

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/08/2021
1C-7. PHA Homeless Preference	No	Homeless Preference	10/22/2021
1C-7. PHA Moving On Preference	No	Moving On Preference	10/22/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/08/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/08/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	1E-5. Public Post...	11/12/2021
1E-5a. Public Posting—Projects Accepted	Yes	Public Posting - ...	10/29/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting-CoC A...	11/09/2021
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/03/2021
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/03/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: Homeless Preference

Attachment Details

Document Description: Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: 1E-5. Public Posting–Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting - Projects Accepted

Attachment Details

Document Description: Web Posting-CoC Approved Consolidated Application

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

1C-14: Centralized or Coordinated Entry System–Assessment Tool.

This attachment details the Coordinated Entry (CE) Intakes for NY-507. It includes the following:

1. CE Intake: This is the CE Assessment and Intake Form used by NY-507.
2. CE Prevention Intake: This is the CE Prevention Assessment and Intake Form used by NY-507
3. CE Policies and Procedures: This document governs the CE program, including the prioritization and outreach plan to reach those persons least likely to apply.
4. NY-507's Written Standards, Coordinated Entry Prioritization Section: This document details how the CE program prioritizes people most in need of assistance.

1C-14: Centralized or Coordinated Entry System–Assessment Tool.

1. **CE Intake:** This is the CE Assessment and Intake Form used by NY-507.

SCHENECTADY COUNTY COORDINATED ENTRY APPLICATION

ARE YOU SEEKING HOUSING SERVICES?	HAVE YOU PREVIOUSLY COMPLETED AN APPLICATION FOR ASSISTANCE THROUGH COORDINATED ENTRY?
☐ No ☐ Yes	☐ No ☐ Yes

IF CLIENT IS NOT SEEKING HOUSING SERVICES, A HOUSING ASSESSMENT DOES NOT NEED TO BE COMPLETED

BEFORE STARTING THIS APPLICATION PLEASE MAKE SURE THE APPLICANT:

1. Meets the HUD definition of homeless.
Lacks a fixed, regular, and adequate nighttime residence, meaning:
 - (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs);
 - OR
 - (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
2. Spent last night in Schenectady County.
3. Does not have a pending CE application. Check with your CE lead if the applicant is not sure.
4. Is not paying for a motel/hotel. DSS must be paying for the stay at the time of application to meet the above definition.

STAFF MEMBER COMPLETING ASSESSMENT		AGENCY NAME	
STAFF MEMBER'S EMAIL	PHONE NUMBER	FAX NUMBER	

PRESCREENING INFORMATION

ARE YOU CURRENTLY HOMELESS	ARE YOU AT RISK OF BECOMING HOMELESS
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused
ADDRESS (Please indicate if this is a ☐ current or ☐ previous address)	MAILING ADDRESS (if different than address provided)

HMIS INFORMATION

*INTAKE DATE	*FIRST NAME	*LAST NAME (and Suffix)
/ /		
*NAME DATA QUALITY		ALIAS
☐ Full Name Reported ☐ Partial Name, Street Name or Code Name Reported ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused		
*SOCIAL SECURITY NUMBER		*SSN DATA QUALITY
(enter "9" for any missing numbers in an Approximate or Partial SSN) _____ - _____ - _____		☐ Full SSN Reported ☐ Client Doesn't Know ☐ Approximate or Partial SSN Reported ☐ Client Refused ☐ Data Not Collected
*GENDER		
☐ Male ☐ Female ☐ Trans Male (FTM) ☐ Trans Female (MTF) ☐ Gender Non-Conforming		☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
*BIRTHDATE	*BIRTHDATE DATA QUALITY	
____/____/____	☐ Full DOB Reported ☐ Client Doesn't Know ☐ Approximate or Partial DOB Reported ☐ Client Refused ☐ Data Not Collected	
*ETHNICITY		
☐ Hispanic ☐ Non-Hispanic ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused		
*RACE (choose all that apply)		
☐ American Indian/Native Alaskan ☐ Asian ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White		
*DO YOU HAVE A PHONE NUMBER AT WHICH YOU CAN BE REACHED?		
☐ No ☐ Yes (SEE RIGHT)	IF YES: PLEASE PROVIDE YOUR PHONE NUMBER WITH AREA CODE (____) - _____ - _____	
IF NO PHONE: HOW CAN APPLICANT BE CONTACTED (Email, Case Manager, Day Program, Lunch Site)		

---NEXT PAGE---

***PRIOR LIVING SITUATION**

Based on the client's living situation **the night before project entry**, record responses in **one (1)** section:
Homeless Situation, Institutional Situation, Transitional/Permanent Situation, OR Unknown (**only** if necessary)

HOMELESS SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE
☐ Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc) ☐ Emergency shelter , including hotel or motel paid for with emergency shelter voucher ☐ Safe Haven ☐ Interim Housing		☐ 1 night or less ☐ 2 to 6 nights ☐ 1 week or more, but less than 1 month ☐ 1 month or more, but less than 90 days ☐ 90 days or more, but less than 1 year ☐ 1 year or longer
*APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____		
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS		*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS
☐ 1 ☐ 2 ☐ 3 ☐ 4+ ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

OR

INSTITUTIONAL SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE
☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail , prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center		☐ 1 night or less ☐ 2 to 6 nights ☐ 1 week or more, but less than 1 month ☐ 1 month or more, but less than 90 days ☐ 90 days or more, but less than 1 year ☐ 1 year or longer
DID THE CLIENT STAY LESS THAN 90 DAYS		IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, ES, or SH?
☐ No ☐ Yes		☐ No ☐ Yes
IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:		
*APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____		
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS		*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS
☐ 1 ☐ 2 ☐ 3 ☐ 4+ ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE
☐ Hotel or Motel paid for without emergency shelter voucher ☐ Owned by client, no ongoing subsidy ☐ Owned by client WITH ongoing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA) ☐ Rental by client, no ongoing subsidy ☐ Rental by client with GPD TIP subsidy ☐ Rental by client with VASH subsidy ☐ Rental by client with other housing subsidy (including RRH) ☐ Residential project or halfway house with no homeless criteria ☐ Staying or in a family member's room, apartment or house ☐ Staying or in a friend's room, apartment or house ☐ Transitional housing for homeless persons (incl. homeless youth)		☐ 1 night or less ☐ 2 to 6 nights ☐ 1 week or more, but less than 1 month ☐ 1 month or more, but less than 90 days ☐ 90 days or more, but less than 1 year ☐ 1 year or longer ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
DID YOU STAY LESS THAN 7 DAYS?		IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, ES, or SH?
☐ No ☐ Yes		☐ No ☐ Yes
IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:		
*APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____		
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS		*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS
☐ 1 ☐ 2 ☐ 3 ☐ 4+ ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

OR

UNKNOWN (ONLY IF NECESSARY)		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		
☐ Client doesn't know ☐ Client refused ☐ Data not collected		

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***CURRENT LIVING SITUATION**

Based on the client's living situation **tonight**, record responses in **one (1)** section:
Homeless Situation, Institutional Situation, Transitional/Permanent Situation, OR Unknown (**only** if necessary)

HOMELESS SITUATIONS:	
TYPE OF RESIDENCE (TONIGHT)	
☐ Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc)	☐ Safe Haven
☐ Emergency shelter , including hotel or motel paid for with emergency shelter voucher	☐ Interim Housing

OR

INSTITUTIONAL SITUATIONS:	
TYPE OF RESIDENCE (TONIGHT)	
☐ Foster care home or foster care group home	☐ Long-term care facility or nursing home
☐ Hospital or other residential non-psychiatric medical facility	☐ Psychiatric hospital or other psychiatric facility
☐ Jail , prison or juvenile detention facility	☐ Substance abuse treatment facility or detox center
IS CLIENT GOING TO LEAVE WITHIN 14 DAYS?	HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED?
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>
DOES INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING?	
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	
HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS?	
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	
HAS THE CLIENT MOVED 2 TIMES OR MORE IN THE LAST 60 DAYS?	
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:	
TYPE OF RESIDENCE (TONIGHT)	
☐ Hotel or Motel paid for without emergency shelter voucher	☐ Rental by client with GPD TIP subsidy
☐ Owned by client, no ongoing subsidy	☐ Rental by client with other housing subsidy (including RRH)
☐ Owned by client WITH ongoing subsidy	☐ Residential project or halfway house with no homeless criteria
☐ Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA)	☐ Staying or in a family member's room, apartment or house
☐ Rental by client, no ongoing subsidy	☐ Staying or in a friend's room, apartment or house
☐ Rental by client with VASH subsidy	☐ Transitional housing for homeless persons (incl. homeless youth)
IS CLIENT GOING TO LEAVE WITHIN 14 DAYS?	HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED?
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>
DOES INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING?	
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	
HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS?	
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	
HAS THE CLIENT MOVED 2 TIMES OR MORE IN THE LAST 60 DAYS?	
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	

OR

UNKNOWN (ONLY IF NECESSARY)	
☐ <i>Client doesn't know</i> ☐ <i>Client refused</i> ☐ <i>Data not collected</i>	
LIVING SITUATION VERIFIED BY (NAME OF AGENCY)	
ACCEPTABLE FORMS OF HOMELESSNESS VERIFICATION	
- Written observation by outreach worker; or - Written referral by another housing or service provider; or - Certification by individual or head of household stating that (s) he was living on the street or in shelter; (Additional 3rd party verification may be required at a later date) Individuals exiting an institution – one of the forms of evidence above and: - Discharge paperwork or written/oral referral, or - Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution.	
WAS HOMELESSNESS VERIFIED	IF YES, HOW WAS HOMELESSNESS VERIFIED – INCLUDE DOCUMENTATION WITH COMPLETED APPLICATION
☐ No ☐ Yes	

---NEXT PAGE---

IF THE APPLICANT DOES NOT HAVE VERIFICATION AT THIS TIME, EXPLAIN STEPS WILL BE TAKEN TO OBTAIN THE VERIFICATION

INCOME & SOURCES / NON-CASH BENEFITS**INCOME FROM ANY SOURCE**
☐ No ☐ Yes (SEE BELOW) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

IF YES: CHECK & FILL IN MONTHLY AMOUNT FOR ALL THAT APPLY

☐ Earned Income	\$	☐ Unemployment Insurance	\$
☐ SSI	\$	☐ SSDI	\$
☐ VA Service-Connected Disability Compensation	\$	☐ VA Non-Service Connected Disability Pension	\$
☐ Private Disability Insurance	\$	☐ Worker's Compensation	\$
☐ TANF	\$	☐ General Public Assistance	\$
☐ Retirement from SSA	\$	☐ Pension or Retirement from former job	\$
☐ Child Support	\$	☐ Alimony or Other Spousal Support	\$
☐ Other	\$		

***NON-CASH BENEFITS FROM ANY SOURCE**
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

IF YES: CHECK ALL THAT APPLY

☐ SNAP (Food Stamps) ☐ Special Supplemental Nutrition Program for Women, Infants and Children ☐ Other TANF Funded Srvcs
☐ TANF Child Care Services ☐ TANF Transportation Service
HEALTH INSURANCE / DISABLING CONDITIONS**COVERED BY HEALTH INSURANCE**
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

IF YES: CHECK ALL THAT APPLY

MEDICAID	☐ No ☐ Yes	MEDICARE	☐ No ☐ Yes
State Children's Health Insurance Program	☐ No ☐ Yes	VA Medical Services	☐ No ☐ Yes
Employer provided Health insurance	☐ No ☐ Yes	Health ins. Via COBRA	☐ No ☐ Yes
Private Pay Health Insurance	☐ No ☐ Yes	State Health Ins. Adults	☐ No ☐ Yes
Indian Health Services	☐ No ☐ Yes		

***PHYSICAL DISABILITY**

IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?

☐ No ☐ Yes (SEE RIGHT) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
***DEVELOPMENTAL DISABILITY**
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
***CHRONIC HEALTH CONDITION**

IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?

☐ No ☐ Yes (SEE RIGHT) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
***HIV/AIDS**
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
***MENTAL HEALTH PROBLEM**

IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?

☐ No ☐ Yes (SEE RIGHT) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
***SUBSTANCE ABUSE PROBLEM**

IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?

☐ No ☐ Yes, Alcohol (SEE RIGHT) ☐ Client Doesn't Know
☐ Yes, Drug (SEE RIGHT) ☐ Client Refused
☐ Yes, Both (SEE RIGHT) ☐ Data Not Collected
ACCEPTABLE FORMS OF DISABILITY VERIFICATION

- Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently; or
- Written verification from the Social Security Administration; or
- The receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation); or
- Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence above

All verification must be current (within one year of the date of application)

WAS DISABILITY VERIFIED IF YES, HOW WAS DISABILITY VERIFIED – INCLUDE DOCUMENTATION WITH COMPLETED APPLICATION

☐ No ☐ Yes

IF THE APPLICANT DOES NOT HAVE VERIFICATION AT THIS TIME, EXPLAIN STEPS WILL BE TAKEN TO OBTAIN THE VERIFICATION

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*** DV STATUS**

*DOMESTIC ABUSE VICTIM/SURVIVOR		
☐ No ☐ Yes (SEE BELOW) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		
IF YES: WHEN EXPERIENCE OCCURRED		IF YES: ARE YOU CURRENTLY FLEEING?
☐ Within the past 3 months ☐ 3 to 6 months ago	☐ From 6 to 12 months ago ☐ More than a year ago	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

IF YES: It is advised to connect the client with the domestic violence hotline at 518-374-3386 if they are not already engaged in services. If the location of the client is not safe or they are fleeing, note his/her name with INITIALS ONLY and location as UNDISCLOSED/SHELTERED. Refer to the P&P for additional instructions if needed.

***NON-HMIS DATA ELEMENTS**

EMPLOYMENT STATUS	IF YES: TYPE OF EMPLOYMENT	IF NO: WHY NOT EMPLOYED
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Full Time ☐ Part Time ☐ Seasonal	☐ Looking for Work ☐ Unable to Work ☐ Not Looking for Work
CURRENTLY PREGNANT?	IF YES: DUE DATE	
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	_____/_____/_____	
*VETERAN STATUS	IF YES: SELECT BRANCH	
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Other ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused	
DISCHARGE STATUS		
☐ Honorable ☐ General Under Honorable Discharge ☐ Under Other than Honorable Conditions ☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused		
HOMELESS CAUSE (check only one)		
☐ Benefits loss/reduction ☐ Released behavioral health facility ☐ Drug/alcohol abuse ☐ Job income loss/reduction ☐ Illness ☐ Other: _____ ☐ Eviction ☐ Injury/ Disability ☐ Don't know ☐ Relocation ☐ Domestic Violence ☐ Refused ☐ Released from prison/jail ☐ Asked to leave shared residence (e.g. living in a home of another due to hardship)		
*ZIP CODE OF LAST PERMANENT ADDRESS	HAVE YOU BEEN CONVICTED OF A FELONY	
_____	☐ No ☐ Yes ☐ Client Refused ☐ Data Not Collected	
CURRENTLY ON PROBATION OR PAROLE?	REQUIRED TO REGISTER ADDRESS UNDER SOAR	
☐ No ☐ Yes ☐ Client Refused ☐ Data Not Collected	☐ No ☐ Yes ☐ Client Refused ☐ Data Not Collected	
HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN INVOLVED WITH ANY PROTECTION AGENCY		
☐ No ☐ Yes ☐ Client Refused ☐ Data Not Collected		
IF YES: SELECT AGENCY		IF YES: IS THIS A CURRENT CASE
☐ CPS ☐ APS ☐ Juvenile Justice ☐ Family Court ☐ Foster Care ☐ Other: _____		☐ No ☐ Yes
IF CPS: Provide Protective Agency Worker's Name and Contact Number		IF CPS, IS A REUNIFICATION PLAN IN PLACE
Name: _____ Contact Number: () - _____		☐ No ☐ Yes
NOTES: If there is any other information the client wishes to disclose to help with this process/placement, please note it here. (e.g. CL does not want treatment, CL is only available after 4p on Tuesdays, CL med docs are with Agency DCBA, CL does not want to work with Agency ABCD, etc.)		

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PROCEED TO VULNERABILITY INDEX

VULNERABILITY INDEX SCORING FOR INDIVIDUALS**Chronic Homelessness (CH) Status** (CoC Priority)

1. **Does the client/HOH have a disabling condition?**
If Y, continue to #2
If N, client cannot be defined as chronically homeless. Go directly to scoring section
2. **Has the client/HOH been continually homeless for a year or more?**
If Y, client is defined as CHRONICALLY HOMELESS, enter "C" in box below and go directly to scoring section
If N, go to #3
3. **Has the client/HOH had at least 4 episodes of homelessness in the last 3 years?**
If Y, go to #4
If N, client cannot be defined as chronically homeless, go directly to scoring section
4. **Is the combined total of these periods one year or more?**
If Y, client is defined and CHRONICALLY HOMELESS, enter a "C" in box below and continue to next section
If N, client cannot be defined as chronically homeless, go directly to scoring section

Time incarcerated/institutionalized can only count toward this total if it was less than 90 day

	SCORE	SUBTOTAL
If applicant stayed LAST NIGHT in a place not meant for human habitation, shelter paid for by DSS, TH, or Institutional Setting	5	
If applicant acknowledges experiencing domestic violence in the last 30 days	1	
If applicant is 18-24 years of age	1	
If applicant is 60 years of age or older	1	
If applicant has served one day (other than training) in active military, naval, or air service	1	
If applicant is pregnant	1	
If applicant has a <u>documented</u> disability	1	
If applicant has two (2) or more <u>documented</u> disabilities	1	
If applicant indicates they have no income <u>OR</u> only receive DSS assistance	1	
If applicant indicates criminal history, and/or current probation or parole status	1	
If client has had any recent involvement with a Child Protective, Adult Protective, Juvenile Justice, Family Court, or Foster Care Agency	1	
If client has had multiple points of contact (3 or more) with Emergency Responders such as ambulance, or ER visits within the last 90 days	1	
If client has a serious underlying medical condition and may be at higher risk for severe illness from COVID-19 due to the following: chronic lung disease, moderate to severe asthma, severe obesity, diabetes, immunocompromised, chronic kidney disease, and/or liver disease	2	
TOTAL POINTS – If documented CH status, add "C" (i.e., "4C")	18	

VULNERABILITY INDEX SCORING FOR FAMILIES

	SCORE	SUBTOTAL
If HOH stayed LAST NIGHT in a place not meant for human habitation, shelter paid for by DSS, TH, or Institutional Setting	5	
If HOH acknowledges experiencing domestic violence in the last 30 days	1	
If HOH is 18-24 years of age	1	
If HOH is 60 years of age or older	1	
If any HH member has served one day (other than training) in active military, naval, or air service	1	
If any HH member is pregnant	1	
If HOH has a <u>documented</u> disability	1	
If HOH has two (2) or more <u>documented</u> disabilities	1	
If other members of the household (not HOH) have a documented disability	1	
If no one in the household has income <u>OR</u> only receive DSS assistance	1	
If anyone in the household indicates criminal history, and/or current probation or parole status	1	
If HOH has had any recent involvement with a Child Protective, Adult Protective, Juvenile Justice, Family Court, or Foster Care Agency	1	
If HOH has had multiple points of contact (3 or more) with Emergency Responders such as ambulance, or ER visits within the last 90 days	1	
If client has a serious underlying medical condition and may be at higher risk for severe illness from COVID-19 due to the following: chronic lung disease, moderate to severe asthma, severe obesity, diabetes, immunocompromised, chronic kidney disease, and/or liver disease	2	
TOTAL POINTS – If documented CH status, add "C" (i.e., "4C")	19	

---END---

PROCEED TO SCHENECTADY COUNTY COORINATED ENTRY CONSENT TO RELEASE INFORMATION

SCHENECTADY COUNTY COORDINATED ENTRY

Consent to Release Information

Name _____ DOB _____

Coordinated Entry is a process used by Schenectady County service providers to ensure that people who are experiencing a housing crisis are provided with the most efficient, needs-centered approach to address the situation. Each participating agency uses a common assessment tool to ensure that each client has fair and equal access to available resources. Data collected on the application is stored in a secure database called HMIS (Homeless Management Information System) and information is only shared with other agencies to coordinate housing placement and services.

Please Check One:

☐ *I understand that I am signing this consent to release Single information so that the organizations listed below can discuss my case and coordinate services.*

☐ *I understand that I am signing this consent to release Family/Household Member information so that the organizations listed below can discuss my case and coordinate services.*

- | | |
|--|--|
| ☐ Bethesda House | ☐ Legal Aid Society of Northeastern New York |
| ☐ New Choices | ☐ Veterans and Community Housing Coalition |
| ☐ Schenectady Community Action Program (SCAP) | ☐ SAFE, Inc. |
| ☐ Schenectady Municipal Housing Authority | ☐ Alliance for Positive Health |
| ☐ YMCA | ☐ Veterans Administration (VA) |
| ☐ YWCA | ☐ Any additional agencies that may later become part of the Coordinated Entry process |
| ☐ Soldier On | ☐ Other _____ |
| ☐ Mohawk Opportunities | ☐ Other _____ |

I authorize the agencies listed above to share any information I have provided or information obtained on my behalf in order to coordinate services, including the following:

- ☐ Qualifications and status of applications for housing opportunities
- ☐ Names of current and past social service providers
- ☐ Military/Veteran Status
- ☐ Barriers to stable housing, including but not limited to history of homelessness, income, non-cash income, evictions, legal issues, and domestic violence history
- ☐ Medical information such as chronic health conditions or disabilities
- ☐ Certain relevant medical information which requires express written consent (please initial)

____Mental/Behavioral Health Records

____Treatment for Drug or Alcohol Addiction

____HIV/AIDS Status

I understand that this authorization takes effect the day that I sign it and may be revoked at any time by contacting any participating SCCE agency.

Client Signature_____
Date

---NEXT PAGE---

SCHENECTADY COUNTY COORDINATED ENTRY

Consent to Release Information

ABOUT COORDINATED ENTRY

The participating agencies listed on the prior page are part of the Continuum of Care (CoC) in Schenectady County. Our goal is to connect individuals and families experiencing homelessness to suitable housing as quickly as possible. Clients may visit any of the agencies listed for an in-person assessment of his/her housing situation. The CoC representative will make recommendations based on the results of the interview. The client is presented with the options available and will be referred to up to 3 different agencies based on the client's needs and preferences.

To increase the potential for housing stability, agencies use a collaborative approach to determine the best intervention for the individual. Certain clients may need simply to obtain an income source, while others may need long-term supportive services. Working together, we are able to connect clients to the best available resources in the community.

In Schenectady County, the demand for housing, and especially for supportive housing far outweighs the availability. Using a common assessment tool among all agencies allows for clients to be prioritized according to need.

