem for under \$5000/month, and (3) how you plan to allot your bed space for ETH Participants.

²⁹ This is not required to be an ETH Approved Provider. It is for referral purposes only.

³⁰ This is not required to be an ETH Approved Provider. It is for referral purposes only.

³¹ If yes, your housing meet the minimum qualifications as stated in Louisiana RS 15:538 D. (i.e. at least a 1,000 away from a school, church or park, etc.)

Appendix C: Request for Additional Per Diem Amount

We understand that the ETH per diem may not cover all incurring costs for housing an ETH participant. If your vendor published price is above the daily ETH per diem rate, you may request for additional per diem amount for transitional housing using the form below.

Additional Per Diem Requests will be reviewed and may be approved based on at least **one** of the following criteria:

- The requested per diem amount is reasonable and necessary to aid ETH participants in finding and securing long term housing. This would include employing additional staff to assist participants in identifying and applying for rental units or long term housing programs.
- Operating expenses for the facility (i.e. rent, utilities, essential staff) is higher than the maximum per diem (\$20.84 per participant per day); therefore, accepting individuals into the ETH program at the allocated per rate would be detrimental to the operation of the transitional housing facility.

We cannot guarantee that a request for additional per diem will be granted.

Regardless of per diem rate, maximum compensation allowed per housing provider is \$5,000 per month. A provider cannot invoice DPS&C for more than \$5,000.00 in any given month, regardless of the per diem rate, or the number of locations or facilities. Therefore, by requesting a higher per diem amount per participant, you may be limiting the number of ETH participants and the number of bed days that you can accommodate for ETH reimbursement each month.

In order to be considered for an additional per diem amount, **you must submit supporting documentation** that details the operational costs of your facility and/or illustrates the need for the additional per diem amount (e.g. operational budget, funding sources etc.). You must attach the documentation to your ETH Application.

Additional Per Diem Funding Request

I am requesting the following per diem amount for transitional housing:

Per Diem (No More than \$26.10) \$_____ . _____ **per participant per day**

My Vendor Published Price Affidavit states that room and board at my facility for 1 resident is:

\$ _____ Per Day Per Week Per Month

Goods and Services Provided With Additional Per Diem

If room and board is covered or partially covered by the \$20.84 per participant per day per diem, then **please describe in detail, what goods or services will be provided to ETH participants with the additional per diem** (up to \$5.26 per participant per day):

Some examples may include: 2 hours of case management each week at \$18.00/hr, laundry services, additional meals, hygiene kits, clothing etc. **Please include dollar amounts and be as specific as possible**

Operations Impact with Additional Per Diem

Please describe, in detail, what the additional per diem will provide for the operation of the transitional housing program:

If your request for additional per diem amount is denied, would you will be willing to provide ETH housing for \$20.84 per participant per day?

YES

NO

You must also attach your supporting documentation that details the operational costs of your facility and/or illustrates the need for the additional per diem amount (e.g. operational budget, funding sources etc.) to this application.

Appendix D: Vendor's Published Price Affidavit

The Vendor's Published Price Affidavit can be found on the following page. Please complete the form in the presence of a notary, and ensure that the notary signs and stamps the form.

You must submit a copy of this notarized and signed affidavit with your ETH Application. The JRI Office does not need the original document, but please keep the original document for your records.

If you have multiple facilities with different published prices, please note the different published prices on one affidavit by using multiple lines.

Emergency and Transitional Housing Program

Vendor's Published Price Affidavit



Parish of _____

STATE OF LOUISIANA

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in this state and parish, personally appeared _____, who after being duly sworn, stated under oath that:

1. He/She is authorized to apply for the Emergency and Transitional Housing (ETH) program on behalf of:

(Organization Name)

2. Attested that at these facilities (*listed below*), the published price for room and board for one (1) resident is:

| Facility | Facility Address (Street, City, State, Zip Code) | Published Price for Room and Board for one (1) resident |
|----------|--|---|
| 1 | | \$_____ per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month (Check one) |
| 2 | | \$_____ per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month (Check one) |
| 3 | | \$_____ per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month (Check one) |

A published price is the amount charged of each resident for room and board. Other fees or deposits can be disclosed on the ETH Application. Please use additional affidavits if you need to report different published prices for more facilities.

3. He/She understands the per diem amount allowed for the ETH program shall not be higher than the applicant's published price.

(Signature of Affiant)

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____, at _____, Louisiana.

NOTARY PUBLIC

My commission expires: _____