**Ocean County Homeless Prevention and Assistance Coalition**

**Request for Proposals**

The Ocean County Department of Human Services, in conjunction with the Ending Homelessness Group - the Code Blue Warming Center Managing Entity, is gearing up for the 2019 – 2020 Code Blue Season.

For the 2019-2020 Code Blue season, limited funding will be available to assist Code Blue partner agencies in providing Warming Center services on official Code Blue days. Funding will be distributed to approved agencies in accordance with the Ocean County 2019 – 2020 Code Blue Plan using a fee for service model.

We ask that all agencies interested in becoming Code Blue sites complete the questionnaire below and provide the documents listed by September 13, 2019, sending the completed application to Taiisa Kelly at tkelly@monarchhousing.org.

**Documents to be submitted:**

* Documentation of agency status as a 501(c) (3) non-profit organization
* Certificate of Insurance
* Official Letter (on agency letterhead) authorizing use of site for Code Blue Services

**Please complete the following:**

|  |  |
| --- | --- |
| Agency Name |  |
| Agency Street Address |  |
| Agency Town |  |
| Agency Zip Code |  |
| Person to contact |  |
| Phone Number |  |
| Email address |  |

**What experience does your agency have with offering Code Blue services?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Please identify all services that will be available at your Code Blue Site.** |
| Food |  | Clothing |  | Showers |
| Handicap Accessible location |  | Separate restroom facilities |  | Transportation |
| Case Management |  | Behavioral Health Support |  | Information, Referral and Linkage |
| Financial Assistance |  | Substance Abuse Treatment Services |  | Employment Services |

**Please describe the services to be provided at the Code Blue site indicating frequency, target population (if any), and partner agencies (if any).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **For Code Blue purposes please clarify if the above identified services are available to all persons experiencing homelessness or a targeted population:** |
|  | Persons with Disabilities |  | Seniors |  | Survivors of Domestic Violence |
|  | Persons with Behavioral Health needs |  | Families with Children |  | Veterans |
|  | Persons with Substance Abuse needs |  | Youth/Young Adults |  | Non-specific/anyone in need |
|  | Other |  |  |  |  |

|  |
| --- |
| **During an activated Code Blue alert, is your Agency able to provide Daytime warming center services:**  |
|  | Yes |  | No |
| If yes, please indicate the address where Daytime services will be available |  |
| Please indicate the hours your agency will be available for Daytime warming center services |  |
| Please indicate the maximum number of guests your Daytime warming Center will be able to serve |  |

|  |
| --- |
| **During an activated Code Blue alert, is your Agency able to provide Overnight warming center services:**  |
|  | Yes |  | No |
| If yes, please indicate the address where Overnight services will be available |  |
| Please indicate the hours your agency will be available for Overnight warming center services |  |
| Please indicate the maximum number of guests your Overnight warming center will be able to serve |  |