SHARING INFORMATION

Clients are asked to consent to the release of information so that the most appropriate referrals can be made based on the unique needs and circumstances of the individual. Some programs focus on the needs of certain groups, such as veterans, victims of domestic violence, people with chronic health conditions, among other issues. Any information disclosed throughout the Coordinated Entry process is held in the strictest confidence and used only for the purposes of determining appropriate housing and service referrals.

OUR FAIR HOUSING COMMITMENT

Schenectady County Coordinated Entry does not exclude, deny services to, or otherwise discriminate against any person on the basis of race, color, religion, sex, age, national origin, familial status or disability in admission to*, participation in, or receipt of the services and benefits under any of its programs and activities. Schenectady County Coordinated Entry is committed to providing services to those who would be least likely to apply for assistance due to any identifying characteristics/conditions listed above by affirmatively marketing our services to these populations. To further this goal, each staff member conducting assessments at point of entry, is required to read and understand the Fair Housing Act, and the purpose and objectives of the Affirmative Marketing Plan. If you believe you have been denied services due to one of the above characteristics, please contact: Kim McPhail at (518) 374-7873.

**Unless the housing or program has been designated for specific sub-populations by federal requirements.*

YOUR RIGHTS

- ☐ You can revoke this authorization any time by contacting any participating SCCE agency. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- ☐ You have the right to refuse to sign this form. You will not be denied services or assistance for which you may be eligible.
- ☐ Any information that is shared with agencies of SCCE will be held in the strictest confidence.

---END---

PROCEED TO CRHMIS CLIENT INCLUSION DISCLOSURE & RELEASE INFORMATION

CRHMIS CLIENT INCLUSION DISCLOSURE & RELEASE OF INFORMATION

PURPOSE: To inform clients of HMIS data entry and for clients to authorize or modify data sharing preferences within the HMIS for the project listed below:

AGENCY/PROVIDER: **SCHENECTADY COUNTY COORDINATED ENTRY**

INSTRUCTIONS: This form must be completed for every independent adult (18 years of age and over) and every unaccompanied minor PRIOR to data collection and entry into the HMIS at all CRHMIS-participating providers. This form also covers any household members under the client's guardianship, which includes all minors (persons under 18 years of age) and any incapacitated/disabled adults. The client is to be given pages 1 and 2 after completion.

HMIS PRIVACY NOTICE

This Notice applies to all CRHMIS-Participating Providers and addresses how information about clients may be used and disclosed at Providers as well as client rights over their information. This Notice may be amended at any time, and amendments may affect information obtained before the date of the amendment.

A. HMIS DATA COLLECTION & PURPOSE

A Homeless Management Information System (HMIS) is a local information technology system used to collect data on the housing and services provided to homeless individuals and families and persons at risk of homelessness. Providers participating in an HMIS are required to collect universal data elements from all clients, including Personally Identifying Information, demographic characteristics, and residential history. This information is critical for providers and communities to better understand the extent and nature of homelessness at a local level, evaluate program effectiveness, and improve future housing and service provision. Some providers are also required by their funders to obtain certain additional information to assess services, to determine eligibility, and to monitor outcomes. Most federally-funded homeless service providers are required to participate and record the clients they serve in an HMIS.

This agency is an HMIS-participating homeless service provider ("CRHMIS Provider"), meaning we collect and enter information about the persons we serve in the private and secure CARES Regional HMIS (CRHMIS) database, the local HMIS for this community. There are firm policies and procedures in place to protect against unauthorized disclosure of any personal information collected, and this information is critical to obtain an accurate picture of the homeless population we serve and for this agency to continue to offer you the service(s) you are accessing today. We only collect information deemed appropriate and necessary for program operation or information that is required by law or by the organizations that fund this program. We do not need your consent to enter a record of your visit into the CRHMIS, but you may refuse to have your personal identifying information within this record and still be eligible to receive services.

If you have any concerns or questions about the information provided above, please speak to an intake worker.

B. PERMITTED DATA USES AND DISCLOSURES

The CRHMIS is designed to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data, including Personally Identifying Information (PII is any information that can be used to identify a particular individual, including a client's name, Social Security Number, and Date of Birth). Once collected, we (as a CRHMIS Provider) have obligations about how these data may be used and disclosed (**uses** are internal activities for which providers interact with client PII; **disclosures** occur when providers share PII with an external entity). **CRHMIS Providers are limited to the following circumstances for the use and disclosure of HMIS PII:**

HUD required:

- (1) Client access to their information; and
- (2) Disclosures for oversight of compliance with HMIS privacy and security standards.

HUD permitted:

- (3) To provide or coordinate services to an individual;
- (4) For functions related to payment or reimbursement for services;
- (5) To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions;
- (6) For creating de-identified reporting from PII;
- (7) Uses and disclosures required by law;
- (8) Uses and disclosures to avert a serious threat to health or safety;
- (9) Uses and disclosures about victims of abuse, neglect or domestic violence;
- (10) Uses and disclosures for research purposes; and
- (11) Uses and disclosures for law enforcement purposes.

A client must provide prior written consent for any other use or disclosure of HMIS PII.

CRHMIS Providers must also ensure that **any use or disclosure does not violate other applicable local, state, or federal laws**. Therefore, some CRHMIS Providers **may have more restrictive privacy policies**, often dependent upon funding source or the nature of a projects. Specific, per-project information regarding data use and disclosure can be obtained upon request.

C. CLIENT CONTROL OVER DATA

The CRHMIS recognizes every independent legal adult (person over 17 years of age) as the owner of all information about themselves, and any parent, legal guardian, or legal power of attorney as the designated owner of all information about any household members under their guardianship (all minors and any incapacitated/disabled adults).

By seeking assistance from this CRHMIS Provider and consenting to your personal information being entered into a record within the CRHMIS, you transfer governance responsibility over your CRHMIS record to us, and we are responsible for handling your record in accordance with CRHMIS privacy policies and any applicable federal, state, or local requirements. You retain ownership of your information within your CRHMIS record, and as owner **you have the following rights, in general:**

- » **Refusal:** to refuse to answer a question you do not feel comfortable with and not have it recorded within the CRHMIS;
- » **Access/Correction:** to request and view a copy of your project information record within the CRHMIS from your provider, including those who have accessed and/or edited your record, and to request corrections to that record;
- » **Grievance:** to ask questions of or submit grievances to your provider regarding privacy and security policies and practices;
- » **Anonymized Record:** to request that your provider anonymize your personal data record within the CRHMIS; and
- » **Optional Data Sharing:** to choose if your information is shared outside of the CRHMIS with researchers and other providers, and to make this decision at each project you receive services from. (Please note that if you decide NOT to data share, it does not prohibit the project from entering your data into the CRHMIS – it prohibits the sharing of your data as outlined on the consent form).

CRHMIS Providers reserve the following exceptions to the above: (1) Provider Right to Deny Review: if information is compiled in reasonable anticipation of litigation or comparable proceedings; if information about another individual other than the participating provider staff would be disclosed; if information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the sources of the information; or if the disclosure of information would be reasonably likely to endanger the physical safety of any individual; and (2) Provider Right to Deny Access/Correction: in response to repeated or harassing requests.

D. RESPONSIBILITY TO PROTECT DATA

CARES of NY, Inc. (CARES) is the System Administrator of the CRHMIS. The CRHMIS uses Foothold Technology's AWARDS software application and database, which is maintained in compliance with all federal standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and its subsequent legislation – the standards required to protect medical records – as well as U.S. Department of Housing and Urban Development HMIS standards.

The CARES CRHMIS staff take the protection of client confidentiality and privacy seriously. **The following security measures, among others, are in place to ensure that your information is protected:**

- » **System Security:** HMIS data is encrypted and securely transmitted from Providers to the HMIS database, extensive procedures are in place to prevent unauthorized access, and the entire HMIS system and database is protected at the highest level of security for health data;
- » **Access:** Only CARES CRHMIS staff and staff at providers may receive authorization to access the CRHMIS, and authorization requires comprehensive initial training and annual privacy and security training thereafter;
- » **Confidentiality Agreements:** Every CRHMIS Provider and every person authorized to read or enter information into the CRHMIS signs an agreement every year that includes: (1) commitments to maintain the confidentiality of all CRHMIS information; (2) commitments to comply with all security measures in compliance with federal HMIS requirements and any applicable federal, state, or local laws; and (3) penalties for violation of the agreement;
- » **Monitoring:** Annual monitoring is conducted for CRHMIS providers to ensure compliance with privacy and security policies; and
- » **Reporting:** Published CRHMIS reports are comprised of aggregate data only, and never contain any client-level or identifying (PII) data.

IMPORTANT INFORMATION FOR ALL CLIENTS – PLEASE READ

If you do not understand any of the information within this form, you may ask your intake worker for further explanation or an alternate format.

You may **keep the first 2 pages** of this form (containing the HMIS Privacy Notice) for your records.

You may request a copy of any participating provider or CRHMIS policies from your intake worker. Further information regarding CRHMIS privacy and security is also available in the CRHMIS Policies and Procedures (accessible online at www.caresny.org/).

You may contact your participating provider regarding any of your rights as listed above, including if you feel that any of these rights have been violated. If your provider's response does not satisfy you, you may then contact the CRHMIS directly at hmis@caresny.org or (518) 489-4130.

INSTRUCTIONS: List all dependent household members (if any) in Section H on page 4, then complete Sections E through G.

E. ACKNOWLEDGEMENT OF INCLUSION

No client consent is required to enter client data from provider forms into the CRHMIS, including personally identifying information. All Protected Identifying Information (PII) entered into the HMIS for the purpose of Coordinated Entry may be shared with other participating providers through the HMIS to better serve your needs and streamline the intake process. Additional sharing of your PII will not happen without agreeing through the consent below.

To show you are aware of this, we ask you to initial below.

** _____ Please initial to indicate that you have read (or been read) and understand the above information.

F. CONSENT TO DATA SHARING

To facilitate the coordination and provision of your services, we are requesting to share your information confidentially **inside** the CRHMIS with organizations

To facilitate the coordination and provision of your services and reduce intake time at other participating agencies:

- ☐ I agree to allow my information to be shared inside the CRHMIS for coordination of care purposes.
- ☐ I do NOT agree to allow my information to be shared inside the CRHMIS for coordination of care purposes.

G. RELEASE OF INFORMATION

To facilitate the coordination and provision of your services, we are requesting to share your information confidentially **outside** the CRHMIS with organizations and government agencies for research and service delivery.

Note: clients of Solutions to End Homelessness Program (STEHP) projects will have their information shared with OTDA regardless of preference, because OTDA funds the STEHP program.

- ☐ I agree to allow my information to be shared with external sources for research purposes.
- ☐ I do NOT agree to allow my information to be shared with external sources for research purposes.

H. FINAL ACKNOWLEDGEMENTS & SIGNATURE

As a client of a CRHMIS-participating agency:

- » I understand that my information will be entered into the CRHMIS database, I understand my rights as a CRHMIS client, and I have been provided the first 2 pages of this form to retain for my records;
- » I understand that my information will be shared through the CRHMIS at the level I have authorized in Section F and that I have the right to withdraw or change this consent via written request at any time. I also understand that the level of consent I provide will be in effect for a minimum of 36 months, unless I submit a written request to change it.
- » I understand that agreeing to data sharing does not guarantee that I will receive services, and that not agreeing to data sharing does not prohibit the project from entering my information into the CRHMIS – it only prohibits the sharing of my information with other participating providers.

**** By signing below,** I confirm that I have read (or been read) this form in its entirety and I have had the opportunity to ask questions on this form and had them answered. My signature also confirms that I understand all information contained herein, and that I authorize the level of data-sharing indicated in Section F for myself and any dependent household members as listed on the back of this page:

PRINT name of Client		PRINT name of Witness/Intake Worker	
SIGNATURE of Client, Guardian, or Power of Attorney		SIGNATURE of Witness/Intake Worker	
DATE		DATE	
AGENCY/PROVIDER	SCHENECTADY COUNTY COORDINATED ENTRY		

---NEXT PAGE---

I. DEPENDENT HOUSEHOLD MEMBERS

Dependent household members include all minors (persons under 18 years of age) and/or any incapacitated/disabled adults under your guardianship.

All minors must be listed on one, and only one, adult's form.

Are any dependent household members living with you? ☐ No ☐ Yes

Are you the designated head of the household? ☐ No ☐ Yes

**** If you answered yes to both questions above, please list** all dependent household members (to which this form also applies) in the table below:

	HOUSEHOLD MEMBER NAME (FIRST AND LAST)	DATE OF BIRTH (MM/DD/YYYY)	RELATIONSHIP TO YOU
1			
2			
3			
4			
5			
6			

IMPORTANT - CLIENT IS TO BE GIVEN FIRST 2 PAGES OF THIS CONSENT

---NEXT PAGE---

INSTRUCTIONS:

- 1) These are two separate forms sharing one page for convenience and resource conservation.
- 2) A form must be filled out for EACH household member. Minors may NOT sign for themselves or their children, even if they are the head of household. The additional MINOR consent should be filled out and signed by a parent or guardian for all minors or adult household members with developmental disabilities which would preclude them from signing the consent themselves.

CRHMIS Inclusion Disclosure

The CRHMIS has moved from *inferred consent* (a posted sign) to an *inclusion disclosure* for the HMIS. **No consumer consent is required by the CRHMIS to enter consumer data.** This disclosure replaces the posted sign but fulfills the same purpose. Consumers are asked to initial that they received the information. This is in addition to any agency specific or CoC specific forms that may be presented upon intake.

While individual agencies and projects may have their own, overriding policies, refusing to initial the inclusion disclosure does **NOT** indicate a refusal to be included in the HMIS and does not automatically disqualify consumers from receiving services from the agency or project; agency and CoC policy regarding how to handle that situation should still be followed as it has been in past years.

CRHMIS Client Release of Information

The CRHMIS is not an open system and does not automatically share data between agencies. In order to better coordinate case care; however, the CRHMIS Advisory Committee has agreed to a stepped implementation of consumer-driven data sharing. If your project allows data sharing (please contact kclark@caresny.org if you are not sure) the consumer may choose to share some or most of their data within the HMIS. This data is shared only to other HMIS users who have been through training in the system and agreed to all privacy and security policies. Special needs (i.e. mental health, HIV status, substance abuse status) are NEVER Shared between agencies.

If your agency or project DOES NOT participate in data sharing, you must check option 3 on this sheet and have the consumer sign, indicating that they understand that their data will NOT be shared regardless of preference. When entering the intake into HMIS, "No Sharing" is the default and, in this circumstance will be left at the default and the intake processed. Monitoring will include checking to ensure that physical forms and HMIS records match.

If your agency and project DOES participate in data sharing, you must give the consumer the choice to share at level 1 (most restrictive but still shared), 2 (less restrictive) or 3 (no sharing at all). The consumer must then sign and date the form. Monitoring will include checking to ensure that physical forms and HMIS records match

---NEXT PAGE---

APPLICATION SUBMISSION INSTRUCTIONS

REFERRAL FOR SERVICES				
Please indicate the agencies/programs this referral will be sent to:				
Agency	Program	Primary Diagnosis	Description	Contact
INDIVIDUALS ONLY				
Bethesda House	☐ Liberty Consolidated	Chronic Homelessness	PSH, Rent 40% of income, 12 beds (834 State St)	Danny Payne (dpayne) and Crystal Thatcher (cthatcher)
	☐ Pathways to the Future	Chronic Homelessness	PSH, Rent 40% of income, 4 beds (834 State St)	
	☐ The Beacon	Chronic Homelessness	Scattered sties, Rent, 30% of income, 8 units	
YMCA	☐ Shelter Plus Care	Disabling Condition, Male only	SRO, Rent 30% of income or grants available for no income (845 Commons)	Ed Kowalczyk (ekowalczyk)
Mohawk Opportunities	☐ Permanent and Supported Housing	Mental Illness	PSH, Rent 30% of income, scattered sites	Bryan Gentile (BGentile)
	☐ Permanent Housing for Chronically Homeless	Chronic Homelessness w Mental Illness	PSH, Rent 30% of income, scattered sites	
YWCA	☐ Rosa's House	Disabling Condition, Female only	Supportive Housing, Rent is 30% of income, scattered sites	Tamara Flanders (tflanders)
Alliance for Positive Health		HIV+	One-time, short-term or potentially ongoing rental subsidy until Section 8 opening, rent is 30% of income, client locates apartment, and engage with housing retention services throughout enrollment	Randy Viele (rviele)
INDIVIDUALS AND FAMILIES				
New Choices	☐ Shelter Plus Care	Drug or Alcohol Addiction	Ongoing rental subsidy, Rent is 30% of income, client locates apartment	Tricia Le (tle)
SCAP	☐ Rapid Rehousing	None but must be able to increase income	Temporary rental subsidy, staff assist with housing search, case management required	Elizabeth Mosier (emosier)
	☐ SMHA Shelter Plus Care	Disabling Condition	Ongoing rental subsidy, rent is 30% of income, client locates apartment, MUST engage with treatment/case management	
	☐ Hillside	None	Fixed site, rent is based on income	
VCHC	☐ Rapid Rehousing	Veteran	Short-term financial assistance for permanent housing w/short term case management.	Johanna Guilfoyle (jguilfoyle)
Soldier On	☐ Rapid Rehousing	Veteran	Temporary rental subsidy or financial assistance to assist with placement in permanent housing	Katrina Middleton (kmiddleton)
FAMILIES ONLY				
SCAP	☐ Permanent Housing	Disabling Condition	PH, 27 units, 81 beds	Elizabeth Mosier (emosier)

To successfully submit this application:

Please scan and email the required documents (listed below) and any relevant supporting documents through the AWARDS messaging module to the Housing Agencies you indicated in the "REFERRAL FOR SERVICES" section above and CC: kmcphail in AWARDS

Faxed, hand-delivered, or applications sent via regular email will not be eligible for review.

Required Coordinated Entry Documents:

- ☐ Completed Coordinated Entry Application
- ☐ Proof of Homelessness
- ☐ Proof of HUD-defined Disabling Condition

1C-14: Centralized or Coordinated Entry System–Assessment Tool.

2. **CE Prevention Intake:** This is the CE Prevention Assessment and Intake Form used by NY-507

SCHENECTADY COUNTY COORDINATED ENTRY APPLICATION

ARE YOU SEEKING HOUSING SERVICES?	HAVE YOU PREVIOUSLY COMPLETED AN APPLICATION FOR ASSISTANCE THROUGH COORDINATED ENTRY?
☐ No ☐ Yes	☐ No ☐ Yes

IF CLIENT IS NOT SEEKING HOUSING SERVICES, A HOUSING ASSESSMENT DOES NOT NEED TO BE COMPLETED

BEFORE STARTING THIS APPLICATION PLEASE MAKE SURE THE APPLICANT:

1. Meets the HUD definition of homeless.
Lacks a fixed, regular, and adequate nighttime residence, meaning:
 - (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs);
 - OR
 - (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
2. Spent last night in Schenectady County.
3. Does not have a pending CE application. Check with your CE lead if the applicant is not sure.
4. Is not paying for a motel/hotel. DSS must be paying for the stay at the time of application to meet the above definition.

STAFF MEMBER COMPLETING ASSESSMENT		AGENCY NAME	
STAFF MEMBER'S EMAIL	PHONE NUMBER	FAX NUMBER	

PRESCREENING INFORMATION

ARE YOU CURRENTLY HOMELESS	ARE YOU AT RISK OF BECOMING HOMELESS
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused
ADDRESS (Please indicate if this is a ☐ current or ☐ previous address)	MAILING ADDRESS (if different than address provided)

HMIS INFORMATION

*INTAKE DATE	*FIRST NAME	*LAST NAME (and Suffix)
/ /		
*NAME DATA QUALITY		ALIAS
☐ Full Name Reported ☐ Partial Name, Street Name or Code Name Reported ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused		
*SOCIAL SECURITY NUMBER		*SSN DATA QUALITY
(enter "9" for any missing numbers in an Approximate or Partial SSN)		☐ Full SSN Reported ☐ Client Doesn't Know ☐ Approximate or Partial SSN Reported ☐ Client Refused ☐ Data Not Collected
*GENDER		
☐ Male ☐ Female ☐ Trans Male (FTM) ☐ Trans Female (MTF) ☐ Gender Non-Conforming		☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
*BIRTHDATE	*BIRTHDATE DATA QUALITY	
____/____/____	☐ Full DOB Reported ☐ Client Doesn't Know ☐ Approximate or Partial DOB Reported ☐ Client Refused ☐ Data Not Collected	
*ETHNICITY		
☐ Hispanic ☐ Non-Hispanic ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused		
*RACE (choose all that apply)		
☐ American Indian/Native Alaskan ☐ Asian ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White		
*DO YOU HAVE A PHONE NUMBER AT WHICH YOU CAN BE REACHED?		
☐ No ☐ Yes (SEE RIGHT)	IF YES: PLEASE PROVIDE YOUR PHONE NUMBER WITH AREA CODE (____) - ____ - ____	
IF NO PHONE: HOW CAN APPLICANT BE CONTACTED (Email, Case Manager, Day Program, Lunch Site)		

---NEXT PAGE---

***PRIOR LIVING SITUATION**

Based on the client's living situation **the night before project entry**, record responses in **one (1)** section:
Homeless Situation, Institutional Situation, Transitional/Permanent Situation, OR Unknown (**only** if necessary)

HOMELESS SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE
☐ Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc) ☐ Emergency shelter , including hotel or motel paid for with emergency shelter voucher ☐ Safe Haven ☐ Interim Housing		☐ 1 night or less ☐ 2 to 6 nights ☐ 1 week or more, but less than 1 month ☐ 1 month or more, but less than 90 days ☐ 90 days or more, but less than 1 year ☐ 1 year or longer
*APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____		
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS		*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS
☐ 1 ☐ 2 ☐ 3 ☐ 4+ ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

OR

INSTITUTIONAL SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE
☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail , prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center		☐ 1 night or less ☐ 2 to 6 nights ☐ 1 week or more, but less than 1 month ☐ 1 month or more, but less than 90 days ☐ 90 days or more, but less than 1 year ☐ 1 year or longer
DID THE CLIENT STAY LESS THAN 90 DAYS		IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, ES, or SH?
☐ No ☐ Yes		☐ No ☐ Yes
IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:		
*APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____		
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS		*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS
☐ 1 ☐ 2 ☐ 3 ☐ 4+ ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE
☐ Hotel or Motel paid for without emergency shelter voucher ☐ Owned by client, no ongoing subsidy ☐ Owned by client WITH ongoing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA) ☐ Rental by client, no ongoing subsidy ☐ Rental by client with GPD TIP subsidy ☐ Rental by client with VASH subsidy ☐ Rental by client with other housing subsidy (including RRH) ☐ Residential project or halfway house with no homeless criteria ☐ Staying or in a family member's room, apartment or house ☐ Staying or in a friend's room, apartment or house ☐ Transitional housing for homeless persons (incl. homeless youth)		☐ 1 night or less ☐ 2 to 6 nights ☐ 1 week or more, but less than 1 month ☐ 1 month or more, but less than 90 days ☐ 90 days or more, but less than 1 year ☐ 1 year or longer ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
DID YOU STAY LESS THAN 7 DAYS?		IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, ES, or SH?
☐ No ☐ Yes		☐ No ☐ Yes
IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:		
*APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____		
*REGARDLESS OF WHERE THEY STAYED LAST NIGHT NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS		*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS
☐ 1 ☐ 2 ☐ 3 ☐ 4+ ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

