Albany County Coalition on Homelessness (ACCH)
New Project RFP 2019
(Reallocation and/or Bonus Project)

Application must be no longer than three (3) pages

1. **Applicant/Agency Name:** _____

2. **Proposed Project Name:** _____

3. **Agency Point of Contact:** _____

4. Is the agency applying a current CoC-funded grantee? □ **Yes - 0 points** □ **No - 5 points**
   a. **If yes**, are there any unresolved monitoring or audit findings from U.S. Department of Housing & Urban Development (HUD) or the CoC? □ **Yes - 0 points** □ **No - 2 points**

5. Please provide a detailed description of your agency's experience administering projects dedicated to serving an underserved population/s. Please specify the name of current or past program/s and note the funding sources. **(10 points)**

6. Do any of the following apply to your proposed program? **(0-5 pts)**
   □ Dedicated to Youth (16-24 years)
   □ Dedicated to Persons with Substance Use Disorders
   □ Prioritize Sex Offenders

7. Based on responses to a survey recently conducted in Albany, individuals living with mental illness are currently underserved in Albany. How will your proposed program effectively address and serve individuals with living with mental illness? **(0 - 10 points)**

8. Please provide a project description addressing the entire scope of your project. If the project follows a Housing First model (https://tinyurl.com/HousingFirstGuide) please provide details. **(0 - 10 points)**

   5 points if the narrative details how the project will implement the Housing First model
   3 points if a clear outreach plan is included
   2 points if project application clearly states the number of units/beds requested

9. How will your program identify and connect clients with wrap-around services they require (e.g., mental and/or physical health care, peer support for formerly incarcerated persons or those aging out of the foster care system, etc.)? **(10 points)**

10. Please describe how the need for this project was identified in this geographical area. Note where the need is mentioned within the Albany County Strategic Plan and using the most recent HMIS quarterly report, note the population in need of this service. **(0-10 points)**
    5 points for referencing the Albany County Strategic Plan: https://tinyurl.com/AlbStratPlan
    5 points for referencing most recent HMIS quarterly report: https://tinyurl.com/AlbHMISReprt

11. Please provide a 12-month Budget Proposal (required for review):

ACTIVITY	CoC FUNDS REQUESTED	NOTES
A. Rental Assistance (80% total budget less Admin)	$	
B. Support Services (20% total budget less Admin)	$	
1. Salaries	$	
2. Benefits	$	
3. Other	$	
C. Operating	$	
D. Admin	$	
E. Total Project Costs	$	
MATCH	**AMOUNT**	**SOURCE**
F. 25% Match Requirement	$	

Please note: HUD requires that all projects begin within 12 months.