

**Schenectady County Homeless Services Planning
Board Continuum of Care:
New Project RFP 2021
(Reallocation and/or Bonus Projects)**

Application not to exceed three (3) pages.

1. Applicant/Agency Name: _____
2. Agency Point of Contact: _____
3. Proposed Project Name: _____
4. Please circle the project type you are applying for:
 - Permanent Supportive Housing that is either Dedicated PLUS 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 (only available as an expansion of the current CE funded project)
5. Is the project you are applying for a new or expansion project? **New** **Expansion**
6. Is the applicant a current member of the Schenectady County Homeless Services Planning Board (HSPB) Continuum of Care (CoC)? **Yes – 10 points** **No – 0 points**
7. Is the agency applying a current CoC funded grantee? **No = 3 points**
 - a. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC? **Yes – 0 points** **No – 3 points**
8. Is your agency an active participant in the Schenectady Coordinated Entry program?
 Yes – 3 pts **No - 0 pts**

If no, is your agency willing and able to become an active participant in the Schenectady Coordinated Entry program? **Yes – 3 pts** **No - 0 pts**
9. Is your agency an active participant in the Schenectady HMIS System?
 Yes – 3 pts **No - 0 pts**

If no, is your agency willing and able to become an active participant in the Schenectady HMIS System? **Yes – 3 pts** **No - 0 pts**

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10. Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population (i.e. your target population) that meets a gap in services as noted in the Schenectady Strategic Plan. Please specify the name of current or past programs and note the funding sources. **(10 points)**

11. Do any of the following apply to your proposed program? **(if any checked 2 points)**

- Prioritized or Dedicated to Singles with Mental Health Diagnosis
- Prioritized or Dedicated to Singles with Substance Use Disorders
- Prioritized or Dedicated to Singles with a Sex Offender Status

12. 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. If the proposed project follows a Housing First model, please specifically detail Housing First aspects. **(0 – 18 points)**

10 points if you outline a detailed strategy that will be used to help participants regain and maintain housing stability.

1 point if the project clearly states the number of units/beds requested

2 points if an outreach plan is noted

5 points if the narrative details how the project will implement the housing first model

Housing First Model :

Ensures that participants are not screened out based on:

- i. Having too little or no income
- ii. Active or history of substance abuse
- iii. Having a criminal record with exceptions for state-mandated restrictions
- iv. History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)

AND

Ensures that participants are not terminated from the program for the following reasons:

- v. Failure to participate in supportive services
- vi. Failure to make progress on a service plan
- vii. Loss of income or failure to improve income
- viii. Being a victim of domestic violence
- ix. Any other activity not covered in a lease agreement typically found in the project's geographic area.

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13. How will your program identify and connect clients with wrap-around services they require (e.g., behavioral and/or physical health care, peer support for formerly incarcerated persons, etc.)? **(0-5 points)**

14. Will the project be able to begin within 12 months? **Yes- 5 points** **No – 0 points**

15. Please describe how the need for this project within this geographic area was identified. Please note where in the Schenectady Strategic Plan it points to this gap in service and using the most recent HMIS Annual Report note the population in need of this service. **(0-5 points)**

2.5 points for referencing the Schenectady Strategic Plan

2.5 points for referencing the last HMIS Annual report

16. 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, it 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. **Yes – 10 points No – 0 points**

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

17. Both HUD and the local community prioritize projects that incorporate PSH or RRH units using funds other than CoC or ESG (i.e. 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.

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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.

18. 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**

19. 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.

20. 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	SOURCES
F. 25% Match Requirement	\$	