OR

UNKNOWN (ONLY IF NECESSARY)		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		
☐ Client doesn't know ☐ Client refused ☐ Data not collected		

---NEXT PAGE---

***CURRENT LIVING SITUATION**

Based on the client's living situation **tonight**, record responses in **one (1)** section:
Homeless Situation, Institutional Situation, Transitional/Permanent Situation, OR Unknown (**only** if necessary)

HOMELESS SITUATIONS:	
TYPE OF RESIDENCE (TONIGHT)	
☐ Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc)	☐ Safe Haven
☐ Emergency shelter , including hotel or motel paid for with emergency shelter voucher	☐ Interim Housing

OR

INSTITUTIONAL SITUATIONS:	
TYPE OF RESIDENCE (TONIGHT)	
☐ Foster care home or foster care group home	☐ Long-term care facility or nursing home
☐ Hospital or other residential non-psychiatric medical facility	☐ Psychiatric hospital or other psychiatric facility
☐ Jail , prison or juvenile detention facility	☐ Substance abuse treatment facility or detox center
IS CLIENT GOING TO LEAVE WITHIN 14 DAYS?	HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED?
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>
DOES INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING?	
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	
HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS?	
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	
HAS THE CLIENT MOVED 2 TIMES OR MORE IN THE LAST 60 DAYS?	
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:	
TYPE OF RESIDENCE (TONIGHT)	
☐ Hotel or Motel paid for without emergency shelter voucher	☐ Rental by client with GPD TIP subsidy
☐ Owned by client, no ongoing subsidy	☐ Rental by client with other housing subsidy (including RRH)
☐ Owned by client WITH ongoing subsidy	☐ Residential project or halfway house with no homeless criteria
☐ Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA)	☐ Staying or in a family member's room, apartment or house
☐ Rental by client, no ongoing subsidy	☐ Staying or in a friend's room, apartment or house
☐ Rental by client with VASH subsidy	☐ Transitional housing for homeless persons (incl. homeless youth)
IS CLIENT GOING TO LEAVE WITHIN 14 DAYS?	HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED?
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>
DOES INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING?	
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	
HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS?	
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	
HAS THE CLIENT MOVED 2 TIMES OR MORE IN THE LAST 60 DAYS?	
☐ No ☐ Yes ☐ <i>Client Doesn't Know</i> ☐ Client Refused ☐ <i>Data Not Collected</i>	

OR

UNKNOWN (ONLY IF NECESSARY)	
☐ <i>Client doesn't know</i> ☐ <i>Client refused</i> ☐ <i>Data not collected</i>	

LIVING SITUATION VERIFIED BY (NAME OF AGENCY)	
ACCEPTABLE FORMS OF HOMELESSNESS VERIFICATION	
- Written observation by outreach worker; or - Written referral by another housing or service provider; or - Certification by individual or head of household stating that (s) he was living on the street or in shelter; (Additional 3rd party verification may be required at a later date) Individuals exiting an institution – one of the forms of evidence above and: - Discharge paperwork or written/oral referral, or - Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution.	
WAS HOMELESSNESS VERIFIED	IF YES, HOW WAS HOMELESSNESS VERIFIED – INCLUDE DOCUMENTATION WITH COMPLETED APPLICATION
☐ No ☐ Yes	

---NEXT PAGE---

IF THE APPLICANT DOES NOT HAVE VERIFICATION AT THIS TIME, EXPLAIN STEPS WILL BE TAKEN TO OBTAIN THE VERIFICATION

INCOME & SOURCES / NON-CASH BENEFITS**INCOME FROM ANY SOURCE**
☐ No ☐ Yes (SEE BELOW) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

IF YES: CHECK & FILL IN MONTHLY AMOUNT FOR ALL THAT APPLY

☐ Earned Income	\$	☐ Unemployment Insurance	\$
☐ SSI	\$	☐ SSDI	\$
☐ VA Service-Connected Disability Compensation	\$	☐ VA Non-Service Connected Disability Pension	\$
☐ Private Disability Insurance	\$	☐ Worker's Compensation	\$
☐ TANF	\$	☐ General Public Assistance	\$
☐ Retirement from SSA	\$	☐ Pension or Retirement from former job	\$
☐ Child Support	\$	☐ Alimony or Other Spousal Support	\$
☐ Other	\$		

***NON-CASH BENEFITS FROM ANY SOURCE**
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

IF YES: CHECK ALL THAT APPLY

☐ SNAP (Food Stamps) ☐ Special Supplemental Nutrition Program for Women, Infants and Children ☐ Other TANF Funded Srvcs
☐ TANF Child Care Services ☐ TANF Transportation Service
HEALTH INSURANCE / DISABLING CONDITIONS**COVERED BY HEALTH INSURANCE**
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

IF YES: CHECK ALL THAT APPLY

MEDICAID	☐ No ☐ Yes	MEDICARE	☐ No ☐ Yes
State Children's Health Insurance Program	☐ No ☐ Yes	VA Medical Services	☐ No ☐ Yes
Employer provided Health insurance	☐ No ☐ Yes	Health ins. Via COBRA	☐ No ☐ Yes
Private Pay Health Insurance	☐ No ☐ Yes	State Health Ins. Adults	☐ No ☐ Yes
Indian Health Services	☐ No ☐ Yes		

***PHYSICAL DISABILITY**

IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?

☐ No ☐ Yes (SEE RIGHT) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
***DEVELOPMENTAL DISABILITY**
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
***CHRONIC HEALTH CONDITION**

IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?

☐ No ☐ Yes (SEE RIGHT) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
***HIV/AIDS**
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
***MENTAL HEALTH PROBLEM**

IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?

☐ No ☐ Yes (SEE RIGHT) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
***SUBSTANCE ABUSE PROBLEM**

IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?

☐ No ☐ Yes, Alcohol (SEE RIGHT) ☐ Client Doesn't Know
☐ Yes, Drug (SEE RIGHT) ☐ Client Refused
☐ Yes, Both (SEE RIGHT) ☐ Data Not Collected
ACCEPTABLE FORMS OF DISABILITY VERIFICATION

- Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently; or
- Written verification from the Social Security Administration; or
- The receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation); or
- Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence above

All verification must be current (within one year of the date of application)

WAS DISABILITY VERIFIED IF YES, HOW WAS DISABILITY VERIFIED – INCLUDE DOCUMENTATION WITH COMPLETED APPLICATION

☐ No ☐ Yes

IF THE APPLICANT DOES NOT HAVE VERIFICATION AT THIS TIME, EXPLAIN STEPS WILL BE TAKEN TO OBTAIN THE VERIFICATION

---NEXT PAGE---

*** DV STATUS**

*DOMESTIC ABUSE VICTIM/SURVIVOR		
☐ No ☐ Yes (SEE BELOW) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		
IF YES: WHEN EXPERIENCE OCCURRED		IF YES: ARE YOU CURRENTLY FLEEING?
☐ Within the past 3 months ☐ 3 to 6 months ago	☐ From 6 to 12 months ago ☐ More than a year ago	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

IF YES: It is advised to connect the client with the domestic violence hotline at 518-374-3386 if they are not already engaged in services. If the location of the client is not safe or they are fleeing, note his/her name with INITIALS ONLY and location as UNDISCLOSED/SHELTERED. Refer to the P&P for additional instructions if needed.

***NON-HMIS DATA ELEMENTS**

EMPLOYMENT STATUS		IF YES: TYPE OF EMPLOYMENT	IF NO: WHY NOT EMPLOYED
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		☐ Full Time ☐ Part Time ☐ Seasonal	☐ Looking for Work ☐ Unable to Work ☐ Not Looking for Work
CURRENTLY PREGNANT?		IF YES: DUE DATE	
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		_____/_____/_____	
*VETERAN STATUS		IF YES: SELECT BRANCH	
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Other ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused	
DISCHARGE STATUS			
☐ Honorable ☐ General Under Honorable Discharge ☐ Under Other than Honorable Conditions ☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized ☐ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused			
HOMELESS CAUSE (check only one)			
☐ Benefits loss/reduction ☐ Released behavioral health facility ☐ Drug/alcohol abuse ☐ Job income loss/reduction ☐ Illness ☐ Other: _____ ☐ Eviction ☐ Injury/ Disability ☐ Don't know ☐ Relocation ☐ Domestic Violence ☐ Refused ☐ Released from prison/jail ☐ Asked to leave shared residence (e.g. living in a home of another due to hardship)			
*ZIP CODE OF LAST PERMANENT ADDRESS		HAVE YOU BEEN CONVICTED OF A FELONY	
_____		☐ No ☐ Yes ☐ Client Refused ☐ Data Not Collected	
CURRENTLY ON PROBATION OR PAROLE?		REQUIRED TO REGISTER ADDRESS UNDER SOAR	
☐ No ☐ Yes ☐ Client Refused ☐ Data Not Collected		☐ No ☐ Yes ☐ Client Refused ☐ Data Not Collected	
HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN INVOLVED WITH ANY PROTECTION AGENCY			
☐ No ☐ Yes ☐ Client Refused ☐ Data Not Collected			
IF YES: SELECT AGENCY			IF YES: IS THIS A CURRENT CASE
☐ CPS ☐ APS ☐ Juvenile Justice ☐ Family Court ☐ Foster Care ☐ Other: _____			☐ No ☐ Yes
IF CPS: Provide Protective Agency Worker's Name and Contact Number			IF CPS, IS A REUNIFICATION PLAN IN PLACE
Name: _____ Contact Number: () - _____			☐ No ☐ Yes
NOTES: If there is any other information the client wishes to disclose to help with this process/placement, please note it here. (e.g. CL does not want treatment, CL is only available after 4p on Tuesdays, CL med docs are with Agency DCBA, CL does not want to work with Agency ABCD, etc.)			

---END---

PROCEED TO VULNERABILITY INDEX

VULNERABILITY INDEX SCORING FOR Prevention		
Total Months Owed:	Total arrears owed:	
<u>Prioritization Criteria</u>		
Urgency of Housing Situation	SCORE	SUBTOTAL
Lock out -Sheriff	3	
Warrant (stayed or not)	2	
Court/Trial date	1	
14 day rent demand	1	
Potential Barriers and Vulnerabilities	SCORE	SUBTOTAL
No income or Income to housing ratio 80 +	3	
Income to Housing 50 – 80	2	
Income to Housing 30 – 50	1	
COVID (Sick, Quarantined, income affected due to COVID)	3	
Household of 5 or More	3	
Single Parent w/ Minor Child(ren)	2	
At Risk of Losing Public Housing	2	
At Risk of Losing Supportive Housing	1	
Homeless in past 5 years (street, shelter or motel)	3	
Eviction in past 5 years (Court order or left after notice to quit)	2	
Domestic Violence Victim/Survivor in the past 5 years	3	
Sex Trafficking Victim/Survivor in the past 5 years	3	
Household member with Disabling Condition (SMI, Chronic Illness, Substance Abuse, developmental, physical and/or other disabling condition)	3	
Experienced Chronic Homelessness in past 5 years	3	
TOTAL POINTS		

---END---

PROCEED TO SCHENECTADY COUNTY COORINATED ENTRY CONSENT TO RELEASE INFORMATION

SCHENECTADY COUNTY COORDINATED ENTRY

Consent to Release Information

Name _____ DOB _____

Coordinated Entry is a process used by Schenectady County service providers to ensure that people who are experiencing a housing crisis are provided with the most efficient, needs-centered approach to address the situation. Each participating agency uses a common assessment tool to ensure that each client has fair and equal access to available resources. Data collected on the application is stored in a secure database called HMIS (Homeless Management Information System) and information is only shared with other agencies to coordinate housing placement and services.

Please Check One:

☐ *I understand that I am signing this consent to release Single information so that the organizations listed below can discuss my case and coordinate services.*

☐ *I understand that I am signing this consent to release Family/Household Member information so that the organizations listed below can discuss my case and coordinate services.*

- | | |
|--|--|
| ☐ Bethesda House | ☐ Legal Aid Society of Northeastern New York |
| ☐ New Choices | ☐ Veterans and Community Housing Coalition |
| ☐ Schenectady Community Action Program (SCAP) | ☐ SAFE, Inc. |
| ☐ Schenectady Municipal Housing Authority | ☐ Alliance for Positive Health |
| ☐ YMCA | ☐ Veterans Administration (VA) |
| ☐ YWCA | ☐ Any additional agencies that may later become part of the Coordinated Entry process |
| ☐ Soldier On | ☐ Other _____ |
| ☐ Mohawk Opportunities | ☐ Other _____ |

I authorize the agencies listed above to share any information I have provided or information obtained on my behalf in order to coordinate services, including the following:

- ☐ Qualifications and status of applications for housing opportunities
- ☐ Names of current and past social service providers
- ☐ Military/Veteran Status
- ☐ Barriers to stable housing, including but not limited to history of homelessness, income, non-cash income, evictions, legal issues, and domestic violence history
- ☐ Medical information such as chronic health conditions or disabilities
- ☐ Certain relevant medical information which requires express written consent (please initial)

____Mental/Behavioral Health Records

____Treatment for Drug or Alcohol Addiction

____HIV/AIDS Status

I understand that this authorization takes effect the day that I sign it and may be revoked at any time by contacting any participating SCCE agency.

Client Signature

Date

---NEXT PAGE---

SCHENECTADY COUNTY COORDINATED ENTRY

Consent to Release Information

ABOUT COORDINATED ENTRY

The participating agencies listed on the prior page are part of the Continuum of Care (CoC) in Schenectady County. Our goal is to connect individuals and families experiencing homelessness to suitable housing as quickly as possible. Clients may visit any of the agencies listed for an in-person assessment of his/her housing situation. The CoC representative will make recommendations based on the results of the interview. The client is presented with the options available and will be referred to up to 3 different agencies based on the client's needs and preferences.

To increase the potential for housing stability, agencies use a collaborative approach to determine the best intervention for the individual. Certain clients may need simply to obtain an income source, while others may need long-term supportive services. Working together, we are able to connect clients to the best available resources in the community.

In Schenectady County, the demand for housing, and especially for supportive housing far outweighs the availability. Using a common assessment tool among all agencies allows for clients to be prioritized according to need.

SHARING INFORMATION

Clients are asked to consent to the release of information so that the most appropriate referrals can be made based on the unique needs and circumstances of the individual. Some programs focus on the needs of certain groups, such as veterans, victims of domestic violence, people with chronic health conditions, among other issues. Any information disclosed throughout the Coordinated Entry process is held in the strictest confidence and used only for the purposes of determining appropriate housing and service referrals.

OUR FAIR HOUSING COMMITMENT

Schenectady County Coordinated Entry does not exclude, deny services to, or otherwise discriminate against any person on the basis of race, color, religion, sex, age, national origin, familial status or disability in admission to*, participation in, or receipt of the services and benefits under any of its programs and activities. Schenectady County Coordinated Entry is committed to providing services to those who would be least likely to apply for assistance due to any identifying characteristics/conditions listed above by affirmatively marketing our services to these populations. To further this goal, each staff member conducting assessments at point of entry, is required to read and understand the Fair Housing Act, and the purpose and objectives of the Affirmative Marketing Plan. If you believe you have been denied services due to one of the above characteristics, please contact: Kim McPhail at (518) 374-7873.

**Unless the housing or program has been designated for specific sub-populations by federal requirements.*

YOUR RIGHTS

- ☐ You can revoke this authorization any time by contacting any participating SCCE agency. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- ☐ You have the right to refuse to sign this form. You will not be denied services or assistance for which you may be eligible.
- ☐ Any information that is shared with agencies of SCCE will be held in the strictest confidence.

---END---

PROCEED TO CRHMIS CLIENT INCLUSION DISCLOSURE & RELEASE INFORMATION

CRHMIS CLIENT INCLUSION DISCLOSURE & RELEASE OF INFORMATION

PURPOSE: To inform clients of HMIS data entry and for clients to authorize or modify data sharing preferences within the HMIS for the project listed below:

AGENCY/PROVIDER: **SCHENECTADY COUNTY COORDINATED ENTRY**

INSTRUCTIONS: This form must be completed for every independent adult (18 years of age and over) and every unaccompanied minor PRIOR to data collection and entry into the HMIS at all CRHMIS-participating providers. This form also covers any household members under the client's guardianship, which includes all minors (persons under 18 years of age) and any incapacitated/disabled adults. The client is to be given pages 1 and 2 after completion.

HMIS PRIVACY NOTICE

This Notice applies to all CRHMIS-Participating Providers and addresses how information about clients may be used and disclosed at Providers as well as client rights over their information. This Notice may be amended at any time, and amendments may affect information obtained before the date of the amendment.

A. HMIS DATA COLLECTION & PURPOSE

A Homeless Management Information System (HMIS) is a local information technology system used to collect data on the housing and services provided to homeless individuals and families and persons at risk of homelessness. Providers participating in an HMIS are required to collect universal data elements from all clients, including Personally Identifying Information, demographic characteristics, and residential history. This information is critical for providers and communities to better understand the extent and nature of homelessness at a local level, evaluate program effectiveness, and improve future housing and service provision. Some providers are also required by their funders to obtain certain additional information to assess services, to determine eligibility, and to monitor outcomes. Most federally-funded homeless service providers are required to participate and record the clients they serve in an HMIS.

This agency is an HMIS-participating homeless service provider ("CRHMIS Provider"), meaning we collect and enter information about the persons we serve in the private and secure CARES Regional HMIS (CRHMIS) database, the local HMIS for this community. There are firm policies and procedures in place to protect against unauthorized disclosure of any personal information collected, and this information is critical to obtain an accurate picture of the homeless population we serve and for this agency to continue to offer you the service(s) you are accessing today. We only collect information deemed appropriate and necessary for program operation or information that is required by law or by the organizations that fund this program. We do not need your consent to enter a record of your visit into the CRHMIS, but you may refuse to have your personal identifying information within this record and still be eligible to receive services.

If you have any concerns or questions about the information provided above, please speak to an intake worker.

B. PERMITTED DATA USES AND DISCLOSURES

The CRHMIS is designed to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data, including Personally Identifying Information (PII is any information that can be used to identify a particular individual, including a client's name, Social Security Number, and Date of Birth). Once collected, we (as a CRHMIS Provider) have obligations about how these data may be used and disclosed (**uses** are internal activities for which providers interact with client PII; **disclosures** occur when providers share PII with an external entity). **CRHMIS Providers are limited to the following circumstances for the use and disclosure of HMIS PII:**

HUD required:

- (1) Client access to their information; and
- (2) Disclosures for oversight of compliance with HMIS privacy and security standards.

HUD permitted:

- (3) To provide or coordinate services to an individual;
- (4) For functions related to payment or reimbursement for services;
- (5) To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions;
- (6) For creating de-identified reporting from PII;
- (7) Uses and disclosures required by law;
- (8) Uses and disclosures to avert a serious threat to health or safety;
- (9) Uses and disclosures about victims of abuse, neglect or domestic violence;
- (10) Uses and disclosures for research purposes; and
- (11) Uses and disclosures for law enforcement purposes.

A client must provide prior written consent for any other use or disclosure of HMIS PII.

CRHMIS Providers must also ensure that **any use or disclosure does not violate other applicable local, state, or federal laws**. Therefore, some CRHMIS Providers **may have more restrictive privacy policies**, often dependent upon funding source or the nature of a projects. Specific, per-project information regarding data use and disclosure can be obtained upon request.

C. CLIENT CONTROL OVER DATA

The CRHMIS recognizes every independent legal adult (person over 17 years of age) as the owner of all information about themselves, and any parent, legal guardian, or legal power of attorney as the designated owner of all information about any household members under their guardianship (all minors and any incapacitated/disabled adults).

By seeking assistance from this CRHMIS Provider and consenting to your personal information being entered into a record within the CRHMIS, you transfer governance responsibility over your CRHMIS record to us, and we are responsible for handling your record in accordance with CRHMIS privacy policies and any applicable federal, state, or local requirements. You retain ownership of your information within your CRHMIS record, and as owner **you have the following rights, in general:**

- » **Refusal:** to refuse to answer a question you do not feel comfortable with and not have it recorded within the CRHMIS;
- » **Access/Correction:** to request and view a copy of your project information record within the CRHMIS from your provider, including those who have accessed and/or edited your record, and to request corrections to that record;
- » **Grievance:** to ask questions of or submit grievances to your provider regarding privacy and security policies and practices;
- » **Anonymized Record:** to request that your provider anonymize your personal data record within the CRHMIS; and
- » **Optional Data Sharing:** to choose if your information is shared outside of the CRHMIS with researchers and other providers, and to make this decision at each project you receive services from. (Please note that if you decide NOT to data share, it does not prohibit the project from entering your data into the CRHMIS – it prohibits the sharing of your data as outlined on the consent form).

CRHMIS Providers reserve the following exceptions to the above: (1) Provider Right to Deny Review: if information is compiled in reasonable anticipation of litigation or comparable proceedings; if information about another individual other than the participating provider staff would be disclosed; if information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the sources of the information; or if the disclosure of information would be reasonably likely to endanger the physical safety of any individual; and (2) Provider Right to Deny Access/Correction: in response to repeated or harassing requests.

D. RESPONSIBILITY TO PROTECT DATA

CARES of NY, Inc. (CARES) is the System Administrator of the CRHMIS. The CRHMIS uses Foothold Technology's AWARDS software application and database, which is maintained in compliance with all federal standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and its subsequent legislation – the standards required to protect medical records – as well as U.S. Department of Housing and Urban Development HMIS standards.

The CARES CRHMIS staff take the protection of client confidentiality and privacy seriously. **The following security measures, among others, are in place to ensure that your information is protected:**

- » **System Security:** HMIS data is encrypted and securely transmitted from Providers to the HMIS database, extensive procedures are in place to prevent unauthorized access, and the entire HMIS system and database is protected at the highest level of security for health data;
- » **Access:** Only CARES CRHMIS staff and staff at providers may receive authorization to access the CRHMIS, and authorization requires comprehensive initial training and annual privacy and security training thereafter;
- » **Confidentiality Agreements:** Every CRHMIS Provider and every person authorized to read or enter information into the CRHMIS signs an agreement every year that includes: (1) commitments to maintain the confidentiality of all CRHMIS information; (2) commitments to comply with all security measures in compliance with federal HMIS requirements and any applicable federal, state, or local laws; and (3) penalties for violation of the agreement;
- » **Monitoring:** Annual monitoring is conducted for CRHMIS providers to ensure compliance with privacy and security policies; and
- » **Reporting:** Published CRHMIS reports are comprised of aggregate data only, and never contain any client-level or identifying (PII) data.

