

RENO HOUSING AUTHORITY SOLICITATION FOR PARTNERS

HOMELESS PREVENTION PROGRAM (HPP) MOTEL ASSISTANCE DIRECT REFERRAL SOLICITATION

INTRODUCTION

The Housing Authority of the City of Reno's (RHA) mission is to provide fair, sustainable, quality housing in diverse neighborhoods throughout Washoe County that offers a stable foundation for low-income families to pursue opportunities, become self-sufficient and improve their quality of life. As part of meeting its mission, RHA administers the Homeless Prevention Program (HPP), which aims to prevent homelessness by providing short-term assistance to families through various activities, including Motel Assistance. The Motel Assistance activity provides eligible households with up to 60 days in a motel, provided they are working with a community-based social service agency to develop a long-term housing plan.

Through this Solicitation, the Authority wishes to enter into an agreement with one or more community-based social service agencies to accept direct referrals for the HPP Motel Assistance program.

HPP PROGRAM FUNDING

RHA applies annually for grant funds from the Nevada Housing Division's (NHD) Account for Affordable Housing. The number of households served is limited by the funding available and the demand for each of the HPP activities. Referrals for this assistance will be accepted until the funding allocated for this activity has been depleted.

SOLICITATION

With this solicitation, RHA is seeking proposals from qualified agencies/organizations with demonstrated experience in working with families experiencing homelessness or at risk of homelessness on the development of a long-term housing plan. Knowledge of community resources related to these services is required and should be demonstrated in the proposal.

The deadline for receipt of proposals is **5:00 PM PST, Friday, August 29, 2025**. Proposals received after the established deadline may be considered non-responsive and rejected. Proposals should be electronically submitted to:

Jamie Newfelt
Reno Housing Authority –Director of Rental Assistance
Email: jnewfelt@renoha.org.

Any questions regarding the solicitation should be directed to Ms. Newfelt. All questions must be submitted by 5:00 pm PST on August 15, 2025.

Each respondent shall submit one proposal. RHA may select one or multiple proposals through this solicitation.

SCOPE OF WORK

RHA is seeking proposals from community-based social service agencies who work with households experiencing or at risk of homelessness to provide direct referrals to the HPP Motel Assistance program. RHA expects the referring agency to assist the client with completing the application and applications should be submitted directly from the referring agency to RHA. RHA also expects the referring agency to serve as a point of contact regarding the application and assist the client with obtaining any required documentation. No fees will be paid by RHA for the referral and no fees should be charged to the applicant by the selected agency(ies) for assistance in referring the applicant and/or their applying to HPP.

Eligible Individuals and Families: Services may be provided to individuals and families:

1. Who have resided in Nevada for the last two (2) years and currently reside in Washoe County;
2. Whose income is less than 60% of the area median income;
3. Who are homeless or at risk of homelessness; AND
4. Who are working with the referring agency on a plan for long-term housing stability.

Initial eligibility determinations will be made by the referring agency but will be verified by HPP staff.

MINIMUM THRESHOLD CRITERIA

The following are the minimum requirements that must be submitted with the proposal packet. Following an opportunity to cure, if the required information is not provided and/or the proposal does not meet the threshold requirements, it will be rejected by RHA.

1. The application cover sheet included with this solicitation, signed by the authorized representative with ability to bind the agency.
2. A maximum two-page narrative, in minimum 11-font, describing the agency's qualifications and experience providing the services outlined in this solicitation. Referrals must come from staff directly employed by the submitting agency and cannot be subcontracted staff or agencies. No fees will be paid for referrals.

GENERAL CONDITIONS

Upon selection, RHA will execute a Memorandum of Understanding with the selected agency(ies).

EVALUATION CRITERIA

Evaluation criteria shall be as follows:

EVALUATION CRITERIA	Points
Background/Qualifications/Experience	
Demonstrated experience providing the same or similar services in the last 3 years.	35
Demonstrated knowledge of local resources related to requested services.	35
Guarantee to assist with application completion, obtaining necessary documentation, and serve as point of contact.	20
Application Cover Sheet	10
TOTAL	100

SUPPLEMENTAL INFORMATION REQUEST: If RHA determines in its sole discretion that additional information is required for a fair and complete review of an application, RHA may issue a supplemental information request. The additional information requested must be delivered to RHA within two business days of the date of notice.

Application Cover Sheet

HOMELESS PREVENTION PROGRAM (HPP) MOTEL ASSISTANCE DIRECT REFERRAL SOLICITATION

Legal Name of Organization

TAX ID Number

Address

City

State

Zip

Name of contact person regarding application

Title

Email

Phone

Certifications:

By signing this application, the following certifications are made:

1. The owner and its agents will comply with all applicable fair housing and civil rights requirements found in 24 CFR §5.105(a), including, but not limited to, the Fair Housing Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and Titles II and III of the Americans with Disabilities Act, as applicable.
2. The owner and its agents will comply with effective communication requirements pursuant to section 504 of the Rehabilitation Act of 1973 and its implementing regulations at 24 CFR §8.6.
3. The owner agrees that, if selected, the selection is conditional and subject to:
 - a. Funding Availability
 - b. Memorandum of Understanding Execution

Signature of Authorized Representative:

Print Name:

Date:

Title:
