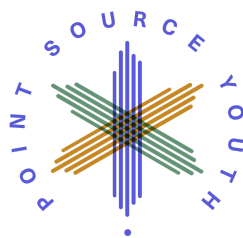


NYC Direct Cash Transfer as Prevention Program (DCT - P) Pilot Request for Proposals (RFP)

Community-Based Organization (CBO) Partner Selection



This initiative, presented by Point Source Youth, is supported by Trinity Church Wall Street and the NYC Fund to End Youth & Family Homelessness



Direct Cash Transfer as Prevention Program (DCT-P) Pilot Request for Proposals (RFP):

Lead Community-Based Organization (CBO) Partner

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I. Background & Overview of the Program



On a single night in 2020, more than 4,400 unaccompanied and parenting youth were counted as experiencing homelessness in New York City (NYC). Further, NYC recently commissioned a Youth Homelessness System Assessment.¹ This work highlighted significant system gaps in the availability of flexible, developmentally appropriate, effective, cost-efficient interventions for youth and young adults for whom shelters, residential programs, and intensive supportive housing interventions are inappropriate or undesirable. Evidence suggests that young people who are doubled-up, couch-surfing and unstably housed face similar outcomes to their peers experiencing literal homelessness. At the same time, few, if any, interventions exist in most communities to prevent youth and young adult homelessness.

Point Source Youth (PSY), with partners across the US, have generated a growing body of evidence and practice knowledge on effectively implementing Direct Cash Transfer interventions with young people. Building on the incredibly successful Homeless Prevention and Diversion Fund (HPDF) model developed by A Way Home Washington, PSY has created a new model of using Direct Cash Transfers, alongside supportive programming, as a homelessness prevention intervention for young people.

This pilot is designed to test and improve upon community models for supporting young people to thrive in safe, stable housing without needing to enter the homelessness system. We believe that by trusting young people, removing financial barriers to housing, and offering supportive services before becoming unhoused, we will see more young people avoid homelessness and stay housed long term. The technical assistance provided by PSY will center not only on implementing effective, youth-driven prevention practices, but on building local public will for communities to center prevention in their homelessness systems and plan for the sustainability of this intervention beyond the term of the pilot.

Learnings from Direct Cash Transfers implementation, partners, and young leaders led to the following key conclusions about how to develop an effective DCT as Prevention program for youth experiencing homelessness:

1. **Center on youth, equity, and trust.** This project aims to place power and resources in the hands of young people, and trust that they know what they need to maintain stable and supportive housing. Support for young people should be youth-driven. Young people elevated the importance of centering the program on youth needs and preferences, particularly Black, Indigenous, and People of Color (BIPOC) and 2SLGBTQ youth who face discrimination and exclusion through existing systems.
2. **Boost housing stability and empowerment.** Participants encouraged setting this DCT-P up with clear and bold objectives: help youth sustainably avoid homelessness

¹ Morton, M. H., Kull, M. A., Chávez, R., Chrisler, A. J., Carreon, E., & Bishop, J. (2019). A Youth Homelessness System Assessment for New York City. Chicago, IL: Chapin Hall at the University of Chicago. Available at: <https://www.chapinhall.org/research/assessment-of-new-york-citys-homelessness-system-reveals-opportunities-and-challenges-to-meet-youths-needs/>



and get on paths to thriving, according to the paths they choose. Supportive services and design decisions should be designed towards these goals.

3. **Adopt a fast, flexible and simple approach.** Youth experiencing homelessness have diverse needs, preferences, and circumstances, and often need immediate access to resources to resolve a housing crisis. Providing simple, rapid, low-barrier payment delivery systems and supportive services makes the program easier and more efficient to implement.
4. **Commitment to prevention.** Young people do not deserve homelessness, and this project aims to support communities to imagine and learn what it takes to systematically prevent young people from needing to spend even one day without a safe and stable place to thrive.

One New York City CBO, Henry Street Settlement, has already been selected to participate in this pilot. Through this request for proposals (RFP), we aim to identify one additional lead community-based organization (CBO) partner based in New York City for coordinating and implementing key aspects of the program and recruitment during the initiative's pilot and initial evaluation phase. Box 1 includes a summary of the pilot.

Through this pilot, we aim to generate evidence for designing successful prevention interventions, and stand-up processes, procedures, and infrastructure that are geared for sustainability, scalability, and racial and 2SLGBTQ equity in diverse homelessness systems in New York City. Point Source Youth seeks 1 additional lead CBO partner who can support these objectives.



Box 1. Direct Cash Transfer as Prevention Program (DCT-P) NYC Pilot

The NYC DCT-P Pilot aims to cost-efficiently improve housing stability, food security, empowerment, and general well-being of young people on the verge of experiencing homelessness. We expect the pilot will engage approximately 100 young people, 50 from each site, aged 16 to 24 at risk of homelessness. Each participant will receive one-time direct financial assistance based on individual need, averaging around \$3,700 per client. Payment will be delivered to young people within 24-48 hours of enrollment. Receipt of the cash transfer is unconditional and immediate, and the pilot will provide up to 6 months of voluntary strengths-based supportive programming delivered by a local youth-serving non-profit (lead CBO). In this sense, we plan to implement and evaluate a “Cash Plus” model whereby young people receive direct cash transfers *along with* non-monetary supports to address other constraints to their long-term housing stability and thriving.

II. Direct Cash Transfer Program Components

This section provides additional information on the pilot design based on inputs during the Phase 1 processes. Some of the details of these design plans are subject to adjustment in partnership with the selected lead CBO and youth advisors.

Eligibility

The study aims to enroll young people ages 16-24 experiencing a housing crisis or at risk of homelessness. This is a true prevention program targeting young people before they access the homelessness system. To be eligible to participate in the pilot, young people must be at risk of experiencing unaccompanied homelessness and must not be dually enrolled in another homeless housing program (ie: Rapid Re-Housing, Permanent Supportive Housing). Previous experience of homelessness will not impact eligibility.

Communities will determine focus populations in partnership with PSY and youth consultants, and determine how to tailor the service delivery and referral relationships based on that.

Under-18 Year Olds

CBOs may or may not serve minors through DCT as Prevention. For CBOs that are interested in using this project to serve young people age 16-17, PSY will provide support in implementation. CBOs are not necessarily required to serve minors with this program.

Recruitment

Because the objective is to support housing stability among young people experiencing a housing crisis and prevent them from needing to access the homelessness system, recruitment will focus on identifying young people before they become unhoused. CBOs will coordinate with upstream systems and spaces of care (schools, foster care, juvenile detention, queer, trans and BIPOC community spaces, etc) to create simple, fast, and intentional processes to resolve housing crises immediately.



Specific effort will go into co-designing local referral and intake processes that center the experiences and needs Black, Indigenous, youth of color, 2SLGBTQ-identifying youth, and immigrant and refugee youth who are disproportionately represented among those experiencing homelessness.

Payment Amount and Frequency

Centering youth voice and choice is paramount, and we expect CBOs to engage in creative housing conversations with young people in order to determine what they need to resolve their housing crisis and remain stably housed. Payments will be based on equity and youth need, using an abundance approach rather than only offering young people the bare minimum to support their long-term sustainability and thriving.

Each CBO will receive \$185,000 for direct cash transfers to young people, which should be dispersed according to individual need. We expect that each CBO will serve approximately 50 young people with an average one-time payment of \$3,700 each, with the flexibility to break up the payment into smaller amounts over time if it serves the needs of young people.

Payment Mechanism

Often in prevention situations, young people need flexible access to their funds immediately to eliminate their financial barrier to remaining housed. The international literature suggests that technology-enabled payments have a range of benefits over and above manual cash payment methods, such as cash or checks. Similarly, young people generally advised use of options such as Venmo, CashApp, direct deposits, or debit cards that would allow them to receive and spend cash quickly and without having to physically travel somewhere to receive cash. At the same time, different young people have different disbursement needs and preferences, so they indicated that, ideally, they would be able to select from options for a payout method that works best for their situation. Young people also underscored the importance of including low-barrier payout options that are accessible for youth lacking a social security number, existing bank accounts, or other documentation.

CBOs will be asked to identify a payment provider, in partnership with PSY, that is able to ensure young people receive payments within 24-48 hours of intake. CBOs can elect to act as the payment processor as long as they can meet the [baseline financial requirements](#) via agreement with PSY.

Youth-Driven Supportive Programming

Many of the long standing and well-evaluated DCT programs internationally have evolved into “cash plus” models with optional services provided to recipients. These couple direct financial assistance with a range of other optional program components and policies to address non-financial and structural barriers that people living in poverty face to escaping poverty and



thriving.

Homelessness systems tend to focus resources on the most vulnerable young people, often meaning that young people at risk of homelessness are not eligible for most, or any, resources. This program will require CBOs to hire prevention specialists and provide voluntary youth-driven flexible supports, such as strengths-based peer counseling, mentorship and connection to other services and resources, mainstream benefits, housing navigation, financial inclusion and financial literacy supports, realistic goal-based budgeting, harm reduction and positive youth development approaches, among others, to amplify the effect of the cash payments for young people at risk of homelessness.

Public Will Building

Cash “Plus” models of DCT have been growing in scope across the US in the past several years, from small pilots to eventually serving more and more young people. Similarly, communities are realizing more and more that without effective homelessness prevention strategies, they cannot sustainably reduce their overall numbers of young people experiencing homelessness. Robust data collection that doesn’t create unnecessary barriers for young people, alongside clear, strategic local advocacy can create the conditions for the long-term sustainability of this program.

III. Lead CBO’s Scope of Work

The lead CBO will be responsible for the following key functions, which applicants should demonstrate their ability to implement in the proposal:

Planning

Months 1-3

Collaborate with PSY, program evaluators, and other key partners/stakeholders in finalizing program and evaluation design decisions through workshops and processes facilitated by PSY. Hire and onboard prevention specialists. Part of this will include convening local funders, advocates, and policy makers to build momentum and buy in for this project. Participate in training, readiness, and kick-off events and activities as required.

Referral Systems and Coordination

Timeline: approximately months 4-5

Coordinate and design identification, recruitment, and referral pipelines and relationships to the pilot study. Specifically, the lead CBO must build or ideally leverage existing relationships with upstream systems and spaces of care:

- Map and design referral pathways and partnerships that will center **Black, Indigenous, youth of color, 2SLGBTQ-identifying youth, and immigrant and refugee youth who are disproportionately represented among those experiencing homelessness.**
- Prepare, train, and support personnel at referring entities to use predetermined



communication scripts, brief screening protocols, and referral procedures for identifying eligible young people and referring them to participate in the program.

- Work closely with referral sites and provide significant support and communications to encourage strong engagement and recruitment.
- Coordinate with evaluators and local HMIS system administrators as needed to plan for program evaluation and consent documentation.
- Build mechanisms for ongoing collaboration and involvement of key local stakeholders in reviewing program data, implementation successes and challenges, and strategizing for sustainability of DCT-Prevention alongside other prevention resources.

Program Launch & Supportive Programming

Timeline: approximately months 6-12

Launch the program locally and start receiving referrals, enrolling young people and providing orientation and supportive services on a rolling basis. The lead CBO will provide standardized orientation to all young people enrolled in DCT as Prevention. At a minimum, this orientation should include the following:

- Creative housing conversations to identify specific barriers to housing stability.
- Public benefits counseling by a trained professional, to help young people understand the implications of participating in the DCT-P for any public benefits they might receive (SNAP, WIC, cash assistance, housing vouchers, etc.).
- Assistance with understanding how to access funds, making informed choices with respect to the payment option (e.g., Venmo, Paypal, direct deposit, prepaid card) and the disbursement option (e.g., whether to take a larger drawdown upfront)
- Reviewing supportive services case managers could provide to them over the course of the following ~6 months.

Provide flexible, demand-driven supportive programming to all participants. Supportive programming includes voluntary, consistent, youth driven engagements over time with a prevention specialist. Programming may be provided virtually or in-person, depending on the young person's circumstances and preferences.