IMPORTANT INFORMATION FOR ALL CLIENTS – PLEASE READ

If you do not understand any of the information within this form, you may ask your intake worker for further explanation or an alternate format.

You may **keep the first 2 pages** of this form (containing the HMIS Privacy Notice) for your records.

You may request a copy of any participating provider or CRHMIS policies from your intake worker. Further information regarding CRHMIS privacy and security is also available in the CRHMIS Policies and Procedures (accessible online at www.caresny.org/).

You may contact your participating provider regarding any of your rights as listed above, including if you feel that any of these rights have been violated. If your provider's response does not satisfy you, you may then contact the CRHMIS directly at hmis@caresny.org or (518) 489-4130.

INSTRUCTIONS: List all dependent household members (if any) in Section H on page 4, then complete Sections E through G.

E. ACKNOWLEDGEMENT OF INCLUSION

No client consent is required to enter client data from provider forms into the CRHMIS, including personally identifying information. All Protected Identifying Information (PII) entered into the HMIS for the purpose of Coordinated Entry may be shared with other participating providers through the HMIS to better serve your needs and streamline the intake process. Additional sharing of your PII will not happen without agreeing through the consent below.

To show you are aware of this, we ask you to initial below.

** _____ Please initial to indicate that you have read (or been read) and understand the above information.

F. CONSENT TO DATA SHARING

To facilitate the coordination and provision of your services, we are requesting to share your information confidentially **inside** the CRHMIS with organizations

To facilitate the coordination and provision of your services and reduce intake time at other participating agencies:

- ☐ I agree to allow my information to be shared inside the CRHMIS for coordination of care purposes.
- ☐ I do NOT agree to allow my information to be shared inside the CRHMIS for coordination of care purposes.

G. RELEASE OF INFORMATION

To facilitate the coordination and provision of your services, we are requesting to share your information confidentially **outside** the CRHMIS with organizations and government agencies for research and service delivery.

Note: clients of Solutions to End Homelessness Program (STEHP) projects will have their information shared with OTDA regardless of preference, because OTDA funds the STEHP program.

- ☐ I agree to allow my information to be shared with external sources for research purposes.
- ☐ I do NOT agree to allow my information to be shared with external sources for research purposes.

H. FINAL ACKNOWLEDGEMENTS & SIGNATURE

As a client of a CRHMIS-participating agency:

- » I understand that my information will be entered into the CRHMIS database, I understand my rights as a CRHMIS client, and I have been provided the first 2 pages of this form to retain for my records;
- » I understand that my information will be shared through the CRHMIS at the level I have authorized in Section F and that I have the right to withdraw or change this consent via written request at any time. I also understand that the level of consent I provide will be in effect for a minimum of 36 months, unless I submit a written request to change it.
- » I understand that agreeing to data sharing does not guarantee that I will receive services, and that not agreeing to data sharing does not prohibit the project from entering my information into the CRHMIS – it only prohibits the sharing of my information with other participating providers.

**** By signing below,** I confirm that I have read (or been read) this form in its entirety and I have had the opportunity to ask questions on this form and had them answered. My signature also confirms that I understand all information contained herein, and that I authorize the level of data-sharing indicated in Section F for myself and any dependent household members as listed on the back of this page:

PRINT name of Client		PRINT name of Witness/Intake Worker	
SIGNATURE of Client, Guardian, or Power of Attorney		SIGNATURE of Witness/Intake Worker	
DATE		DATE	
AGENCY/PROVIDER	SCHENECTADY COUNTY COORDINATED ENTRY		

---NEXT PAGE---

I. DEPENDENT HOUSEHOLD MEMBERS

Dependent household members include all minors (persons under 18 years of age) and/or any incapacitated/disabled adults under your guardianship.

All minors must be listed on one, and only one, adult's form.

Are any dependent household members living with you? ☐ No ☐ Yes

Are you the designated head of the household? ☐ No ☐ Yes

**** If you answered yes to both questions above, please list** all dependent household members (to which this form also applies) in the table below:

	HOUSEHOLD MEMBER NAME (FIRST AND LAST)	DATE OF BIRTH (MM/DD/YYYY)	RELATIONSHIP TO YOU
1			
2			
3			
4			
5			
6			

IMPORTANT - CLIENT IS TO BE GIVEN FIRST 2 PAGES OF THIS CONSENT

---NEXT PAGE---

INSTRUCTIONS:

- 1) These are two separate forms sharing one page for convenience and resource conservation.
- 2) A form must be filled out for EACH household member. Minors may NOT sign for themselves or their children, even if they are the head of household. The additional MINOR consent should be filled out and signed by a parent or guardian for all minors or adult household members with developmental disabilities which would preclude them from signing the consent themselves.

CRHMIS Inclusion Disclosure

The CRHMIS has moved from *inferred consent* (a posted sign) to an *inclusion disclosure* for the HMIS. **No consumer consent is required by the CRHMIS to enter consumer data.** This disclosure replaces the posted sign but fulfills the same purpose. Consumers are asked to initial that they received the information. This is in addition to any agency specific or CoC specific forms that may be presented upon intake.

While individual agencies and projects may have their own, overriding policies, refusing to initial the inclusion disclosure does **NOT** indicate a refusal to be included in the HMIS and does not automatically disqualify consumers from receiving services from the agency or project; agency and CoC policy regarding how to handle that situation should still be followed as it has been in past years.

CRHMIS Client Release of Information

The CRHMIS is not an open system and does not automatically share data between agencies. In order to better coordinate case care; however, the CRHMIS Advisory Committee has agreed to a stepped implementation of consumer-driven data sharing. If your project allows data sharing (please contact kclark@caresny.org if you are not sure) the consumer may choose to share some or most of their data within the HMIS. This data is shared only to other HMIS users who have been through training in the system and agreed to all privacy and security policies. Special needs (i.e. mental health, HIV status, substance abuse status) are NEVER Shared between agencies.

If your agency or project DOES NOT participate in data sharing, you must check option 3 on this sheet and have the consumer sign, indicating that they understand that their data will NOT be shared regardless of preference. When entering the intake into HMIS, "No Sharing" is the default and, in this circumstance will be left at the default and the intake processed. Monitoring will include checking to ensure that physical forms and HMIS records match.

If your agency and project DOES participate in data sharing, you must give the consumer the choice to share at level 1 (most restrictive but still shared), 2 (less restrictive) or 3 (no sharing at all). The consumer must then sign and date the form. Monitoring will include checking to ensure that physical forms and HMIS records match

---NEXT PAGE---

APPLICATION SUBMISSION INSTRUCTIONS

REFERRAL FOR SERVICES				
Please indicate the agencies/programs this referral will be sent to:				
Agency	Program	Primary Diagnosis	Description	Contact
INDIVIDUALS ONLY				
Bethesda House	☐ Liberty Consolidated	Chronic Homelessness	PSH, Rent 40% of income, 12 beds (834 State St)	Danny Payne (dpayne) and Crystal Thatcher (cthatcher)
	☐ Pathways to the Future	Chronic Homelessness	PSH, Rent 40% of income, 4 beds (834 State St)	
	☐ The Beacon	Chronic Homelessness	Scattered sties, Rent, 30% of income, 8 units	
YMCA	☐ Shelter Plus Care	Disabling Condition, Male only	SRO, Rent 30% of income or grants available for no income (845 Commons)	Ed Kowalczyk (ekowalczyk)
Mohawk Opportunities	☐ Permanent and Supported Housing	Mental Illness	PSH, Rent 30% of income, scattered sites	Bryan Gentile (BGentile)
	☐ Permanent Housing for Chronically Homeless	Chronic Homelessness w Mental Illness	PSH, Rent 30% of income, scattered sites	
YWCA	☐ Rosa's House	Disabling Condition, Female only	Supportive Housing, Rent is 30% of income, scattered sites	Tamara Flanders (tflanders)
Alliance for Positive Health		HIV+	One-time, short-term or potentially ongoing rental subsidy until Section 8 opening, rent is 30% of income, client locates apartment, and engage with housing retention services throughout enrollment	Randy Viele (rviele)
INDIVIDUALS AND FAMILIES				
New Choices	☐ Shelter Plus Care	Drug or Alcohol Addiction	Ongoing rental subsidy, Rent is 30% of income, client locates apartment	Tricia Le (tle)
SCAP	☐ Rapid Rehousing	None but must be able to increase income	Temporary rental subsidy, staff assist with housing search, case management required	Elizabeth Mosier (emosier)
	☐ SMHA Shelter Plus Care	Disabling Condition	Ongoing rental subsidy, rent is 30% of income, client locates apartment, MUST engage with treatment/case management	
	☐ Hillside	None	Fixed site, rent is based on income	
VCHC	☐ Rapid Rehousing	Veteran	Short-term financial assistance for permanent housing w/short term case management.	Johanna Guilfoyle (jguilfoyle)
Soldier On	☐ Rapid Rehousing	Veteran	Temporary rental subsidy or financial assistance to assist with placement in permanent housing	Katrina Middleton (kmiddleton)
FAMILIES ONLY				
SCAP	☐ Permanent Housing	Disabling Condition	PH, 27 units, 81 beds	Elizabeth Mosier (emosier)

To successfully submit this application:

Please scan and email the required documents (listed below) and any relevant supporting documents through the AWARDS messaging module to the Housing Agencies you indicated in the "REFERRAL FOR SERVICES" section above and CC: kmcphail in AWARDS

Faxed, hand-delivered, or applications sent via regular email will not be eligible for review.

Required Coordinated Entry Documents:

- ☐ Completed Coordinated Entry Application
- ☐ Proof of Homelessness
- ☐ Proof of HUD-defined Disabling Condition

1C-14: Centralized or Coordinated Entry System–Assessment Tool.

3. **CE Policies and Procedures:** This document governs the CE program, including the prioritization and outreach plan to reach those persons least likely to apply.



SCHENECTADY COUNTY COORDINATED ENTRY POLICY AND PROCEDURE MANUAL

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Introduction

Document Overview

In order to implement and maintain a Countywide Coordinated Entry System (CE), Bethesda House and the Legal Aide Society of NENY have developed the following Policies and Procedures Manual to outline and define the goals and objectives of the CE program. This document delineates the roles and responsibilities of each agency and user involved in the program, while establishing protocol for program assessment, referral acceptance, client privacy, and consumer disclosure. Each participating agency must have the Director of that agency sign the Agency Agreement at the end of this document, indicating that the agency has reviewed these policies and procedures and will comply with them. Additionally, all users are required to sign the User Agreement (also at the end of this document) indicating that they have reviewed and will abide by these policies and procedures as well.

These policies and procedures will govern the implementation, governance, and evaluation of the Coordinated Entry (CE) in Schenectady's CoC. It is expected that the standards will adjust as programs evolve, members gain more experience, and Homeless Management Information System data from programs and services is analyzed. This Policy and Procedure will serve as the guiding principles for funding ESG and CoC programs. These policies may only be changed by the approval of the CoC HSPB based on recommendations from the Coordinated Entry stakeholders through CE meetings.

Purpose and History of Coordinated Entry

Coordinated Entry is considered one of the many interventions in a community has united effort to end and prevent homelessness. The Coordinated Entry system is an approach to coordinate and manage housing and supportive services that allows providers to effectively and efficiently connect clients to interventions that will rapidly end their homelessness. The Schenectady County CoC Coordinated Entry (CE) process is designed to allow efficient access, assessment, prioritization and referral for homeless individuals and families.

Bethesda House of Schenectady, Inc. (Recipient) and Legal Aid Society of Northeastern New York (Sub-recipient) consolidated their individual HUD CoC funding to form a partnership and co-lead the Coordinated Entry program for Schenectady County.

The process works best and provides the greatest value if it is driven by "What does the client need" rather than by provider eligibility. The implementation of coordinated assessment is considered national best practice.

When implemented effectively, coordinated assessment can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services
- Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met
- Reduce or erase entirely the need for individual provider wait lists for services
- Foster increased collaboration between homelessness assistance providers
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

The coordinated entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including emergency shelter (ES), Rapid Re-housing (RRH), Permanent Supportive Housing (PSH), and transitional housing (TH), as well as other housing and homelessness projects. Projects in

the community that are dedicated to serving people experiencing homelessness fill all vacancies through referrals, while other housing and services projects determine the extent to which they rely on referrals from the coordinated entry process.

Schenectady County Coordinated Entry System Core Elements

- **Access:** the engagement point for persons experiencing a housing crisis could look and function differently depending on the specific community. Persons (families, single adults, and youth) might initially access the crisis response system by calling a crisis hotline or other information and referral resource, walking into an access point facility, or being engaged through outreach efforts.
- **Assessment:** upon initial access, CoC providers associated with coordinated entry will assess the person's housing needs, preferences, and vulnerability. This coordination entry element is referred to as assessment. It is progressive with multiple layers of sequential information being gathered at various phases in the coordinated entry process, for different purposes, by one or more staff.
- **Prioritization:** during assessment, the person's needs and level of vulnerability will be documented for purposes of determining prioritization. Prioritization helps the CoC manage its inventory of community housing resources and services, ensuring that those persons with the greatest need and vulnerability receive the supports they need to resolve their housing crisis.
- **Referral:** the final element is referral. Persons are referred to available CoC housing resources and services in accordance with the CoC's documented prioritization guidelines.

Prioritizing people who are most vulnerable or have the most severe service needs:

One of the main purposes of coordinated entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. In order to fulfill this process Schenectady County follows the guidelines set forth in HUDs CPD-16-11. People experiencing homelessness will be prioritized for permanent supportive housing. In addition to prioritizing people experiencing homelessness, the coordinated entry process prioritizes people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness.

Points to consider when prioritizing people for housing and homelessness assistance:

Based on Vulnerability Scoring from Coordinated Entry Application

- | | |
|---|----------|
| • Homelessness: | 5 points |
| • Domestic Violence: | 1 point |
| • Veterans: | 1 point |
| • Pregnant Women: | 1 point |
| • Youth, 18-24: | 2 point |
| • Older/Seniors, 60 yrs. or older: | 1 point |
| • One a documented disabling condition: | 1 point |
| • Two or more documented disabling condition: | 2 points |

NOTE: Chronic homelessness is notated with the letter 'C', all 'C's are a priority.

The Schenectady County Coordinated Entry Structure

The structure of the CE system in Schenectady can be described visually within figure 1. The figure shows that the system is:

- No Wrong Door, the principles of this approach are:

- A consumer can seek housing assistance through any of the participating homeless services providers and will receive integrated services
- Consumers should have equal access to information and advice about the housing assistance for which they are eligible in order to assist them in making informed choices about available services that best meet their needs
- Participating providers have a responsibility to respond to the range of consumer needs and act as the primary contact for consumer who apply for assistance through their service unless or until another provider assumes that role
- Participating providers will provide a proactive service that facilitates the consumer applying for assistance or accessing services from another provider regardless of whether the original provider delivers the specific housing services required by a presenting consumer
- Participating housing providers will work collaboratively to achieve responsive and streamlined access to services and cooperate to use available resources to achieve the best possible housing outcomes for consumer, particularly for those with high, complex or urgent needs

CoC Domestic Violence Consumers

When a consumer enters a POE and through the intake process, it is revealed that they are involved in a DV situation, the POE will immediately contact the DV shelter. The consumer will stay in the DV emergency shelter program, as determined by the DV program. Once it is determined that the consumer is stabilizing and there is a need for housing, the DV agency will submit a CoC application and send it to the CEF. All identifying information will be left off the application; initials will identify the person.

CoC Youth Consumers

When a consumer enters a POE and through the intake process, it is revealed that they are eighteen (18) years of age and older, their CoC application will be submitted to the CEF for housing. The CoC agency that is specific to providing services to the Youth population, will not submit applications to the Coordinated Entry for consumers under eighteen (18) years of age.

Schenectady County CE Process

The process is designed to prevent duplication of services, reduce length of homelessness and improve communication among agencies. The process is a combination of the following:

All agencies must use the approved universal intake and assessment form and include the client's vulnerability score on the documents. The vulnerability scores will be used to prioritize each client. Each POE agency will complete appropriate paperwork and refer to three (3) agencies in addition to the CE Recipient Agency. The Recipient Agency will enter client data on the excel spreadsheet/HMIS System and track client activity as it is received from the referral agency. The process is designed to be easy for the client, and provide quick and seamless entry into homelessness services. Individuals and families will be referred to the most appropriate resource(s) for their individual situation. The Recipient and Sub-Recipient Agencies will co-lead bi-weekly meetings (physical and/or telecommunication) and the Sub-recipient will contact CoC agencies to identify pertinent housing data.

The CoC ensures participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking.

Operating the Coordinated Entry System: Refer to Schenectady County CE User Guide for details.

There are four principle parts to the Coordinated Entry System within Schenectady that work to provide services to persons presenting as homeless. The CEF is responsible for overseeing the process from the time the Client presents as homeless at the Point of Entry to being stably housed. The Point of Entry guides the Client through the application process, the Referral agency reviews the application and determines if Client qualifies for their specific program and the CEC is responsible for getting weekly updates on vacancies, and waitlist.

Role of the Coordinated Entry Facilitator (CEF)

The CEF will oversee the referral process and track all referrals. The CEF is responsible for monitoring and managing the waitlist and making annotations as necessary. The CEF will also communicate regularly with Point of Entry and Referring agencies to get updates on vacancies and referrals. The CEF will distribute the client tracking list weekly, co-lead CE monthly meetings, and is the point of contact for CoC CE questions.

Role of the Coordinated Entry Coordinator (CEC)

CEC will contact Referral Agencies -weekly by phone and/or e-mail to get vacancy and anticipated vacancy status, waiting lists, update on applications, and generate analytical reports. During the weekly contact the CEC will ask referral agencies to report on current and anticipated vacancies (including information regarding the vacancies that could be useful to share with the Points of Entry) and check in on the status of all clients referred to them. The CEC will report information obtained in the weekly contacts to the CEF and will provide a summary written report to CE participants.

The CEC will co-lead monthly meetings, generate minutes, and be the secondary point of contact for CoC CE questions.

Wait List Process

The CEF is notified by the POE that Client qualifies for Permanent Supportive Housing. CEF records referral and Client is put on approved spreadsheet (waitlist). Permanent Supportive Housing agencies report application status reports by phone/e-mail bi-weekly to the CEC and in person at monthly Coordinated Entry meetings. CEF will track waitlist from Client's initial notification to discharge.

NOTE: In the event that two or more homeless households within the same geographic area are identically prioritized for referral to the next available unit, and each household is also eligible for referral to that unit, the CoC should refer the household that first presented for assistance in the next available unit.

Monthly, the CEF will call the clients who have been referred to housing agencies to ensure appropriate contacts have been made and will record a brief summary of the interaction.

Homeless assistance organizations

All homeless assistance organizations should be involved in the coordinated entry process by helping people access the system and receiving referrals. Emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing programs should only receive referrals through the coordinated entry process.

Mainstream housing and services

Affordable housing and mainstream services are crucial tools for ending homelessness this includes referral sources such as public schools, hospitals, public libraries, first responders, and homeless assistance providers within the CoC. Each agency will have a list of providers and their services to assist in long-term stabilization,

e.g. Schenectady County Resource Guide as well as the process to access services at each entity (position to contact and corresponding contact information).

Information from the coordinated entry communications plan should be shared with mainstream resource providers, serving people who might experience a housing crisis or who are at risk of experiencing a housing crisis.

Information will be distributed and will include how wait lists for housing and supportive services will be transitioned to the CE process.

All programs that receive ESG or CoC funding are required to abide by the Policy and Procedure guidelines. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages the collaboration with programs that do not receive either of these sources of funds in order to provide comprehensive services to the community's homeless population. The Policy and Procedures have been established to ensure that persons experiencing homelessness receive similar information and support to access and maintain permanent housing.

Geographic Area: Schenectady County

Target Population:

- Chronically Homeless
- Homeless
- Veterans
- Domestic Violence
- Substance Abuse
- Mental Illness
- Youth
- Physically Disabled
- Families

Marketing and Non-Discriminatory Access

CoC's and recipients of HUD CoC Program and ESG Program funding are required to affirmatively market their housing and supportive services projects to eligible persons who are least likely to apply in the absence of special outreach. This is regardless of race, color, national origin, religion, sex, age, familial status, marital status, handicap, actual or perceived sexual orientation, or gender identity. To ensure the coordinated entry process assists CoC Program and ESG Program recipients in meeting this requirement, the following market strategy was developed:

- Regular outreach and communication to entities in outlying areas is performed by the CEF and CEC
- Physical materials, e.g. flyers, brochures are available for distribution
 - Materials include the DV hotline number
- CoC agencies have been asked to include a Coordinated Entry statement on their materials and social media

NOTE: Non-discrimination document attached.

Training:

Training will be conducted by the CEF, CEC, and DV and Youth Program staff

- A training curriculum for CoC and Non-CoC entities has been developed

- Domestic Violence training, required
 - Youth “best practices” training, required
- Training will include a cross-county curriculum

Street Outreach:

Schenectady County CoC participates in the annual Point In Time count. VCHC and Soldier On provides street outreach to veterans, SAFE Inc. provides street outreach for youth.

Prevention Services:

Prevention services are available through Schenectady Community Action Program (SCAP), Bethesda House,

Emergency Shelter Providers

Two Emergency Shelter providers, the City Mission and Altamont Program (Monastery), have staff attending the HSPB Data Committee and one emergency shelter provider, Altamont Program (Monastery), attends the coordinated entry monthly meetings. Schenectady County DSS places families and singles at emergency shelters at additional emergency shelters and processes referrals for those units to SCAP for families and Bethesda House for singles.

The CE team is developing a plan to speak with both the City Mission and the Altamont Program (Monastery) to talk about CE in detail and strategize the most effective way CE applications can be generated and homeless individuals can be included in the CE system.

Evaluation/Oversight:

- **Grievance/Appeal process:** There will be formal grievance and appeals process managed by the coordinated entry committee. Consumer choice is central to coordinated entry and the appeals process will embrace that same person centered and easily navigable model. If a participant feels they did not receive fair treatment, they were denied resources or given an inappropriate referral, the participant may appeal these decisions or actions.
- The Coordinate Entry Review Committee is a three-person sub-committee comprised of members of the coordinated entry committee and members of CoC agencies. This sub-committee will meet quarterly to review the program, procedures, and suggested modifications. Meeting minutes will be distributed to the CE agencies. Changes will be recommended to and approved by the HSPB.
- Coordinated Entry formal meetings occur biweekly. Meetings serve as a space for agency representatives to discuss participants' progress and referral status, troubleshoot any issues, and coordinate outreach. The agency representatives can make recommendations on suggested changes to the coordinated entry system.
- Programs are evaluated on their level of participation in coordinated entry including having coordinated entry staff, participating in the bi-weekly calls and meetings, taking referrals from coordinated entry, and regular updates on vacancies and waiting list. Participation in coordinated entry will be tracked through the established data tracking system, currently an Excel Workbook, for quality, and agencies will be given the opportunity to submit their feedback on the process.

