

# Albany County Coalition on Homelessness

## APPLICATION TO RECEIVE REDIRECTED FY17 FUNDS

Application must be no longer than two (2) pages

1. **Applicant/Agency Name:** \_\_\_\_\_
2. **Agency Point of Contact:** \_\_\_\_\_
3. **Project Name to Utilize Funds:** \_\_\_\_\_
4. Is the applicant currently in good standing as a member of the Albany County Coalition on Homelessness (ACCH)?  **Yes - 5 pts**  **No - 0 pts**
5. During the last two contract years, has your agency received any monitoring findings from HUD or the ACCH Operations Committee which remain unresolved?  
 **Yes - 0 pts**  **No - 5 pts**
6. During the last two contract years, has the CoC project utilized 100% or more of awarded funds?  **100% or more - 5 pts**  **Less than 100% - 0 pts**
7. Does your agency currently participate in HMIS?  **Yes - 5 pts**  **No - 0 pts**
  - a. If yes, does any of your agency's data exceed the 5% error threshold?  
 **Yes - 0 pts**  **No - 5 pts**
  - b. If yes, please explain why.
8. Please describe the need for additional monies. **(0 - 10 pts)**
9. Please provide your program plan, including budget/spending plan to utilize 100% of redirected monies received. **(0 - 10 pts)**
10. Will redirected funds support the needs of any of the following homeless priority populations? **2 pts per population**  
 **DV**  **Youth**  **Families**  **LGBTQ**  **Veterans**
11. Redirected funds will be available for utilization during FY17 only. Will your agency have access to *other* funding in FY18 which will enable you to sustain your efforts made possible with redirected monies in FY17?  **Yes - 5 pts**  **No - 0 pts**
12. How quickly are you able to utilize redirected funding?  
 **1-2 weeks - 5 pts**  **3-4 Weeks - 3 pts**  **5-6 Weeks - 1 pt**
13. Please list source/s to meet HUD's 25% match requirement for redirected funds.