Over the course of the program, the supportive programming team will provide participants with the following supports and services, among others:

- Continuous public benefits counseling, as needed, and support with accessing ongoing public benefits if needed;
- Continuous goal planning, realistic budgeting, service/resource connections, and connection to care;
- Financial inclusion and education (e.g. assistance with establishing or utilizing a financial account that works for their needs, budgeting and financial practices, avoiding fees or penalties, skills to avoid fraud/theft of a debit card or financial information, building credit);



- Family or landlord mediation, as needed;
- Housing counseling and navigation;
- Strengths-based skills development, using a positive youth development and trauma informed care framework;
- Employ a harm reduction approach. Harm reduction involves policies, programs, and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights—it focuses on positive change and on working with people without judgment, coercion, discrimination, or requiring that they stop using drugs as a precondition of support;
- Motivational interviewing and critical time intervention support modalities;
- Meeting youth where they are at, online or in-person, particularly oriented toward the young person’s individual goals and pathway to housing stability and thriving as well as how they prefer to communicate with a mentor or a peer navigator;
- Collect and share basic program monitoring data as discussed for the purpose of the implementation evaluation.

Prevention specialists will connect with young people bi-monthly for the first 3 months at minimum unless otherwise directed by the client.

IV. Local Public Will Building

The lead CBO will play a key role in convening local stakeholders, including funders, key policy makers, advocates and young people with lived experience to review program data, discuss learnings, and plan for the sustainability of this project in the long term. In collaboration with PSY, we will design a strategy for building this momentum and investment locally, which could include hosting regular stakeholder meetings, prevention system design workshops, strategy sessions and/or other activities as needed.

V. Partnership

The lead CBO will be expected to participate as a partner in informing and finalizing several program and study design and implementation decisions. Additionally, the lead CBO will be expected to:

1. Provide a safe space and technology as needed for study participants to be able to complete evaluation surveys when they lack access to technology/wifi/data to take the surveys on their own or would otherwise prefer to take the survey at the lead CBO location. We expect that most young people will prefer to take the web-based surveys on their (or their household’s/friend’s) smart phones, tablets, or computers, but some participants may need or prefer to complete surveys at the lead CBO’s physical site or a site arranged by the lead CBO.
2. Adhere to program implementation requirements laid out in the implementation manual, which will be jointly finalized by Point Source Youth, and the lead CBO. Discuss with PSY any expected adaptations/deviations in advance, and immediately report any unexpected adaptations/deviations. Engage in implementation support and technical



assistance provided by Point Source Youth.

3. Additional problem-solving assistance with respect to payments by being the primary interface with the payment provider, as needed (e.g., lost/stolen debit card, fraud, or non-receipt of timely disbursements). The payments partner will have primary responsibility for executing this support, but the non-profit agency will provide additional support, as needed, for escalated cases that are not readily resolved without support systems on the part of the payment partner. The prevention specialist will undergo training and orientation on the specifics of the payment partner's systems and services and will have a direct contact for technical assistance;
4. The lead CBO will share program data, regularly report on progress towards goals, and remain in regular communication with PSY and our evaluation partners.

VI. Staffing

PSY will provide support for the local non-profit agency's selection of the prevention specialist to help ensure the program's success. Both parties will collaborate to create the position description and ensure that youth with lived experience are part of the selection process and ongoing review process with the implementation partner. During the selection process for this role, the CBO will need to establish their own primary liaison for all partners in this project with experience in hiring processes, with local service providers and systems of care, and recruiting youth for programs. All program staff are expected to participate in required PSY training before program launch and funds are distributed.

Funding will be provided to each selected community for 50% FTE Prevention Specialist, and asks CBOs to match the other 50% to create 1 FTE dedicated to this program. This position will coordinate referral processes, manage program enrollments, enter data into participant case files, provide onboarding, conduct benefits counseling, mentorship coaching, budgeting support, warm referrals, and will facilitate follow ups. Because of the short-term nature of the pilot, we encourage communities to leverage existing staff to cover this role.

VII. Training & Continuous Improvement

Effective and ongoing training and support of the implementation partner staff is critical to the program's success. Using a continuous improvement framework and continually collaborating with youth with lived experience, PSY will work to ensure that program staff is supported throughout the program timeline. The training and continuous improvement work will also contain specific policies, procedures, and support for each staff person hired by the implementation partners. The CBO will have primary responsibility to ensure that the Prevention Specialist is well supported, that the youth in the program are especially well served, and that research and implementation protocols are carefully followed.

Examples of key questions and areas of support include the following

- What happens if a youth is using the cash for something which is not consistent with their case management plan or which may do them harm?