All components of the Coordinated Entry System will be reviewed and assessed monthly by the Co-Lead Agencies, Bethesda House and Legal Aid Society of NENY, and the CoC Collaborative Applicant. Recommendations for policy change will be presented to the HSPB.

Non-Discrimination Statement

Schenectady County Coordinated Entry does not exclude, deny services to, or otherwise discriminate against any person on the basis of race, color, religion, sex, age, national origin, familial status, gender, sexual identity, or disability in admission to, participation in, or receipt of the services and benefits under any of its programs and activities.*

Schenectady County Coordinated Entry is committed to providing services to those who would be least likely to apply for assistance due to any identifying characteristics/conditions listed above by affirmatively marketing our services to these populations. To further this goal, each staff member conducting assessments at point of entry, is required to read and understand the Fair Housing Act, and the purpose and objectives of the Affirmative Marketing Plan. If you believe an applicant has been denied services due to one of the above characteristics, please contact: Melissa Zampino at (518) 374-7873.

If an applicant wishes to file a formal complaint because he/she believes they have been discriminated against for any of the above characteristics, please provide the applicant with the procedure to do so.

The complaint should contain:

- The applicant's name, address, and contact information
- The name and address of the person/organization the complaint is against
- The address or other identification to the housing/program involved
- A short description to the event(s) that caused the applicant to believe his/her rights were violated
- The date(s) to the alleged violation

**Unless the housing or program has been designated for specific sub-populations by federal requirements.*

Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.

NY FHEO Center
26 Federal Plaza
New York, NY 10278

(800) 496-4294 (voice)
(800) 927-9275 (TTY)

Individuals have one year after an alleged violation to file a complaint with HUD, but it should be filed as soon as possible.

Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance. This includes providing a reasonable accommodation for

applicants with disabilities; program accessibility; effective communication with people who have hearing or vision disabilities; and accessible new construction and alterations.

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, N.W.
Disability Rights Section - NYAV
Washington, D.C. 20530

(800) 514-0301 (voice)
(800) 514-0383 (TTY)

Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, sex, or national origin, including limited English proficiency (LEP) under any program or activity receiving Federal financial assistance.

Federal Coordination and Compliance Section - NWB
Civil Rights Division
U.S. Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

(888) 848-5306 - English and Spanish (inglés y español)
(202) 307-2222 (voice)
(202) 307-2678 (TTY)

Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance.

See SECTION 504 for details on how to file a complaint.

Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

See SECTION 504 for details on how to file a complaint.

The Age of Discrimination Act of 1975 prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance.

See SECTION 504 for details on how to file a complaint.

HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program.

See FAIR HOUSING ACT for details on how to file a complaint.

NYS Human Rights Law prohibits discrimination on the basis of race, creed, color, national origin, sexual orientation, military status, sex, age, marital status, domestic violence victim status, disability, pregnancy related condition, predisposing genetic characteristics, prior arrest or conviction record, familial status, retaliation for opposing unlawful discriminatory practices, gender identity, or transgender status.

NYS Division of Human Rights
Agency Building 1, 2nd Floor
Empire State Plaza
Albany, New York 12220

(518) 474-2705 (voice)

24 CFR § 578.93 Fair Housing and Equal Opportunity allows recipients of HUD funding to exclusively serve a subpopulation of homeless individuals, in circumstances where the housing addresses the specific needs of that group, for example:

- a) Housing may be limited to one sex where the housing is a single structure with shared bathrooms or bathing facilities;
- b) Housing may be limited to families with children;
- c) Housing may exclude registered sex offenders and persons with violent crime records when a family with a child under 18 resides in the housing;
- d) Sober housing may exclude persons who refuse to sign an occupancy agreement or lease that prohibits participants from possessing, using, or being under the influence of illegal substances and/or alcohol on the premises;
- e) Housing may be limited to a specific subpopulations, such as homeless veterans, victims of domestic violence, chronically homeless individuals, or persons with AIDS, so long as admission does not discriminate against any protected class (as identified in the stated laws and acts);
- f) Housing that provides specialized support services may limit or prioritize individuals who identify with a specific disability, but may not refuse housing to a person who may benefit from the services regardless of having that specific disability.

Special Considerations for DV Survivors

It is of the utmost importance to provide a safe and confidential way for domestic violence survivors and those who are actively fleeing a domestic violence situation to access the Coordinated Entry Process. The following procedures should be implemented when an assessment indicates the applicant is currently or formerly a victim of domestic violence.

Emergency Assistance

If the applicant indicates he/she is in immediate danger, ask him/her to hang up and call 911. If the applicant has indicated they are temporarily safe, but you are unable to meet with him/her at the time, please have the applicant contact the 24-hour emergency domestic violence hotline at 518-374-3386.

Sharing Information

While any applicant may opt out of sharing information with other Coordinated Entry agencies, it is especially important to explain this option to the applicant. The applicant should be informed that the information provided during the assessment does not have to be shared with any agencies but those to which referrals are made.

To make a referral for a client who opts out of the Coordinated Entry system, have the applicant complete a release of information for your agency to share information with the agency to which you will be making the referral. Each agency that is referred to must have a separate release of information on file with the applicant's assessment.

When communicating via email with other agencies refer to the applicant only by his/her initials.

If the applicant has opted out of the Coordinated Entry process, you may not discuss his/her case at any group-wide meetings.

Application Accommodations

If the applicant is currently housed at a confidential location/DV shelter do not ask for the address when completing the assessment. Instead, please enter "confidential location" in the section which asks where the applicant was/will be during the night.

If obtaining documentation to support the applicant's homelessness status has the potential to place him/her in danger, the applicant may self-certify.

Other Considerations

Verify with the client that it is safe to contact them at the phone number provided. Ask the client to notify you immediately if it ever becomes unsafe to contact them. Work with the client to identify different ways to stay in contact (e.g. schedule a regular time to meet with the client).

Domestic Violence Hotline: 518-374-3386

I have received the Policy and Procedures Manual for the Schenectady County Coordinated Entry System and I understand that it is my responsibility to read and comply with the policies contained in this Manual and any revisions made to it.

Name of Participating Agency:

Name of Designated Agency Representative authorized to sign:

Title:

Signature of Designated Agency Representative:

Date:

1C-14: Centralized or Coordinated Entry System–Assessment Tool.

4. **NY-507's Written Standards, Coordinated Entry Prioritization Section:** This document details how the CE program prioritizes people most in need of assistance.

Prioritization Standards

The written standards establish the community-wide expectation of how resources are to be targeted within the community separate from meeting eligibility requirements, and specific to prioritizing assistance to those in need. Project participants must always meet eligibility criteria while all individuals and household types can be prioritized for a type of assistance. As prescribed in the *Coordinated Entry Policies & Procedures*, CoC's prioritize assistance based on vulnerability and severity of service needs to ensure that households who need assistance the most can receive it in a timely manner. The CoC's *Coordinated Entry Policies & Procedures* and process are in alignment with HUD guidance and notices, namely:

- 24 CFR Part 578 – *Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program* (specifically: 578.3 and 578.7(a)(8))
- CPD-016-11- *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*
- CPD-017-01- *Notice Establishing Additional Requirements for a Continuum of Care Centralized Coordinated Assessment System*
- CPD-20-08- *Waivers and Alternative Requirements for the Emergency Solutions Grants (ESG) Program Under the CARES Act*

The CoC will refer to and implement guidance based on any subsequent notices that update or replace prior notices and guidance.

In accordance with these notices and guidance, populations and households prioritized for assistance include:

- People experiencing chronic homelessness; should be prioritized for permanent supportive housing (PSH). In some cases, PSH projects are required to serve people experiencing chronic homelessness through dedicated chronic homeless beds and in all other cases projects are required to prioritize non-dedicated beds to chronically homeless individuals.
- Veteran homelessness
- People staying on the streets
- Families
- Youth
- Elderly
- Persons with one or more disabling conditions

Housing assistance prioritized includes:

- Permanent housing will be the assistance prioritized
- A Housing First Model and low barrier housing approach encompassing the core components of the model is to be prioritized

People at severe risk of contracting coronavirus will be prioritized for projects utilizing ESG-CV funding, per CPD-20-08, pg. 6. They will subsequently be prioritized based on the factors listed above.

- Please see the HSPB Prevention Vulnerability Index for a list of prioritization standards for prevention assistance.

1C-7: Public Housing Agencies within Your CoC's Geographic Area – New Admissions –
General/Limited Preference

This attachment contains the following:

1. **Schenectady Municipal Housing Authority** – PHA
 - a. Administrative Plan – Highlighted Section: Homeless Preference

Families will remain on the PBV waiting list until they are placed in a PBV unit, accept HCV assistance outside of the PBV program, are selected for placement in the PBV program but decline a unit offer or are denied assistance by SMHA or the owner for failing to meet the applicable eligibility criteria.

ORGANIZATION OF THE PBV WAITING LIST [24 CFR 983.251(c)]

The SMHA will use its PBV Program waiting list to select tenants for PBV units. The PBV wait list will be organized based on a set of preferences and will account for the date and time that a PBV application was received.

Preferences

PBV applicants who meet the following criteria will be granted preference on the PBV waiting list:

- Homeless
- Homeless Veteran
- Elderly (62 years of age or older)

Homeless and Homeless Veteran preferences will be verified by the owner or their service partner prior to being referred to the PBV waiting list.

One preference point will be granted for each preference that a PBV applicant is eligible for. A PBV applicant will only be eligible for the Homeless preference or the Homeless Veteran Preference but not both; PBV applicants may only qualify for two preferences if they are also elderly. PBV applicants with the most preference points will move to the top of the list while those with no preference points will remain near the bottom.

For applicants with the same number of preference points, their order on the PBV waiting list will be determined by the date and time that a PBV application is received. A PBV application is considered received upon submission of a Targeted Referral from the owner or their service partner. For tenant-based assisted households known to be seeking new units (i.e. newly-issued voucher holders and current participants who have given notice or otherwise indicated interest in seeking a new unit) or HCV applicants nearing the top of the HCV waiting list, the PBV application is considered received as of the date that a signed PBV Interest Form is returned to SMHA.

SELECTION FROM THE PBV WAITING LIST [24 CFR 983.251(c)]

Applicants who will occupy units with PBV assistance will be selected from the SMHA PBV Wait List.

When a PBV vacancy is anticipated, the top 3 appropriate PBV applicants from the PBV waiting list will be referred to the owner for screening. When identifying appropriate referrals, SMHA will select applicants that meet the targeting criteria for a specific address/unit and will only refer PBV applicants appropriate for the number of bedrooms in the anticipated vacancy. The HCV Subsidy Standards used for determining voucher size will be used when determining the appropriate unit size for a PBV applicant family (see section 6.0 of this Administrative Plan).

Wait list referrals to the PBV owner will remain active for consideration for a PBV vacancy for a period of 120 days from the date of selection from the wait list. Referred tenants will be screened by the owner and readied for occupancy. Upon notice from the owner that the highest ranking referral has met the owner's screening criteria, SMHA will finalize the Section 8 eligibility review process. If all 3 referrals fail to pass the owner's screening criteria, SMHA will refer the next 3 appropriate PBV applicants on the PBV waiting list.

1C-7: Public Housing Agencies within Your CoC's Geographic Area Moving On Strategy

This attachment contains the following:

1. Moving On Preferences
 - a. **Schenectady Municipal Housing Authority (SMHA)** - PHA
 - i. Emergency Housing Voucher (EHV) Memorandum of Understanding –
Highlighted Section: Moving On preference in local priority
2. NY-507's Written Standards excerpt that details the CoC's Moving On Strategy.

1C-7: Public Housing Agencies within Your CoC's Geographic Area Moving On Strategy

1. Moving On Preferences

a. **Schenectady Municipal Housing Authority (SMHA)** - PHA

- i. Emergency Housing Voucher (EHV) Memorandum of Understanding –
Highlighted Section: Moving On preference in local priority

Memorandum of Understanding

Created and entered into on August 16, 2021

Between

Schenectady Municipal Housing Authority (PHA)

375 Broadway

Schenectady, New York 12305

and

Homeless Services Planning Board (HSPB)

aka NY-507 Schenectady City/County Continuum of Care (CoC)

c/o CARES OF NY, INC.

200 Henry Johnson Blvd, Suite 4

Albany NY 12210

I. Introduction and Goals:

- The PHA and CoCs commit to administering the Emergency Housing Vouchers (EHVs) in accordance with all program requirements.
- The PHA goal is to administer and fully utilize all available EHVs. The standard of success in administering the program will be complete utilization of the EHVs.
- Identification of staff position at the PHA and CoC who will serve as the lead EHV liaisons.

PHA Lead HCV Liaison: Richard E. Homenick, Executive Director, SMHA

Responsibilities of the PHA EHV liaison: Oversee utilization of EHVs

CoC Lead Staff Liaison: Leina Minakawa, Director of Clinical and Case management Services, Bethesda House

Responsibilities of the CoC EHV liaison: Oversees the prioritization of applicants and referrals to the EHV Program through the CoC

II. Define the populations eligible for EHV assistance to be referred by CoC.

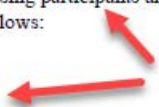
The Schenectady Municipal Housing Authority has been awarded a total of 22 Emergency Housing Vouchers. The voucher awards will be divided into three target groups served by the Continuum of Care; Permanent Supportive Housing participants, Rapid Rehousing participants and Eviction Prevention candidates. The voucher awards will be subdivided as follows:

8 Vouchers - Rapid Rehousing participants

7 Vouchers - Permanent Supportive Housing participants

7 Vouchers - Eviction Prevention candidates

**Moving On
Preference**



In each case, referrals to the EHV program are aimed at advancing the Move-On Strategies employed by the CoC. Suitable candidates are those who no longer require the intensive services offered by homeless programs funded through the CoC but still require the financial assistance of a housing subsidy program. Candidates should demonstrate a capacity to adhere to standard lease provisions and live with relative independence.

EHV referrals will be processed by the PHA in the order received. In the event that there are not enough referrals to utilize the voucher total assigned to a given target group, the PHA may accept CoC referrals

from the next target group in the following hierarchy until such time as all awarded vouchers have been assigned:

1st Priority Group – Rabid Rehousing participants

2nd Priority Group - Permanent Supportive Housing participants

3rd Priority Group - Eviction Prevention candidates

Subsequent program vacancies be filled from the same priority group from which the vacating participant was referred at initial intake.

 Moving On Preference

Applicants will be referred on a unique EHV Wait List. Within each target group, the CE system will track the referrals and a date/time basis. There will be no further ranking based on local preferences as established for the regular HCV Program.

Because the EHV waiting list is based on direct referrals from the CoC or requests through the PHA's VAWA emergency transfer plan and not applications from the general public, HUD is waiving § 982.206, which requires the PHA to give public notice when opening and closing the waiting list. Under this alternative requirement, the PHA will work directly with the CoC and other referral agency partners to manage the number of referrals and the size of the EHV waiting list. This separate waiting list for EHV referrals/applicants is established to help expedite the leasing process, both at initial leasing and for any turnover vouchers that may be issued prior to the September 30, 2023 turnover voucher cut-off date.

Eligibility Determination: Upon referral to the PHA, staff will conduct Social Security Number and Citizenship Verification. Recognizing that this documentation may not be readily on hand and may be difficult to obtain for individuals and families experiencing homelessness the PHA will require such individuals to provide the required documentation within 180 days of admission to be eligible for continued assistance, pending verification, unless the PHA provides an extension based on evidence from the family or confirmation from the CoC or other partnering agency that the family has made a good-faith effort to obtain the documentation.

Prohibitions on Admission (Mandatory):

- (1) The PHA must and will apply the standards it established under § 982.553(a)(1)(ii)(C) that prohibit admission if any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing to EHV applicants.
- (2) The PHA must and will apply the standards it established under § 982.553(a)(2)(i) that prohibit admission to the program if any member of the household is subject to a lifetime registration requirement under a State sex offender registration program to EHV applicants.

In line with the existing Housing First Strategy, the PHA chooses not to enact any Permissive Prohibitions.

Unlike regular HCV admissions, other than for the above Mandatory and Permissive Prohibitions, PHAs may not deny an EHV applicant admission regardless of whether:

- Any member of the family has been evicted from federally assisted housing.
- A PHA has ever terminated assistance under the program for any member of the family.
- The family currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.
- The family has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.

1C-7: Public Housing Agencies within Your CoC's Geographic Area Moving On Strategy

2. NY-507's Written Standards excerpt that details the CoC's Moving On Strategy.

MOVE ON STRATEGY FOR RECOGNITION OF TENANT INDEPENDENCE

The Homeless Services Planning Board (HSPB, the Schenectady County Care Continuum of Care) has created a Move On Strategy to transition households in Supportive Housing (including Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH)) who no longer need intensive services to affordable housing. This strategy is broken into Phase I and Phase II, and sets out the actions HSPB will take to ensure the community has suitable long-term, affordable housing options for tenants ready to move on, and that tenants have the skills and are empowered to make this decision. The fundamental goal of the Move On Strategy is to promote the highest levels of independence and choice for tenants, as well as to create flow in supportive housing units to ensure these units are available for currently homeless families and individuals with disabilities who need housing combined with services. Promoting economic mobility and self-sufficiency, the Move On Strategy is first and foremost about celebrating growth, recovery and tenant success, and ensures all services are provided using strengths-based language and a recovery-focused model. Below details the CoC's process for identifying tenants who are eligible to move on; documentation needed to request ideal candidates for the strategy; and providing guidance for tenants on safety and security while prioritizing resources where they are most needed. The plan is based on a model Move On strategy discussed by the U.S. Department of Housing and Urban Development (HUD) and the Corporation for Supportive Housing. The soon-to-be developed HSPB Systems Committee will be responsible for providing regular trainings, resources, relationship building, and outcome tracking to support implementation of and monitor the Moving On Strategy.

Recruiting Affordable Housing Providers

The Move On Strategy targets existing tenants in supportive housing who are stable and require only minimal supportive services. These tenants are, with client choice, assisted to transition to a mainstream rent subsidy (typically the Housing Choice Voucher program) or an affordable housing unit, which frees up their subsidy for someone who is chronically homeless and needs the intensive services and long-term subsidies offered in supportive housing. The mainstream rent subsidy may include programs like Public Housing Authorities (PHAs), multifamily assisted housing owners, Low Income Tax Credit (LIHTC) developments, and local low-income housing programs. Phase I of the Move On Strategy has been implemented with Schenectady Municipal Housing Authority (SMHA), who has a preference for individuals and families moving on from their Shelter Plus Care program. Phase II of the Move On Strategy will include exploring expanding SMHA's policy and recruiting other local affordable housing providers to participate in the program, by setting preferences for tenants moving on from supportive housing.

Identifying Households for Moving On

Housing providers identify households in supportive housing that may be ready to move on through ongoing case management with tenants. Specifically, program staff meet with tenants on an ongoing basis to establish tenant goals and set a plan towards meeting those goals, utilizing strengths-based language and a recovery-focused model. Program staff implement a client-choice model by ensuring tenants know there is a voluntary option to move on. Program staff ensure tenants interested in moving on (1) have demonstrated the ability to live stably and maintain housing, (2) will meet PHA (or other affordable housing providers) screening criteria, and (3) understand the decision to move on from supportive housing is voluntary. During Phase II of this strategy, a standardized assessment for moving on will be developed and implemented.

Program staff work with tenants to create a formal and comprehensive transition plan that identifies tenant strengths, living skills and the supports necessary to help them meet transition goals. Pre-transition plans are individualized to meet the specific needs of each household. Some common resources or supports tenants often need and are connected to include: employment supports, benefits counseling, activities of daily

living skills, community living skills, and connection to community-based services. As house-holds volunteer, housing providers make referrals to the PHA (or other affordable housing providers).

Eligibility Considerations for Tenants

Individuals are identified by housing provider program staff who work directly with clients in the housing programs. Clients should meet four basic criteria in order to be recommended to move on: 1) a good rental history of on-time payments, 2) evidence of “good neighbor” behavior without any complaints or property management conflicts, 3) supported progress of quantitative areas and 4) low service needs.

Housing providers identify households in supportive housing who may be candidates for moving on by analyzing observations (interviews/survey’s, demonstrated ability to live stably and maintain housing or any other mitigating circumstances) combined with quantitative key areas for assessing tenant capacity, motivation, confidence and emotional readiness. These key quantitative areas include:

- Emotional independence (interest and confidence in moving on),
- Financial Capacity (employment, income, savings, budgeting skills),
- Housing history (housing tenure, rent arrears, past evictions, neighbor/landlord relationships)
- Intensity of service use (need for on-site services),
- Health/behavioral health (substance use, mental health, medication management, treatment engagement, mobility),
- Connection to mainstream resources (rental supports if needed),
- Connection to family or other natural supports,
- Community living skills (self-managing behavior, limit setting relating to drugs, etc.),
- Activities of daily living skills (ability to get meals, keep apartment clean, follow lease), and
- Housing goals (location, size, affordability, live with family/friends).

Transition Services

Housing Providers are required to provide: assistance with locating and securing a housing unit; case management to support transition including but not limited to assistance building linkages to community supports and services, such as mental and physical health services, substance use treatment, stores for groceries and other necessities, recreational activities and public transportation options; and support with landlord negotiations. Services offered may also include: providing funds to cover moving services, utility deposits/arrears and furniture/household items; and assistance with family reunification.

Aftercare Supports

HSPB recommends housing providers offer voluntary aftercare services to individuals who have moved on for at least six months after their move-out, and track types of supports provided and outcomes of those supports. It is recommended housing providers provide a minimum of two check-ins per month that can be in-person, by phone or by email.

Creating a Culture of Moving On

HSPB believes a programmatic reward/incentive structure for Moving On can assist in further promoting a culture of independence and self-sufficiency. The CoC will work with individual agencies to develop a variety of strategies to publicize and build interest in Moving On opportunities.

Moving on Timing and Availability

HSPB understands a Move On request may not be able to be satisfied immediately due to a variety of variables. However, the housing program will act as quickly as possible with community partners to move a tenant into appropriate affordable housing.

Ongoing CoC Assessment of Move On Strategy

Once annually the CoC will assess the success of this Move On Strategy, reviewing number/percentage of persons who have moved on and rate of retention in affordable housing destinations. The CoC will also discuss strengths/weaknesses related to the strategy's recommendations for recruiting affordable housing providers, identifying households for moving on, eligibility considerations for tenants, transition services, aftercare supports, and creating a culture of moving on.

EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING

Emergency Transfers

The Schenectady County Homeless Services Planning Board (HSPB) Care Continuum of Care is concerned about the safety of the tenants of the housing programs within its geographic area that are funded by Continuum of Care (CoC) Grant funds and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), CoC-funded programs providing permanent housing or transitional housing, except safe havens, must allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit.

The ability of a housing program to honor such a request for tenants currently receiving rental assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the housing provider has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer; the documentation needed to request an emergency transfer; confidentiality protections; and how an emergency transfer may occur. In addition, it provides guidance for tenants on safety and security. The plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the federal agency which ensures that HSBP and the CoC funded providers within its geographic area in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L, is eligible for an emergency transfer, if: The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit; or The tenant is a victim of a sexual assault, and the sexual assault occurred on the premises within the 90-day period preceding a request for an emergency transfer. A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

To request an emergency transfer, a tenant must notify the housing program's administrator or manager and submit a written request for a transfer to that individual. The tenant's written request for an emergency transfer should include either:

1. A statement expressing why the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains in the same dwelling unit assisted under the housing provider's program; or

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

1. Screen shot of a website posting that demonstrates your CoC announced it was accepting project applications.

(a) Email and website screen shot announcing the final Rank & Review **Renewal Part 1 & 2 Tool** is ready for completion

(b) Email announcing the final Rank & Review **Part 3 Tool** for Renewal & New Applications are ready for completion

(c) Email and website screen shot announcing the final Rank & Review **DV Project Application Tool** is ready for completion

(d) Email and website screenshot announcing the final Rank & Review New Project Application Tool is ready for completion

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

For the Renewal (Parts 1, 2, and 3), New Application, and DV Bonus Rank & Review Tools, the CoC collected public comments on the drafts (evidenced by email announcements and website screenshots). For each Rank & Review tool, a blank tool is attached below exemplifying the point values for objective criteria the CoC would use to review and rank projects.

a) Email announcement and screen shot of public comment period for NY-507's draft Rank & Review **Renewal Part 1 & 2 Tool**

b) Blank Rank & Review **Renewal Part 1 & 2 Tool**

c) Email announcement for NY-507's Rank & Review **Renewal Part 3 Tool**

d) Blank Rank & Review **Renewal Part 3 Tool (interview questions)**

e) Email announcement and screen shot of public comment period for NY-507's draft Rank & Review **New Application Tool**

f) Blank Rank & Review **New Application Tool**

g) Email announcement and screen shot of public comment period for NY-507's draft Rank & Review **DV Bonus Tool**

h) Blank Rank & Review **DV Bonus Tool**

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

1. Screen shot of a website posting that demonstrates your CoC announced it was accepting project applications.

(a) Email and website screen shot announcing the final Rank & Review **Renewal Part 1 & 2 Tool** is ready for completion

From: [Samantha Barnaby](#)
To: [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#); [Debra Sivack](#); [Ed Kowalczyk](#); [Elise Martin](#); [Joseph Gallagher](#); [Katie McGlynn](#); [KHanson@MohawkOpportunities.org](#); [Kim Siciliano](#); [Kimarie Sheppard](#); [Lauren Jarrard](#); [Richard Homenick](#); [Scott Brady \(executivedirector@safeinc@schenectady.org\)](#); [Shannon Keon - SAFE Inc. \(safeinc@nycap.rr.com\)](#); [Shirley DeBono \(sdebono@ywca-neny.org\)](#); [Stuart Rosenblatt](#); [Tricia Le](#); [Wendy Wahlberg](#)
Subject: Released for Completion R&R Application: Deadline Tuesday, June 29, 2021
Date: Tuesday, June 15, 2021 7:18:00 AM
Attachments: [image001.png](#)
[Rank-Review-2021-Checklist.pdf](#)
[HSPB 2021 Rank & Review Application-Final.pdf](#)
[Final Version NY-507 Rank and Review Data Attachments.pdf](#)
Importance: High

Continuum of Care Applicants,

Please see attached:

- Rank and Review Attachments Checklist
- Rank and Review Application
- Final HMIS Data Attachments

The application is also available on the CARES website:

[CoC Resource Planning – 2021 | CARES of NY, Inc. \(caresny.org\)](#)

The application must be completed by COB **Tuesday, June 29, 2021** and submitted in one PDF attachment. Please include the Rank and Review Attachments Checklist, completed Rank and Review Application, and supporting Data Attachments as specified on the checklist. Applications should be submitted to sbarnaby@caresny.org using your agency name/project name as the subject line.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>

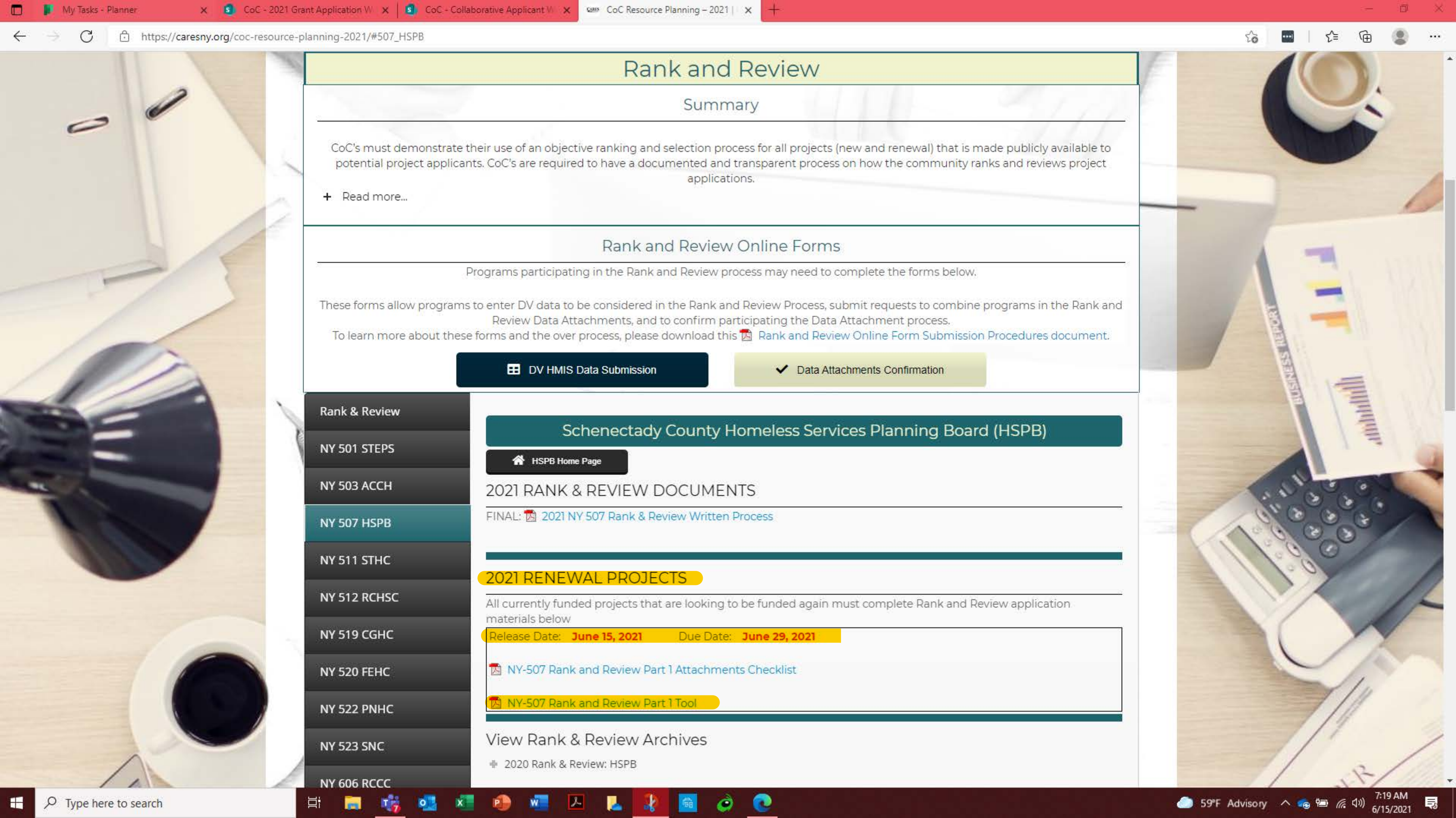
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OF NY, INC.
ENDING HOMELESSNESS

Visit caresny.org

COVID-19 Guidance for
Homeless Service Providers





Rank and Review

Summary

CoC's must demonstrate their use of an objective ranking and selection process for all projects (new and renewal) that is made publicly available to potential project applicants. CoC's are required to have a documented and transparent process on how the community ranks and reviews project applications.

[+ Read more...](#)

Rank and Review Online Forms

Programs participating in the Rank and Review process may need to complete the forms below.

These forms allow programs to enter DV data to be considered in the Rank and Review Process, submit requests to combine programs in the Rank and Review Data Attachments, and to confirm participating the Data Attachment process.

To learn more about these forms and the over process, please download this [Rank and Review Online Form Submission Procedures](#) document.

[DV HMIS Data Submission](#)

[Data Attachments Confirmation](#)

Rank & Review

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 606 RCCC

Schenectady County Homeless Services Planning Board (HSPB)

[HSPB Home Page](#)

2021 RANK & REVIEW DOCUMENTS

FINAL: [2021 NY 507 Rank & Review Written Process](#)

2021 RENEWAL PROJECTS

All currently funded projects that are looking to be funded again must complete Rank and Review application materials below

Release Date: **June 15, 2021** Due Date: **June 29, 2021**

[NY-507 Rank and Review Part 1 Attachments Checklist](#)

[NY-507 Rank and Review Part 1 Tool](#)

View Rank & Review Archives

[2020 Rank & Review: HSPB](#)

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

1. Screen shot of a website posting that demonstrates your CoC announced it was accepting project applications.
 - (b) Email announcing the final Rank & Review **Part 3 Tool** for Renewal & New Applications are ready for completion

From: [Samantha Barnaby](#)
To: [Kim Siciliano](#); [Kimarie Sheppard](#); [Elise Martin](#); [Ed Kowalczyk](#); [Bryan Gentile](#)
Subject: HSPB Rank and Review Interviews
Date: Wednesday, September 22, 2021 10:58:00 AM
Attachments: [image001.png](#)
[Final Version NY-507 Rank and Review Data Attachments.pdf](#)
[Part 3- Interview Questions- 2021.docx](#)
[HSPB Interview Agenda.docx](#)

Good Morning,

Thank you for signing up for a **Renewal Projects** Interview slot on Tuesday, September 28th. You should have received an email and calendar invite to confirm your time, and you can access the link to your interview directly in the calendar invite. Attached is the final agenda of interviews for your reference.

Attached to this email are the interview questions for 2021. These questions were created as a direct response to HUD priorities outlined in the 2021 NOFO and allow for up to 5 total points. Please review the questions and additional information about scoring criteria included in the attachment and come prepared to address these questions during your interview.

Note that Question #3 and Question #4 require agencies to respond using data provided by CARES. Attached to this email is the HMIS Data referenced in Question #3, the Demographic Data referenced in Question #4 will be provided via email to specific agencies before the 9.28.21 interviews.

Thank you, and don't hesitate to reach out with any questions about this process.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709

<http://www.caresny.org>

Find us on [Facebook](#)

CARES
OF NY, INC.
ENDING HOMELESSNESS

Visit caresny.org

COVID-19 Guidance for
Homeless Service Providers



From: [Samantha Barnaby](#)
To: [Kimarie Sheppard](#); [Kim Siciliano](#); [Elise Martin](#); "[Linda Wright - OCS \(linda.wright@use.salvationarmy.org\)](#)"; "[Kari Cameron](#)"
Subject: HSPB Rank and Review New Project Interviews
Date: Wednesday, September 22, 2021 12:26:00 PM
Attachments: [image001.png](#)
[Part 3- New Project Interview Questions- 2021.docx](#)

Good Morning,

In preparation for your New Project/s Interview slot on Tuesday, September 28th. You should have received an email and calendar invite to confirm your time, and you can access the link to your interview directly in the calendar invite.

Attached to this email are the interview questions for 2021 New Projects. These questions were created as a direct response to HUD priorities outlined in the 2021 NOFO and allow for up to 3 total points. Please review the questions and additional information about scoring criteria included in the attachment and come prepared to address these questions during your interview.

Thank you, and don't hesitate to reach out with any questions about this process.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>

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1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

1. Screen shot of a website posting that demonstrates your CoC announced it was accepting project applications.

(c) Email to Membership and website screen shot announcing the final Rank & Review **DV Bonus Tool** is ready for completion

From: [Samantha Barnaby](#)
To: [Brady Scott](#); [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#); [Debra Sivack](#); [Digna Betancourt Swingle](#); [Ed Kowalczyk](#); [Elise Martin](#); [Geoffrey Raiti](#); [Ginni Egan](#) (info@youngparentsunited.org); Holley.Sharer@USE.SalvationArmy.Org; [Jennica Huff](#); [Jo-Anne Rafalik](#); [Joe Gallagher](#) (jgallagh@nycap.rr.com); [Kelsey Addy](#); [Kim Siciliano](#); ksheppard@bethesda-houseschenectady.org; [Kristen Diotte](#); [Lauren Jarrard](#); [Louise O'Leary \(LOLeary@bethesda-houseschenectady.org\)](mailto:Louise.O'Leary@bethesda-houseschenectady.org); [Margaret Coker](#); [Mary Breslin](#); [Michael Johnson](#); [Michelle Ostrelch](#); [Mike Davidson](#); [Nettie Crossman](#) (ncrossma1908@yahoo.com); [Richard Homenick](#); [Robert Romaker](#); [Samantha Barnaby](#); safeinc@nycap.rr.com; [Sylvia Jimison](#); tle@newchoicesrecovery.org; [Wendy Wahlberg](#); [William Robson](#)
Subject: Released for Completion CoC Funding Opportunities for New Projects: Deadline September 20, 2021
Date: Wednesday, September 8, 2021 5:33:23 PM
Attachments: [HSPB Final 2021 NEW PROJECT RFP.pdf](#)
[image003.png](#)
[HSPB Final 2021 DV Bonus RFP .pdf](#)

Good Afternoon Schenectady County CoC Members,

The **FY21 CoC New and DV Bonus applications** for Rank & Review are now open for completion, are attached to this email, and can be found on the [CARES](#) website. Please feel free to extend this information broadly as New Project proposals will be considered from all eligible applicants regardless of whether an organization has previously received CoC Program funding.

The application must be completed by **COB Monday, September 20th**, and submitted as a PDF attachment. Applications should be submitted to [Samantha Barnaby](#) using your agency name/project name as the subject line. Please be aware, while applicants will not be made aware of ranking until October 11, 2021, all new project applications are **due in EsnapS by October 1st** to meet HUD deadlines.

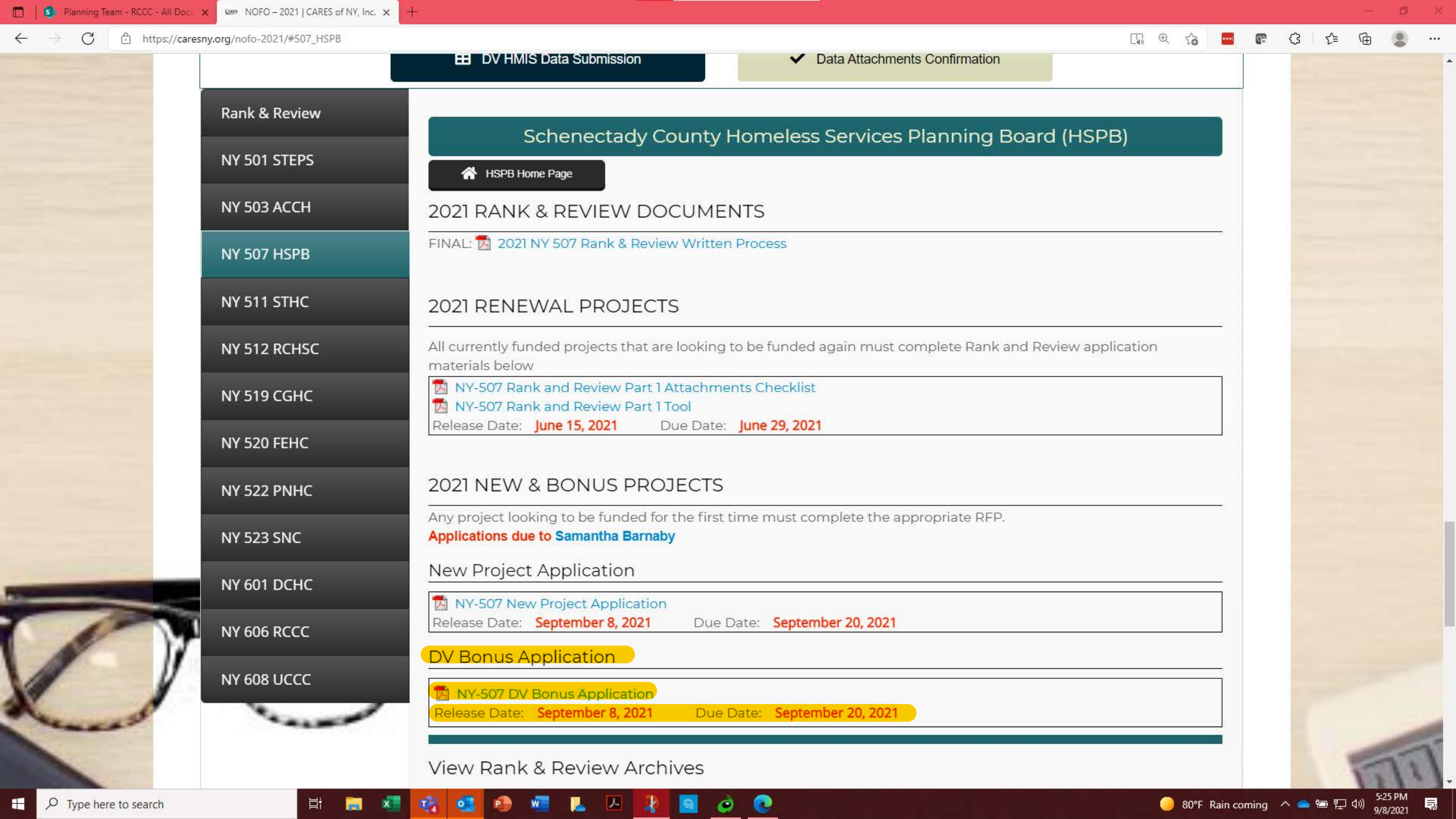
This year, New Project Applicants will partake in interviews with the Review Committee. These are scheduled for September 28, 2021. CARES will follow up upon receiving all-new project applications to schedule interview times.

As a reminder, CARES is hosting a webinar on 2021 CoC Funding Opportunities for New Projects tomorrow, September 9th, at 11:00 am.

If you have any questions, please do not hesitate to reach out.

Thank you!

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Rank & Review

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Schenectady County Homeless Services Planning Board (HSPB)

 HSPB Home Page

2021 RANK & REVIEW DOCUMENTS

FINAL:  [2021 NY 507 Rank & Review Written Process](#)

2021 RENEWAL PROJECTS

All currently funded projects that are looking to be funded again must complete Rank and Review application materials below

 [NY-507 Rank and Review Part 1 Attachments Checklist](#)

 [NY-507 Rank and Review Part 1 Tool](#)

Release Date: **June 15, 2021** Due Date: **June 29, 2021**

2021 NEW & BONUS PROJECTS

Any project looking to be funded for the first time must complete the appropriate RFP.

Applications due to Samantha Barnaby

New Project Application

 [NY-507 New Project Application](#)

Release Date: **September 8, 2021** Due Date: **September 20, 2021**

DV Bonus Application

 [NY-507 DV Bonus Application](#)

Release Date: **September 8, 2021** Due Date: **September 20, 2021**

View Rank & Review Archives

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(d) Email Membership and website screenshot announcing the final Rank & Review **New Project Tool** is ready for completion

From: [Samantha Barnaby](#)
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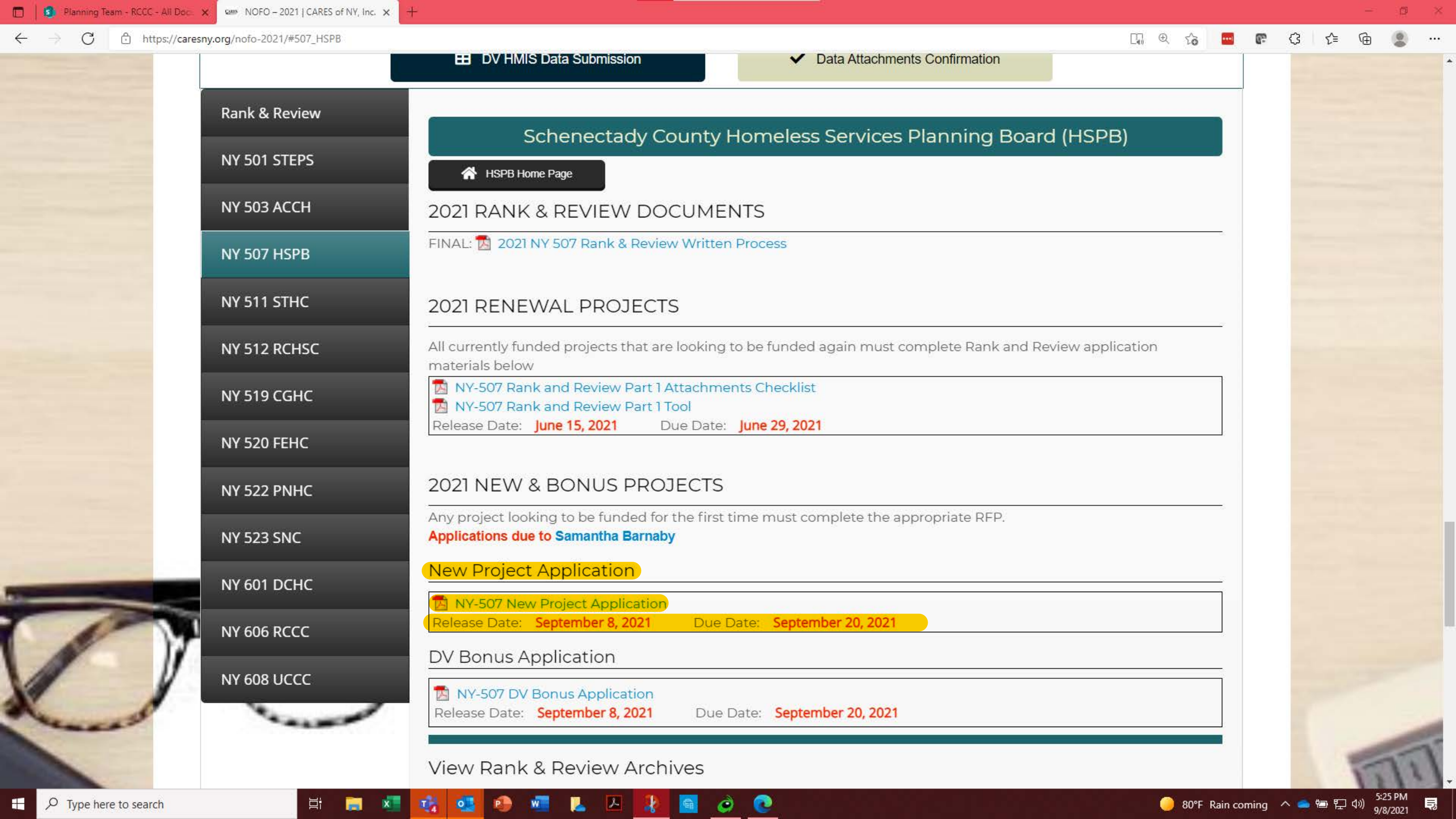
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Thank you!

