

NY-501 Continuum of Care: New Project RFP 2021 (Reallocation and/or Bonus Projects)

APPLICATION MUST NOT EXCEED THREE (3) PAGES

Please check the box of the project type you are applying for:

- Permanent Supportive Housing that is either DedicatedPLUS OR has 100% of beds dedicated to persons experiencing chronic homelessness.
- Permanent Housing-Rapid Rehousing
- Joint TH and PH-RRH (project must be housing first)
- HMIS (HMIS Lead Only)
- Support Services Only-Coordinated Entry Project

Please check the box to signify whether the project being applied for is a:

- New Project
- Expansion Project

1. Applicant/Agency Name: _____
2. Agency Point of Contact: _____
3. Proposed Project Name: _____
4. Is the applicant a current member of NY-501 Continuum of Care (CoC)? Yes – 10 points No – 0 points
 - a. If no, what is the agency's current involvement with NY-501 Continuum of Care?
5. Is the agency applying a current CoC funded grantee? Yes – 5 points No – 10 points
 - b. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC? Yes – 0 points No – 5 points
6. Does your agency currently report in the CoC's HMIS system? If not, how will you implement HMIS for this project? (5 Points)
7. Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population. Please specify the name of current or past programs and note the funding sources. (10 points)
8. Do any of the following apply to your proposed program? (3 Points)
 - Dedicated to Youth (1 point)

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- Dedicated to Persons with Substance Use Disorders (1 point)
 - Prioritize Sex Offenders (1 point)
9. Please provide a project *description* that addresses the entire scope of your project. Please include the target population that will be served and the outreach plan. (0 – 17 points)
- 8 points if the budget notes at least 80 percent of the requested funds are dedicated to housing
 - 4 points if an outreach plan is noted and the extent of coordination the agency will have with the local DSS.
 - 2 points if Youth/Parenting Youth and/or Families are mentioned per local priorities identified by [Southern Tier to Programs & Services \(STEPS\) 2019 – 2020 Action Plan](#)
 - 2 points if a specific priority population mentioned in the [Home Together: The Federal Strategic Plan to Prevent and End Homelessness](#) is noted
 - 1 points if the project clearly states the number of units/beds requested
10. 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.)? (5 Points)
11. Please describe the project’s understanding of and willingness to participate in the Coordinated Entry Process that is being implemented by the Continuum (5 points).
12. Will the project be able to begin within 12 months? Yes- 5 points No – 0 points
13. Please describe how the need for this project within this geographic area was identified (5 points).
5 points for referencing local quantitative data.
14. Both HUD and the local community prioritize projects that provide healthcare services to program participants. Does your project (or will your project by the time of CoC Application submission) have a written commitment with a health care organization that ensures the value of assistance being provided is at least:
- In the case of a substance abuse treatment or recovery provider, will provide access to treatment or recovery services for all program participants who qualify and choose those services, OR
 - An amount that is equivalent to 25 percent of the funding being requested for the project will be covered by the healthcare organization?
- Value of the commitment and dates of services must be included in the written commitment.*

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Yes – 10 points No – 0 points

N/A for applications for Coordinated Entry (these questions will be weighted.)

15. Both HUD and the local community prioritize projects that incorporate PSH or RRH units using funds other than CoC or ESG (e.g. ESSHI, NYSSHP, private sources such as CDPHP.) Will your project expand upon an awarded or existing PSH or RRH project not funded through CoC or ESG? Yes – 10 points No – 0 points

N/A for applications for Coordinated Entry (these questions will be weighted.)

Please note: projects must attach letters of commitment, contracts, or other formal written documents that demonstrate the number of subsidies or units being provided to support the project, exemplifying the existing resources provide for at least 25% of the units proposed for the expanded project.

16. Does your agency have a policy focused on ensuring equitable services and program outcomes across participants of all races and ethnicities? Yes – 5 points No – 0 points

17. How will the agency ensure program participants have the resources they need to prevent transmission of COVID-19? (0-3 points)

1 point if the agency has/will have a partnership with a healthcare agency that provides regular health screenings

1 point if the agency will provide PPE/sanitation supplies to staff/program participants as needed

1 point if the agency describes how it will build COVID-19 vaccine confidence

N/A for applications for Coordinated Entry; these questions will be weighted.

18. 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	\$	