- How can youth, mentor/case managers, and peer navigators support each other when they encounter systems whose policies harm youth?
- How do we support the program staff, the program, and youth when they experience discrimination based on race, gender, disability, or sexual orientation?

The Prevention Specialist will co-create with young people all case management and housing plans and will collaborate with young people to support them in meeting their goals. Some youth may appreciate a more regular contact, others less. The services provided, like the program itself, are youth directed and led.

VIII. Selection Process for this RFP

1 New York City-based youth-serving nonprofit agency that has demonstrated strong referral relationships with systems and spaces of care, serves youth/young people, and who has demonstrated experience serving BIPOC, LGBTQ, and immigrant youth, will be selected to implement recruitment, program enrollment, and supportive programming for the DCT-Prevention pilot over a 6 month planning and 12-month implementation period.

The CBOs will be selected by a selection committee including representatives from Point Source Youth and youth leaders with lived experience of homelessness.

IX. Budget & Funding Available for each CBO via Trinity Church Wall Street and the Fund to End Youth & Family Homelessness for this RFP

Each CBO will receive EITHER \$37,500 OR \$241,000, depending on whether the CBO takes on the payment provider role. The total funding opportunity consists primarily of salaries for the dedicated DCT-Prevention program staff and direct funds for ~50 young people to receive ~3,700 each. The budget accounts for the lead CBO's efforts for approximately 6 - 9 months of programming preceded by 6 months of participation in planning and preparedness discussions and activities. PSY will provide all CBO training, technical assistance, and program evaluation directly.

This program will require a payment provider who is able to process payments directly to young people. Payment providers must meet our baseline requirements, outlined [here](#). If a CBO can meet these requirements, they have a choice of either acting as the payment provider themselves, or working with a payment processor identified by PSY. If the CBO is able to process payments directly, they would receive the Payment Processor Admin Fee and direct client funds.

Given the significant value that the project brings to the selected non-profit partner, and the importance of leveraging existing service infrastructure, this RFP asks applicants to consider a 50% FTE match to ensure appropriate staffing for this program. A sample budget has been provided below depicting this match for the anticipated costs of the CBO's responsibilities in the project. Estimated salary costs include fringe. These estimates are budgetary indications and directional.



This is a sample budget with a sample match. We are open to options provided by the applicant, as long as they include at least one prevention specialist. The CBO will need to meet reporting requirements on how the funds were utilized.

Sample Budget IF CBO elects to take on payment processor responsibilities:

Category	Year 1 (plus planning)
1 FTE Prevention Specialist (incl. benefits)	\$75,000
**Payment Processor Admin Fee	\$18,500
**Direct Client Funds	\$185,000
Sub-total (actual cost of program)	278,500
50% Staffing Match (what the CBO would fund)	\$37,500
Total Possible Funding Available from PSY	\$241,000

Sample Budget IF CBO **does not** elect to take on payment processor responsibilities, where the payment processor would take on the direct client costs and admin fee.

Category	Year 1 (plus 6 planning)
1 FTE Prevention Specialist (incl. benefits)	\$75,000
Sub-total	\$75,000
50% Staffing Match (what the CBO would fund)	\$37,500
Total Possible Funding Available from PSY	\$37,500
Program Funds Directed towards Payment Processor	\$203,500

IX. Application Requirements

Applicants must be able to provide a minimum of the defined services outlined in this RFP, execute the program effectively, collaborate with listed partners, and provide successful management of services to all enrolled youth.

We welcome applications from organizations whose staff on the project include people of all personal and professional backgrounds. We especially encourage applications that include



individuals that have backgrounds and life experiences that make them especially well-suited for this program.

Eligibility Criteria

- Applicants must be either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or non functionally integrated Type III supporting organizations.
- Applicant organizations must be based in New York City. Awards will be made to organizations, not to individuals.
- Have an active organizational Youth Action Board, or regularly work with a community-wide Youth Action Board.
- Demonstrated experience with youth/young adult-centered case management and centering youth leadership.
- Experience and ability to work with young people experiencing housing instability.
- Commitment and plan to uphold key principles of empowerment, trust, flexibility, meeting youth where they're at, and 2SLGBTQ and racial equity.
- Experience with/plan to participate effectively in program evaluation, tracking, managing and willingness to share program data with PSY and our evaluators.