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Rank & Review

NY 501 STEPS

NY 503 ACCH

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NY 608 UCCC

Schenectady County Homeless Services Planning Board (HSPB)

HSPB Home Page

2021 RANK & REVIEW DOCUMENTS

FINAL:  [2021 NY 507 Rank & Review Written Process](#)

2021 RENEWAL PROJECTS

All currently funded projects that are looking to be funded again must complete Rank and Review application materials below

 [NY-507 Rank and Review Part 1 Attachments Checklist](#) [NY-507 Rank and Review Part 1 Tool](#)Release Date: **June 15, 2021**Due Date: **June 29, 2021**

2021 NEW & BONUS PROJECTS

Any project looking to be funded for the first time must complete the appropriate RFP.

Applications due to Samantha Barnaby

New Project Application

 [NY-507 New Project Application](#)Release Date: **September 8, 2021**Due Date: **September 20, 2021**

DV Bonus Application

 [NY-507 DV Bonus Application](#)Release Date: **September 8, 2021**Due Date: **September 20, 2021**

View Rank & Review Archives

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.
 - a) Email announcement and screen shot of public comment period for NY-507's draft Rank & Review **Renewal Part 1 & 2 Tool**

From: [Samantha Barnaby](#)
To: [Allyson Ryan](#); [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program](#) (dschimpfceo@scapny.org); [Debra Sivack](#); [Digna Betancourt Swingle](#); [Ed Kowalczyk](#); [Elise Martin](#); [Geoff Raiti](#); [Ginni Egan](#) (info@youngparentsunited.org); [Holley.Sharer@USE.SalvationArmy.Org](#); [Jennica Huff](#); [Jo-Anne Rafalik](#); [Joe Gallagher](#) (jgallagh@nycap.rr.com); [Kelsey Addy](#); [Kim Siciliano](#); ksheppard@bethesdahouseschenectady.org; [Kristen Diotte](#); [Lauren Jarrard](#); [Louise O"Leary](#) (LOLeary@bethesdahouseschenectady.org); [Margaret Coker](#); [Mary Breslin](#); [Michelle Ostrelch](#); [Mike Davidson](#); [Nettie Crossman](#) (ncrossma1908@yahoo.com); [Richard Homenick](#); [Robert Romaker](#); [Samantha Barnaby](#); [Scott Brady](#) (executivedirector@safeincofschenectady.org); safeinc@nycap.rr.com; [Sylvia Jimison](#); t1e@newchoicesrecovery.org; [Wendy Wahlberg](#); [William Robson](#)
Subject: Public Comment Notification: 2021 CoC Rank and Review Tool
Date: Wednesday, April 28, 2021 10:13:53 AM
Attachments: [image001.png](#)

Good Morning HSPB CoC Members,

The comment period for the 2021 CoC Rank and Review Tool is now open. Please use the link below to view the document.

Please send all comments to sbarnaby@caresny.org on or before May 5, 2021.

[NY-507 CoC/Planning](#)

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
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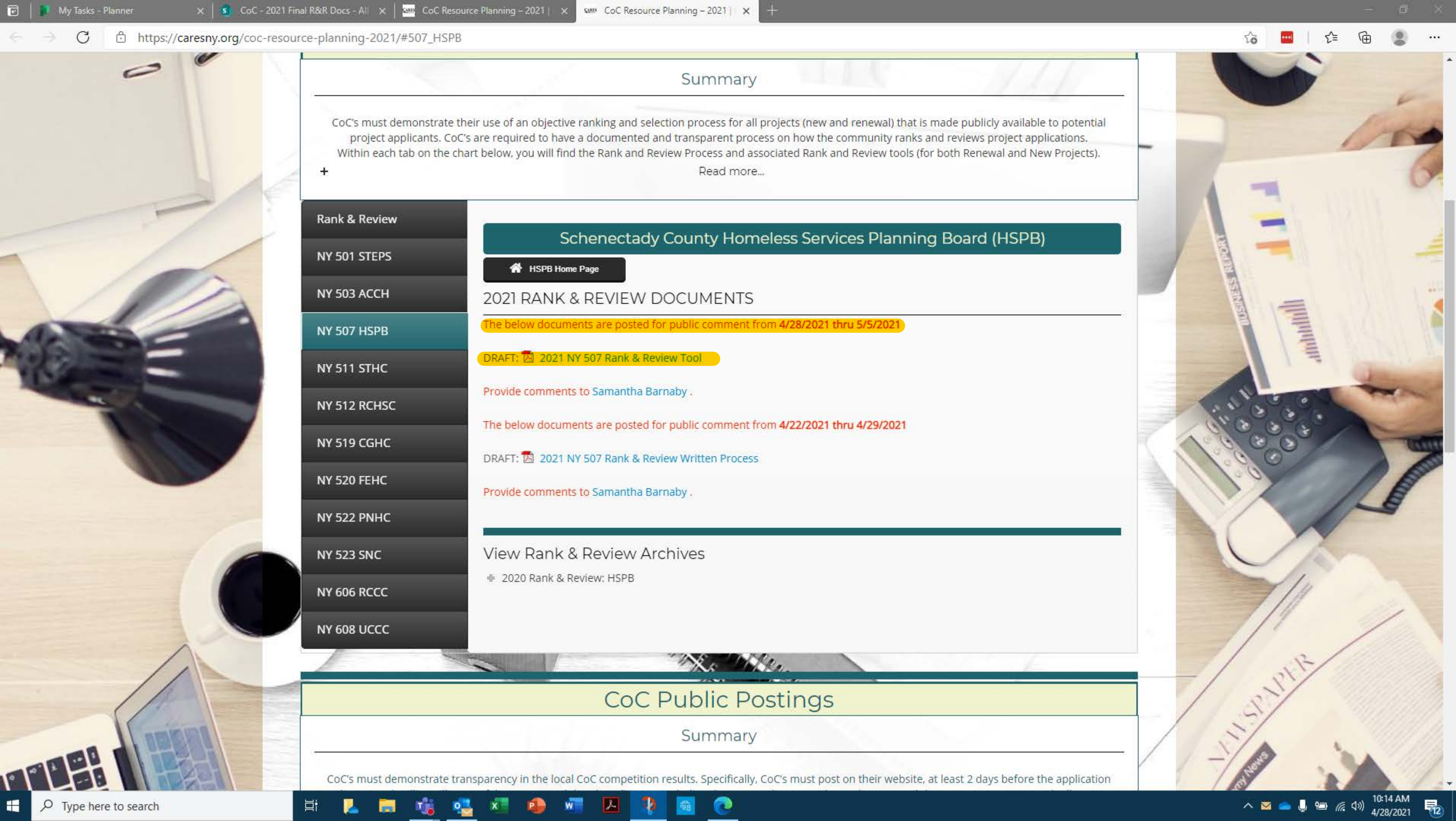
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Summary

CoC's must demonstrate their use of an objective ranking and selection process for all projects (new and renewal) that is made publicly available to potential project applicants. CoC's are required to have a documented and transparent process on how the community ranks and reviews project applications. Within each tab on the chart below, you will find the Rank and Review Process and associated Rank and Review tools (for both Renewal and New Projects).

+

[Read more...](#)

Rank & Review

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 606 RCCC

NY 608 UCCC

Schenectady County Homeless Services Planning Board (HSPB)

[HSPB Home Page](#)

2021 RANK & REVIEW DOCUMENTS

The below documents are posted for public comment from 4/28/2021 thru 5/5/2021

DRAFT: [2021 NY 507 Rank & Review Tool](#)

[Provide comments to Samantha Barnaby](#)

The below documents are posted for public comment from 4/22/2021 thru 4/29/2021

DRAFT: [2021 NY 507 Rank & Review Written Process](#)

[Provide comments to Samantha Barnaby](#)

View Rank & Review Archives

[2020 Rank & Review: HSPB](#)

CoC Public Postings

Summary

CoC's must demonstrate transparency in the local CoC competition results. Specifically, CoC's must post on their website, at least 2 days before the application

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

b) Blank Rank & Review **Renewal Part 1 & 2 Tool**

2021 Schenectady CoC –Project Rank & Review Application

SCHENECTADY COUNTY HOMELESS SERVICES PLANNING BOARD (HSPB) RANK & REVIEW APPLICATION 2021 PART 1: DATA-RELATED QUESTIONS DEADLINE TO SUBMIT: JUNE 29, 2021

PROJECT INFORMATION

Informational Only

1. Organization Name: _____
2. Project Name: _____
3. Application Contact Person: _____
4. Project Type: PH=10 pts. TH=9 pts. SSO=10 pts.

5. **Utilization Rate** -Using the project's FY19 Project Application and Federal Fiscal Year 2020 (FY20)* APR, complete the following chart to calculate the project's utilization rate. **(round up to the closest whole number)**. *Please print and attach the corresponding questions from the Project Application and APR to this application.*

100%=20, 99-90%=16, 89-86%=12, 85-80%=8, 79-75%=4, >74%=0

	Projected households served during an average PIT (Question 5 in Project Application)	Actual number served during PIT (Questions 8 in APR)
		Households
January	_____ Households	
April		
July		
October		
		Average:

Households: Average Actual _____ / Projected _____ = **Utilization** _____

** Federal Fiscal Year 2020 (FY20): October 1, 2019 – September 30, 2020*

*** For the purpose of this Rank & Review Tool, persons served is defined as having an entry in HMIS (i.e., intake, admission and move-in date) in Federal FY20.*

6. **Data Quality & Completeness:** On your FY20 APR Question 6:

None checked=5, 1-2 checked=3, 3 or more=0

Yes No

6a. Is more than 5% of your PII data missing or null?

☐ ☐

2021 Schenectady CoC –Project Rank & Review Application

- 6b. Is more than 5% of your universal data elements missing or null? ☐ ☐
- 6c. Is more than 5% of your Income and Housing data missing or null? ☐ ☐
- 6d. Is more than 5% of your Chronic Homelessness data missing or null? ☐ ☐

7. Effect on Chronic Homeless

Permanent Supportive Housing Programs: During Federal FY 20, the CoC PSH projects served a total of **135** chronically homeless individuals. Please refer to **Attachment 1** to note the following:

7a. The total number of chronically homeless persons served by this project FY20: _____ (no points)

7b. The percentage of the project total that was chronically homeless: _____

16-100% = 10 pts; 11-15% = 7pts; 6-10% = 5pts; 1-5% = 3pts; 0% = 0pts

Rapid Rehousing Programs: During Federal FY 20, the CoC RRH projects served a total of **2** chronically homeless individuals. Please refer to **Attachment 1** to note the following:

7a. The total number of chronically homeless persons served by this project FY20: _____ (no points)

7b. The percentage of the project total that was chronically homeless: _____

16-100% = 10 pts; 11-15% = 7pts; 6-10% = 5pts; 1-5% = 3pts; 0% = 0pts

Transitional Housing Programs: During Federal FY 20, the CoC TH projects served a total of **3** chronically homeless individuals. Please refer to **Attachment 1** to note the following:

7a. The total number of chronically homeless persons served by this project FY20: _____ (no points)

7b. The percentage of the project total that was chronically homeless: _____

16-100% = 10 pts; 11-15% = 7pts; 6-10% = 5pts; 1-5% = 3pts; 0% = 0pts

8. **Financial Drawdowns.** Does your project draw down funds, at a minimum, quarterly? Please attach the last three (3) LOCCS drawdowns. **Yes=3, No=0**

9. **Funds Spent.** Please complete the table below based on information from the project's most recently completed contract.

90-100%=20, 80-89%=16, 70-79%=12, 60-69%=8, 50-59%=4, >50%=0

2021 Schenectady CoC –Project Rank & Review Application

	Amount Awarded (\$)	Amount Expended (\$)	Percentage Spent (Expended/Awarded)
Leasing			
Rental Assistance			
Supportive Services			
Operations			
Admin			
Total			

10. Coordinated Entry Process. Does your project participate in the Coordinated Entry process as demonstrated by any of the following criteria: Check all that apply? **(2 points each)**

- ☐ receive referrals for potential new participants ONLY through the CE process.
☐ submit referrals.
☐ house referrals.
☐ does your agency follow up on referrals within 14 days.
☐ has your agency attended at least half of the CE meetings this year.

10a. If not, are you an SSO program? ☐ **Yes (5 points)**

11. Housing First. Does the project screen out or terminate based on any the following?

All checked=10, anything else=0

	Yes	No
Having too little or no income	☐	☐
Active or history of substance abuse	☐	☐
Criminal record with exceptions for state-mandated restrictions	☐	☐
History of domestic violence	☐	☐
Failure to participate in supportive services	☐	☐
Failure to make progress on a service plan	☐	☐
Loss of income or failure to improve income	☐	☐
Being a victim of domestic violence	☐	☐
Any other activity not covered in a lease agreement typically found in the project's geographic area.	☐	☐

12. Continuum Participation. In the last twelve (12) months (May 2020 – May 2021) there have been a total of 2 Membership Meetings and 2 Board Meetings. What percentage of these 4

2021 Schenectady CoC –Project Rank & Review Application

meetings have the project staff attended, and thereby actively participated in the CoC planning process? This will be verified by the Collaborative Applicant. _____% of meetings were attended by this agency.

75-100%=10, 50-74%=5, 25-49%=1, 0-24%=0

12b. Continuum Participation. In the last twelve (12) months (May 2020 – May 2021), has the project staff actively participated in any CoC committees? This will be verified by the Collaborative Applicant.

2 Committees and 50% attendance=10

1 Committees and 50% attendance=5

0 Committees =0

Please check off any of the following you have actively participated in:

- ☐ Continuum of Care Committee
- ☐ Governance Committee
- ☐ Data Committee
- ☐ Strategic Planning Committee of the Board

13. Project Monitoring. Project Monitoring: Every project was monitored in 2021. Were all noted issues addressed by the deadline given? Please attach the follow up feedback email from CARES.

Yes, with attachment=10 No=0

14. Number of Homeless Persons: Was this project included in the final submission of the 2021 Housing Inventory and Point in Time? This will be verified by the Collaborative Applicant.

☐ Yes=10 ☐ No=0

Permanent Supportive Housing or Transitional Housing

Note: Our Youth funded SSO program is excluded from this section.

15. Positive Outcomes

Permanent Housing Programs: During FY20, there were **458** persons with positive outcomes noted across all CoC PSH programs. *An outcome is positive for PH if client is a stayer or exited to a PH destination.* To indicate how this project contributed to housing stability across the system, please note the positive housing outcome rate listed in **Attachment 2:** ____%

26-100% = 10 pts; 21-25% = 7pts; 5-20% = 5pts; 1-4% = 3pts; 0% = 0pts

Rapid Rehousing Projects: During FY20, there were **128** persons with positive outcomes noted across all CoC RRH programs. *An outcome is positive for RRH if client exited to a PH destination.* To indicate how this project contributed to housing stability across the system, please note the positive

2021 Schenectady CoC –Project Rank & Review Application

housing outcome rate listed in *Attachment 2*: ____%

26-100% = 10 pts; 21-25% = 7pts; 5-20% = 5pts; 1-4% = 3pts; 0% = 0pts

Transitional Housing Programs: During FY20, there were **109** persons with positive outcomes noted across all CoC TH programs. *An outcome is positive for TH if client exited to a PH destination.* To indicate how this project contributed to housing stability across the system, please note the positive housing outcome rate listed in *Attachment 2*: ____

26-100% = 10 pts; 21-25% = 7pts; 5-20% = 5pts; 1-4% = 3pts; 0% = 0pts

16. Income Growth – System Impact

Refer to *Attachment 3* (which measures **total income growth** between the two most recent client assessments for stayers; and between entry and exit for leavers), to note the percentage this project contributed to total income growth in the CoC in FY20: ____%

13-100%=5 pts; 10-13%=4 pts; 5-9%=3 pts; 1-4%=2 pts; 0%=0

17. Income Growth – Project Performance

(Refer to APR Q19. Cash Income – Changes over Time to respond to questions below.)

17a. What percentage of **stayers** gained or increased **earned income** between start and annual assessment? Note percent in **Q19a1. Row 1) Number of Adults with Earned Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: ____%

75-100% = 1.25 pts; 50-74% = 1 pts; 25-49% = .75 pts; 15-24% = .5 pts; 1-14% = .25 pts; 0% = 0

17b. What percentage of **stayers** gained or increased **other income** between start and annual assessment? Note percent in **Q19a1. Row 3) Number of Adults with Other Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: ____%

75-100% = 1.25 pts; 50-74% = 1 pts; 25-49% = .75 pts; 15-24% = .5 pts; 1-14% = .25 pts; 0% = 0

17c. What percentage of **leavers** gained or increased **earned income** between start and annual assessment? Note percent in **Q19a2. Row 1) Number of Adults with Earned Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: ____%

75-100% = 1.25 pts; 50-74% = 1 pts; 25-49% = .75 pts; 15-24% = .5 pts; 1-14% = .25 pts; 0% = 0

17d. What percentage of **leavers** gained or increased **other income** between start and annual assessment? Note percent in **Q19a2. Row 3) Number of Adults with Other Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: ____%

75-100% = 1.25 pts; 50-74% = 1 pts; 25-49% = .75 pts; 15-24% = .5 pts; 1-14% = .25 pts; 0% = 0

2021 Schenectady CoC –Project Rank & Review Application

SCHENECTADY COUNTY HOMELESS SERVICES PLANNING BOARD (HSPB) RANK & REVIEW APPLICATION 2021 PART 2: WRITTEN QUESTIONS

PROJECT INFORMATION

Informational Only

1. FY20 Funding Request: \$ _____

Leasing	\$ _____
Rental Assistance	\$ _____
Supportive Services	\$ _____
Operations	\$ _____
Admin	\$ _____

2. **Housing Projects Only:** Number of Contracted Units/Beds/Vouchers _____
Support Service Only Projects: Projected persons/households served during an average PIT _____
3. Total # Participants served (as noted on the most recent APR): _____
4. What is the cost per bed (divide the number of proposed beds by the total budget): _____

PROJECT DESCRIPTION

In a separate document, provide a short project overview that clearly describes the project's unique characteristics and achievements. Please include the target population(s) served, the number of participants served, how participants access the project, and project goals and achievements. Please be as descriptive as possible by using data stated in the project application and the CY20 APR. Response must be 250 words or less.

5. **Utilization Rate:** This question should be answered **only** by projects which scored zero points on Q5 in Part 1 above. If your project did not achieve 100% utilization (i.e. number of projected/contracted households and/or persons served) during Federal Fiscal Year 2020, please explain why in 250 words or less. **(0 to 10pts)**
6. **Leveraging and Coordination of Services.** Please describe how your project coordinates services with other funded and non-funded providers in order to leverage services in 250 words or less. **(0 to 5pts)**

2021 Schenectady CoC –Project Rank & Review Application

- Up to 2.5 points if project gives specific examples of how project coordinates services with other CoC members.
- Up to 2.5 points if project gives specific examples of how project coordinates services with other non-CoC funded agencies.

7. Financial Draw Downs: Did the project spend at least 90% of total awarded funds? (Refer to Part 1 Q9 above). If the project expended less than 90% of total awarded funds, please explain why in 250 words or less. **(0 to 10 pts)**

8. DV Providers Only: The CoC acknowledges that positive outcomes for domestic violence programs may be measured differently than mainstream permanent supportive housing programs. With that being said, how does your agency contribute to the housing stability of clients within this CoC funded program? Please explain in 250 words or less. **(0 to 5 points)**

- Up to 2.5 pts awarded if the narrative clearly describes positive outcomes through the DV provider lens.
- Up to 2.5 pts awarded if the narrative clearly describes how the agency contributed to positive housing stability across the CoC.

9. Youth Providers Only: The CoC acknowledges that additional barriers occur for youth compared to adults when looking at increasing income. With that being said, how do you feel your agency contributes to increasing income for youth within this CoC program? Please explain in 250 words or less. **(0 to 5 points)**

- Up to 2.5 pts. Awarded if the narrative clearly describes positive outcomes through the Youth provider lens.
- Up to 2.5 pts. Awarded if the narrative clearly describes how the agency contributes to positive housing stability across the CoC.

10. Move on Strategy: HUD defines Move on Strategy as how programs work to help program participants, who no longer require intensive services, transition from CoC Program funded PSH beds to other housing assistance programs (including, but not limited to HCV and Public Housing) in order to free up CoC Program funded PSH beds to be used for persons experiencing homelessness. Briefly describe what you will be doing in FY19 to work with participants to create strategies and plans for moving on? **(0 to 10 points)**

11. Employment Opportunities: How do you currently work with local employment agencies, employers and or partners to advance training and employment opportunities for clients involved in your program? **(0-2pts)**

2021 Schenectady CoC –Project Rank & Review Application

Permanent Supportive Housing or Transitional Housing Only

Note: Our Youth funded SSO program is excluded from this section.

