

Ulster County Continuum of Care DV Bonus Project RFP 2021

Application may not 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:**
 - A. Permanent Housing-Rapid Rehousing *(project must be housing first)
 - B. Joint TH and PH-RRH-Must be housing first *(project must be housing first)
 - C. Support Services Only-Coordinated Entry Project – if CoC already has a CE project the application must be an expansion.
5. Is the project you are applying for a new or expansion project? Yes ___ No ___
6. Is the applicant a current member of the Ulster County Continuum of Care (CoC)?
Yes ___ 20 points No ___ - 0 points
 - a. If no, what is the agency's current involvement with the Ulster County CoC?
7. Is the agency applying as a current CoC funded grantee? **Yes ___ 5 pts No ___ 10 pts**
 - b. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC? **Yes ___ 0 points No ___ 3 points**
8. Please provide a detailed description of the agency's experience in administering projects dedicated to serving survivors of domestic violence, dating violence and stalking. Please specify the name of current or past programs and note the funding sources **(10 points)**
 - 3 points for past experience serving a domestic violence survivor population
 - 3 points for four or more years serving a domestic violence survivor population
 - 3 points for serving more than 25 households in a calendar year (CY)
 - 1 point for listing funding sources

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9. Please provide a description addressing the entire scope of your project. Please include an outreach plan to the targeted population. Specify whether the project will be a Rapid Rehousing (PH-RRH) project, Joint TH and PH-RRH component project or a SSO project for Coordinated Entry (SSO-CE) designed to implement policies, procedures and practices to equip the CoC's Coordinated Entry system to better meet the needs of survivors of domestic violence, dating violence, sexual assault or stalking (e.g., policies and procedures that are trauma informed, client centered or to improve the referral process between the CoC's Coordinated Entry and victim service providers Coordinated Entry systems where they are different). Please provide details about Housing First aspects of the project.

(0 - 25 points)

- 10pts if the project narrative clearly details how the project will implement the Housing First model
- 8 pts if a clear and detailed outreach plan is included
- 5 pts if the project clearly states the number of units/beds requested
- 2 pts if applying for an SSO-CE project

7. Please describe how the need for this project within this geographic area was identified. Please quantify the need using an HMIS comparable database and/or a local data source?
Agency will receive full points if they have demonstrated the need.
Yes__ 10 points No__ 0 points

8. 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**

9. 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.

10. Please detail the steps your agency takes to ensure the safety of program participants.
(0-5 points)

- 1 point if agency uses de-identified aggregate data from a comparable database.
- 2 points if agency has safety, planning, and confidentiality protocols in place for DV project participants.
- 2 points if agency uses a trauma-informed, victim-centered approach to their project.

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11. Will the project be able to start within 12 months? **Yes ___ 10 pts No ___ 0 pts**

12. A. Does your Agency prioritize referrals from Coordinated Entry? **Yes ___ 3 pts No ___ 0 pts**
 B. Will your agency only accept clients from Coordinated Entry? **Yes ___ 3 pts No ___ 0 pts**

13. Does your agency currently report in a DV system that is compatible to the HMIS system? If not, how will you implement a compatible HMIS system for this project, for reporting purposes? **(0-5 pts)**

14. 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	\$	