Proposal Components Outline and Scoring Percentages

1. **60% - Technical Proposal (maximum 15 pages)** detailing the following:
 - a. Fulfillment of all eligibility criteria described above
 - b. Examples of demonstrated commitment to the key conclusions about how to develop an effective DCT-P program for youth experiencing homelessness as detailed in **Section I**
 - c. Responses to the supplemental questions provided below
 - d. Description of capacity and initial plan to implement all areas of the scope of work described in **Section III**:
 - i. Planning
 - ii. Referral Systems and Coordination
 - iii. Program Launch & Supportive Programming
 - iv. Local Public Will Building
2. **15% - Staffing Proposal**
 - a. Identify the point person that will be the primary point of contact with PSY during the planning phase.
 - b. Key personnel bio and resume of organizational staff who will be overseeing DCT-P staff within the organization. *This element of the proposal is excluded from the page limit requirement.*
 - c. Plan for filling the Prevention Specialist role, along with a timeline
 - d. Statement on your ability and willingness to hire staff with lived experience
 - e. Current Breakdown of staff, leadership and Board of Directors [diversity](#)
3. **10% - Financial Proposal** including the following:
 - a. Proof of 501(c)3 Status (included as an attachment)
 - b. Program Budget and Budget Narrative (including plans for match funding)



commitment)

4. 15% - 3-5 Letters of Support

- a. Required letters:
 - i. Joint letter from CBO's or a community-wide Youth Advisory Board
 - ii. Letter from youth who have exited from one of CBO's programs (1 or more)
- b. Other types of letters that can be included:
 - i. Letter of support from your local CoC, or other public sector partners
 - ii. Letter of support from local funding agencies

Supplementary Questions

The applicant's proposal must include answers to the following questions:

- Why is your organization interested in using direct cash transfers as a prevention intervention?
- Can you talk about your community's landscape when it comes to prevention and diversion? How would you leverage those partnerships to strategically use DCT-P?
- Please describe your current relationships with upstream systems and spaces of care (ie education, child welfare, inpatient mental and behavioral health, detention, 2SLGBTQ or BIPOC community spaces).
- How would you approach providing up to a six month period of optional supportive services for young people in a DCT as Prevention program?
- How would a DCT as prevention program provide unique opportunities and challenges for using a housing first and harm reduction framework?
- What would you want to learn from this pilot?
- How will your organization ensure that youth with lived experience have power and leadership in co-creating program components, including design, training, hiring/staffing, ect?
- Describe your organization's approach to data collection, ensuring data quality, and using data for improvement?
- What opportunities do you see in your community in the next year to generate funding and to foster overall sustainability for DCT as Prevention long term, and what local strategies would be most impactful?
- What are your organization's growth edges around implementing DCT as prevention?
- Would your organization be willing to establish a data sharing agreement with PSY, including collecting releases of information with consenting program participants?

Non-Scored Supplemental Questions

- Are you interested in doing the payment processing in-house?
- Do you have the financial infrastructure to distribute one-time DCT as Prevention payments directly to young people within 24-48 hours? If not, what would you need to create that infrastructure?
- Would your organization be interested in exploring the use of DCT as prevention for minors?



Additional information:

PSY will be hosting a virtual information session on this RFP from 2-3 EST / 11-12 PST on July 19th for interested partners to talk through the process and get questions answered. Please register by [following the link here](#), or reach out to DCT@pointsourceyouth.org to receive the Zoom information.

In the decision making process, we may request an interview with youth from your youth advisory council who have participated in applicant's programs. These interviews will take place the week of August 21st, 2023.

X. Timeline

June 20th RFP Released

July 19th RFP Info Session - 2 EST/11 PST (will be recorded)

July 24th Deadline for Clarification Questions by email to dct@pointsourceyouth.org

July 31 RFP Applications Due

Week of August 21st Interviews as Requested

August 30th Decision Announced

September 7th DCT-P Kickoff meeting for selected CBOs - 3:30 EST/12:30 PST

XI. Submission

Please submit your RFP response by July 31st, 2023 to dct@pointsourceyouth.org. **Technical Proposals should not exceed 15 pages, 1" margins, 11pt, single space**, and must provide all required information.