- 12. Housing Stability:** Please comment on any unique circumstances that affected the housing stability goal and affected the housing stability performance: (Refer to Part 1 Q15) Response must be 250 words or less. (0 to 5pts)
- 13.** How have you adjusted your service delivery model to help clients during the pandemic? **(0-6 pts.)**
- **2 points for continuing at least monthly contact with clients (including virtually).**
 - **2 points for ensuring clients have necessary cleaning/sanitary supplies.**
 - **2 points for exemplifying partnerships were made to meet the health care needs of persons in the program.**
- 14.** How has your agency helped clients and staff gain access to information and the COVID vaccine? **(0-4 pts.)**
- **2 points for explanation of how information was provided.**
 - **2 points for explanation of how you helped clients/staff gain access to vaccine.**
- 15.** What is your agency doing to forward racial diversity, equity and inclusion work within your agency and/or CoC-funded program? **(5 pts.)**

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

c) Email announcement for NY-507's Rank & Review **New & Renewal Part 3 Tools**

From: [Samantha Barnaby](#)
To: [Kimarie Sheppard](#); [Kim Siciliano](#); [Elise Martin](#); "[Linda Wright - OCS \(linda.wright@use.salvationarmy.org\)](#)"; "[Kari Cameron](#)"
Subject: HSPB Rank and Review New Project Interviews
Date: Wednesday, September 22, 2021 12:26:00 PM
Attachments: [image001.png](#)
[Part 3- New Project Interview Questions- 2021.docx](#)

Good Morning,

In preparation for your **New Project/s Interview** slot on Tuesday, September 28th. You should have received an email and calendar invite to confirm your time, and you can access the link to your interview directly in the calendar invite.

Attached to this email are the interview questions for 2021 New Projects. These questions were created as a direct response to HUD priorities outlined in the 2021 NOFO and allow for up to 3 total points. Please review the questions and additional information about scoring criteria included in the attachment and come prepared to address these questions during your interview.

Thank you, and don't hesitate to reach out with any questions about this process.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>
Find us on [Facebook](#)



From: [Samantha Barnaby](#)
To: [Kim Siciliano](#); [Kimarie Sheppard](#); [Elise Martin](#); [Ed Kowalczyk](#); [Bryan Gentile](#)
Subject: HSPB Rank and Review Interviews
Date: Wednesday, September 22, 2021 10:58:00 AM
Attachments: [image001.png](#)
[Final Version NY-507 Rank and Review Data Attachments.pdf](#)
[Part 3- Interview Questions- 2021.docx](#)
[HSPB Interview Agenda.docx](#)

Good Morning,

Thank you for signing up for a **Renewal Projects Interview** slot on Tuesday, September 28th. You should have received an email and calendar invite to confirm your time, and you can access the link to your interview directly in the calendar invite. Attached is the final agenda of interviews for your reference.

Attached to this email are the interview questions for 2021. These questions were created as a direct response to HUD priorities outlined in the 2021 NOFO and allow for up to 5 total points. Please review the questions and additional information about scoring criteria included in the attachment and come prepared to address these questions during your interview.

Note that Question #3 and Question #4 require agencies to respond using data provided by CARES. Attached to this email is the HMIS Data referenced in Question #3, the Demographic Data referenced in Question #4 will be provided via email to specific agencies before the 9.28.21 interviews.

Thank you, and don't hesitate to reach out with any questions about this process.

Thank you!

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CARES
OF NY, INC.
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COVID-19 Guidance for
Homeless Service Providers



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2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

d) Blank Rank & Review **Renewal & New Part 3 Tools (interview questions)**

2021 Rank & Review **New Project** Interview Questions

Reviewers will first ask any clarifying questions they have about the project before asking the below interview questions of each applicant. These questions have been formed by CARES to focus on the 2021 HUD Policy Priorities as noted in the NOFO. Each question should be answered in no more than **5 minutes**. Check page two for interview tips and scoring criteria.

1. Describe the support services your project has tailored to serve persons coming from an unsheltered situation. (1 pt)
2. Does your agency have someone with lived experience of homelessness within its Executive Leadership, who is involved with programmatic and funding decisions? (1 pt)
3. Please explain how your project will serve those with the greatest needs and longest experiences of homelessness in the community. (1 pt)

Interview questions were formulated based on HUD priorities as outlined in the 2021 NOFO. Check out the HUD priorities that informed Part 3 new project interview questions here: <https://caresny.org/nofo-2021/#Priorities>

How to Have a Successful Interview:

- **Prepare responses to each interview question in advance.** Applicants will only have the time allotted for your interview to respond to each question, so preparation is key to maximize your opportunity to gain all available points.
- **Keep responses succinct.**
- For agencies interviewing for more than one project, make sure to note when a response applies to some or all projects and when a distinction needs to be made. Each project will be scored separately.

Scoring Criteria (*3 total points available*):

Question 1: 1-Point if program describes providing ample support services tailored to persons coming from an unsheltered situation.

Question 2: 1-Point if agency answers “Yes”.

Question 3: 1-Point if agency identifies those with the greatest needs and longest experiences of homelessness in the community, notes they will be serving these populations, and notes services to be provided to ensure positive housing outcomes/stability.

2021 Rank & Review **Renewal Project** Interview Questions

These questions have been formed by CARES to focus on the 2021 HUD Policy Priorities as noted in the NOFO. Each question should be answered in no more than **5 minutes**. Check page two for interview tips and scoring criteria.

1. Describe the support services your project has tailored to serve persons coming from an unsheltered situation. (1 pt)
2. Does your agency have someone with lived experience of homelessness within its Executive Leadership, who is involved with programmatic and funding decisions? (1 pt)
3. The CoC scores each programs' impact on system performance measures in Part 1 of the rank and review tool (refer to Part 1 Data Attachments). If you felt your project performed low on any section of Part 1 due to serving particularly vulnerable populations or households with severe needs (e.g., chronically homeless, substance use, severe mental illness, history of domestic violence, criminal history), please explain. (1 or 2 pts)
4. Are those in your project racially representative of those in your CoC's homeless population? (Use Part III HMIS Attachment provide by CARES to respond) (1 pt)
 - a. If yes, how did your project achieve an equitable mirroring of program participants compared to the homeless population demographics in the CoC?
 - b. If not, how is your project working to improve outreach and assess policies that may be contributing to this racial disparity?

Interview questions were formulated based on HUD priorities as outlined in the 2021 NOFO.

Check out the HUD priorities that informed Part 3 interview questions here:

<https://caresny.org/nofo-2021/#Priorities>

How to Have a Successful Interview:

- **Prepare responses to each interview question in advance.** Applicants will only have the time allotted for your interview to respond to each question, so preparation is key to maximize your opportunity to gain all available points. Make sure to reference the attachments provided by CARES in your responses.
- **Keep responses succinct.**
- For agencies interviewing for more than one project, make sure to note when a response applies to some or all projects and when a distinction needs to be made. Each project will be scored separately.

Scoring Criteria *(5 total points available):*

Question 1: 1-Point if program describes providing ample support services tailored to persons coming from an unsheltered situation.

Question 2: 1-Point if agency answers “Yes”.

Question 3: (Use Part 1 Data Attachments provided by CARES to respond)

1-Point-All program system performance measures are above average.

2-Points if agency explains it had low performance measures due to serving particularly vulnerable populations or households with severe needs, and how they are working to improve those outcomes.

Question 4: (Use HMIS Demographic Data provided by CARES to respond)

1-Point if agency explains either: how they achieved an equitable mirroring of program participants compared to the homeless population demographics in the CoC; or a thorough plan to improve outreach and assess policies that may be contributing to this disparity.

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e) Email announcement and screen shot of public comment period for NY-507's draft Rank & Review **New Application Tool**

From: [Samantha Barnaby](#)
To: [Allyson Ryan](#); [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#); [Debra Sivack](#); [Digna Betancourt Swingle](#); [Ed Kowalczyk](#); [Elise Martin](#); [Geoff Raiti](#); [Ginni Egan \(info@youngparentsunited.org\)](#); [Holley.Sharer@USE.SalvationArmy.Org](#); [Jennica Huff](#); [Jo-Anne Rafalik](#); [Joe Gallagher \(jgallagher@nycap.rr.com\)](#); [Kelsey Addy](#); [Kim Siciliano](#); [Kimarie Sheppard](#); [Kristen Diotte](#); [Lauren Jarrard](#); [Louise O'Leary \(LOLeary@bethesdahouseschenectady.org\)](#); [Margaret Coker](#); [Mary Breslin](#); [Michelle Ostrelch](#); [Mike Davidson](#); [Nettie Crossman \(ncrossma1908@yahoo.com\)](#); [Richard Homenick](#); [Robert Romaker](#); [Samantha Barnaby](#); [Scott Brady \(executivedirector@safeincfschenectady.org\)](#); [Shannon Keon - SAFE Inc. \(safeinc@nycap.rr.com\)](#); [Sylvia Jimison](#); [Tricia Lee](#); [Wendy Wahlberg](#); [William Robson](#)
Subject: Public Comment Notification: 2021 CoC Rank and Review New & DV Bonus Applications
Date: Monday, August 30, 2021 12:53:00 PM
Attachments: [image001.png](#)

Good Morning HSPB CoC Members,

The comment period for the 2021 CoC Rank and Review New & DV Bonus Applications is now open. Please use the link below to view the document.

Please send all comments to sbarnaby@caresny.org on or before Friday, September 3, 2021.

[NY-507 CoC/Planning](#)

Thank you!

Samantha Barnaby

Senior Planning Associate – CARES of NY, Inc.

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Rank and Review Online Forms

Programs participating in the Rank and Review process may need to complete the forms below.

These forms allow programs to enter DV data to be considered in the Rank and Review Process, submit requests to combine programs in the Rank and Review Data Attachments, and to confirm participating the Data Attachment process.

To learn more about these forms and the over process, please download this [Rank and Review Online Form Submission Procedures document](#).

 DV HMIS Data Submission

 Data Attachments Confirmation

Rank & Review

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Schenectady County Homeless Services Planning Board (HSPB)

 HSPB Home Page

2021 RANK & REVIEW DOCUMENTS

Public Comment Period for Below Draft Documents:

August 30, 2021 through September 3, 2021

DRAFT:  NY-507 New Project Application

DRAFT:  NY-507 DV Bonus Application

[Submit Comments to Samantha Barnaby](#)

FINAL:  2021 NY 507 Rank & Review Written Process

2021 RENEWAL PROJECTS

All currently funded projects that are looking to be funded again must complete Rank and Review application materials below

 [NY-507 Rank and Review Part 1 Attachments Checklist](#)

 [NY-507 Rank and Review Part 1 Tool](#)

Release Date: **June 15, 2021**

Due Date: **June 29, 2021**

View Rank & Review Archives

 2020 Rank & Review: HSPB

CoC Public Postings

Summary

1E-1: Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

2. A copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

f) Blank Rank & Review **New Application Tool**

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**

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

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.

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

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.

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

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	\$	

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g) Email announcement and screen shot of public comment period for NY-507's draft Rank & Review **DV Bonus Tool**

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To: [Allyson Ryan](#); [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#); [Debra Sivack](#); [Digna Betancourt Swingle](#); [Ed Kowalczyk](#); [Elise Martin](#); [Geoff Raiti](#); [Ginni Egan \(info@youngparentsunited.org\)](#); [Holley.Sharer@USE.SalvationArmy.Org](#); [Jennica Huff](#); [Jo-Anne Rafalik](#); [Joe Gallagher \(jgallagher@nycap.rr.com\)](#); [Kelsey Addy](#); [Kim Siciliano](#); [Kimarie Sheppard](#); [Kristen Diotte](#); [Lauren Jarrard](#); [Louise O'Leary \(LOLeary@bethesdaohouseschenectady.org\)](#); [Margaret Coker](#); [Mary Breslin](#); [Michelle Ostrelch](#); [Mike Davidson](#); [Nettie Crossman \(ncrossma1908@yahoo.com\)](#); [Richard Homenick](#); [Robert Romaker](#); [Samantha Barnaby](#); [Scott Brady \(executivedirector@safeincfschenectady.org\)](#); [Shannon Keon - SAFE Inc. \(safeinc@nycap.rr.com\)](#); [Sylvia Jimison](#); [Tricia Lee](#); [Wendy Wahlberg](#); [William Robson](#)
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[NY-507 CoC/Planning](#)

Thank you!

Samantha Barnaby

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Rank and Review Online Forms

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 DV HMIS Data Submission

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[Submit Comments to Samantha Barnaby](#)

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2021 RENEWAL PROJECTS

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 [NY-507 Rank and Review Part 1 Tool](#)

Release Date: **June 15, 2021**

Due Date: **June 29, 2021**

View Rank & Review Archives

 2020 Rank & Review: HSPB

CoC Public Postings

Summary

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h) Blank Rank & Review **DV Bonus Tool**

Schenectady 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:
 - Permanent Housing-Rapid Rehousing *(project must be housing first)
 - Joint TH and PH-RRH-Must be housing first *(project must be housing first)
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 Continuum of Care (CoC)? ☐
Yes - 20 points ☐ **No - 0 points**
 - a. If no, what is the agency's current involvement with the Schenectady County CoC?
7. Is the agency applying as a current CoC funded grantee? ☐ **Yes - 5 pts** ☐ **No - 10 pts**
 - a. 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
7. 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

Schenectady County Continuum of Care

DV Bonus Project RFP 2021

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 - 20 points)**

- 10 pts 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
- 1 pts if the project clearly states the number of units/beds requested
- 2 pts if applying for an SSO-CE project

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.

8. Will the project be able to start within 12 months? ☐ **Yes - 10 pts** ☐ **No - 0 pts**

9. 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**

10. Does your agency currently report in a DV system that is compatible to the HMIS system?

☐ **Yes – 3 pts** ☐ **No - 0 pts**

If not, how will you implement a compatible HMIS system for this project, for reporting purposes? ☐ **3 pts. if implementation is shown** ☐ **0 pts. if not**

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

Schenectady County Continuum of Care

DV Bonus Project RFP 2021

1 point if agency uses de-identified aggregate data from a comparable database.
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.

12. 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**

13. 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**

14. 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.

15. 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	\$	

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

This attachment details the Rank & Review process for **NY-507** as noted in their Written Process. Blank tools have been attached for the renewal, new and Bonus/DV Applications and a Scorecard example for the renewal Rank & Review tool. The attachment contains the following:

- 1. Scoring tool your CoC used in your local competition to score new and renewal application.**
 - (a) NY-507's Rank and Review Written Process
 - (b) Blank Renewal Application Tool
 - (c) Blank New Project Application Tool
 - (d) Blank Bonus/DV Application Tool

- 2. A copy of one scored application form**
 - (a) Objective Criteria and System Performance Criteria Chart with Point Values
 - (b) Renewal Application score card (filled out)

- 3. Final project scores for ranked new and renewal projects (Ranking and Tiering)**
 - (a) Ranking and Tiering PDF

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool your CoC used in your local competition to score new and renewal applications.

(a) NY507's Rank and Review Written Process

SCHENECTADY HOMELESS SERVICES PLANNING BOARD: 2021 RANK AND REVIEW PROCESS

Rationale

HUD's CoC (CoC) homeless assistance programs serve as a source of funding for homeless services in the County and City of Schenectady. In the 2020 NOFA, the Schenectady CoC received \$4,379,886 from HUD to support 18 projects for homeless individuals and families. HUD awards homeless assistance grants through an annual application process known as the CoC Program Competition.

In order for the CoC to prioritize programs which most effectively serve the community at the local level, the community has implemented a Rank and Review Process for renewal and new projects. This process helps the CoC gain knowledge of project performance and effectiveness within the full CoC system.

The Schenectady Homeless Services Planning Board (HSPB) has charged the CoC (CoC) Committee with overseeing the Rank and Review process. As described in the HSPB Bylaws, the CoC Committee has the responsibility to prepare and carry out plans related to the design, operation, and implementation of a collaborative process for the development of funding applications, including funding priorities. Each year the Rank and Review Written Process, Application and a Review Team are established by the CoC Committee, submitted to the Membership for review and then Board for approval.

CoC Transparency

The CoC conducts this Rank and Review Process in a transparent manner to ensure fairness. Each year, the process is publicly announced by the CoC Committee, shared in writing with the Board and Membership, and posted on the CARES website for the community to access, review and comment.

Rank and Review Application

The HSPB emphasizes the importance and impact of using the Rank & Review Application as the primary basis for determining the Project Listing submitted as part of the CoC Consolidated Application. The Rank and Review Application is thoughtfully revised each year to include both HUD and CoC standards, incorporating both national and local priorities, balancing objective performance measures with subjective narrative description of project operations.

Review and Approval of the Rank & Review Application

After the annual CoC Consolidated Application is submitted to HUD by the Collaborative Applicant, the CoC Committee reviews the prior year's Rank & Review Application, Written Process, and

feedback from reviewers and full Membership. With this feedback, the Committee proposes revisions to the Rank and Review Application and Written Process. In addition, the committee develops a list of Review Team members, considering the previous reviewers and potential new members. The CoC Committee presents the Written Process, Application Tools, and list of proposed Review Team members to the HSPB Board and Membership for one-week public comment periods. Any comments received from Membership are then considered by the committee. The Rank & Review Application and review team are then finalized by the Board and shared with Membership for projects to complete.

Project Participation

Renewal Projects are required to complete a Rank & Review Renewal Application. An application must include responses to all questions as well as required data and/or attachments from the most recent project application and Calendar Year APR in order to be considered complete. All completed applications will be shared with and reviewed by the Review Team. Late submissions, including incomplete submissions, will receive a 5-point penalty.

The 2021 Rank & Review Application process will occur in three (3) phases. The intent of a three-phased process is to allow agencies adequate time to review project-level and system-level data.

- **Phase 1** focuses on quantitative project and system outcome data using the Federal Fiscal year 2020 project APR and HMIS System Performance data to “prioritize” projects. **Projects will have 1-week from the date the data is presented during the Part 1/Data Training Session to review and sign off on their project data. If the sign off is not received the data will be considered final. No changes to data will be made after the 1-week review period.**
- **Phase 2** focuses on qualitative project and system outcome data; allowing staff to explain unique circumstances that affect project performance and answer questions to local priorities.
- **Phase 3** of the Rank & Review Process includes project interviews with the Review Team. After release of the NOFA, the CoC Committee will draft questions based on specific criteria mentioned within the NOFA Application to be asked during project interviews. Projects will receive these questions prior to the interview and may provide the Review Team with written answers prior to the interview. Interviews may assist the reviewers in awarding additional points.

The following renewal project types are exempt from the requirement to complete the Rank and Review Renewal Application: projects which fund only HMIS, Coordinated Entry, or Planning activities; as well as any newly created project which was not operational on October 1, 2020. See Project Tiering below for more information on how these projects are included in the final tiering.

Reallocated Projects: Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grant(s) in order to create new projects which will meet unmet local need/s. CoC agencies which voluntarily choose to reallocate funds will receive priority

in the Ranking Process (also overseen by the Review Team). Project types that can be developed through reallocation are decided annually by HUD. The CoC will create a separate application for new projects proposals (separate RFP), and new proposals will be scored and ranked against other.

Projects that can be flagged for reallocation consideration include those which have demonstrated inadequate financial management, a history of expending funds on ineligible activities, a lack of full expenditure of funds, and those which consistently score low on the Rank & Review.

Reallocation is recommended for any project *not* participating in Coordinated Entry, HMIS or the annual Point-in-Time. The Board may determine reallocation of a particular project as in the best interest of the CoC and essential to maintaining full funding. Further, agencies may voluntarily choose to reallocate funds from their own projects. New project proposals developed by agencies through reallocation of their own funds will be prioritized during the ranking process. All other proposed projects using reallocated funds will be ranked according to general ranking procedures.

New Projects: New projects are created through bonus funds or reallocated funds. A separate RFP will be completed for new projects. If, after the ranking process, additional money becomes available through reallocation, and if all new projects have been approved and there is additional money, the new project RFP will re-open for submission in an effort to use all available funds. RFP's submitted during the second application process will automatically be ranked below the round 1 projects. The Review Team reviews and scores all New project applications submitted. New project applications are required to interview with the Review Team. Interview questions will include specific criteria included in the NOFA. New project applications will be ranked, approved by the Board and presented to Membership. The same appeals process that applies to Renewal applications applies to new project applications.

Bonus Projects: Bonus funds may be available each year. The CoC is permitted to apply for Bonus Projects which will compete nationally against other Bonus Project Applications based on a HUD scoring system set forth in the NOFA. HUD notifies the CoC's if Bonus Funds are available annually and what they may be used for. Proposed Bonus Projects must complement and fulfill unmet need/s in the community. The CoC will create a separate application for new projects proposals (separate RFP), and new proposals will be scored and ranked against other new project proposals. The CoC will issue public notification of the amount of Bonus funding available, if any, along with a deadline to respond to the Request for Proposals. Bonus project applications are required to interview with the Review Team. Interview questions will include specific criteria included in the NOFA. Bonus applications will be ranked by the review team, approved by the Board and presented to Membership. The community's goal is to apply for the maximum amount of available funds. The same appeals process that applies to Renewal applications applies to Bonus project applications. The same appeals process that applies to Renewal applications applies to **bonus** project applications.

Review Team

Members of the review team are individuals from non-CoC funded agencies in the community or neighboring communities who are knowledgeable about the CoC and its providers. Review team members are approached by either the Collaborative Applicant or members of the CoC Committee and asked to participate in the CoC's Rank & Review process. Once reviewers have agreed to participate and are approved by the Board, reviewers are provided a copy of project applications, project addendums and score forms. It is an expectation that all project applications will be reviewed prior to the applicant interviews. A day is scheduled for Rank & Review project interviews and scoring to take place. Each reviewer must be available for the full extent of the interview process. Once the review team convenes and conducts interviews with each project, the review team scores each application. These scores result in the ranking from highest to lowest points with Bonus and Reallocated projects at the bottom. The review team provides any final comments to be shared with projects. It is also expected that the Review Team will remain available after the scoring is complete in the event of an appeal.

Project Ranking

Using the CoC approved Rank and Review tool, all projects seeking funding are scored and placed in numerical order, referred to as the "ranking". Ranking places an applicant in either Tier 1 or Tier 2. At that time, each project receives a copy of their individual scores and is given the opportunity to meet with the Collaborative Applicant to debrief. If during this debriefing, a mathematical error is found by the project, the error can be corrected. Projects that fall into the bottom of the ranking, Tier 2, are contacted and notified of their ranking and offered the opportunity to go over the project's scores. The project ranking is then shared with the CoC Committee. Afterwards, the ranking is approved by the Board and shared with Membership.

Project Ranking and Tiering Approval

Once the review process is completed, the final ranking and tiering is presented by the CoC Committee to the Board who approves it. The approved ranking and tiering are then shared with the full Membership.

Appeal Process

1. Who May Appeal?

An agency may formally appeal a decision concerning a project application submitted by that agency. If a project was submitted by a collaboration of agencies, only one joint appeal may be made.

2. What May Be Appealed?

The Appeals Process only applies to project scoring and ranking. There is no appeal for project tiering. An appeal may NOT be submitted if the basis of the appeal is one of the following: the applicant did not answer all the questions on the application, the applicant did not submit the application with all required attachments, or the applicant did not submit by the required deadline. The appeals process applies only to project ranking.

3. Timing of an Appeal

Formal appeals can be submitted by a project only after a debriefing has been completed. Projects have one week from their debriefing with CARES to request an appeal in writing. Written appeals should be sent to the following entities: HSPB Co-Chairs, CoC Committee Chair, and CARES. The written appeal must consist of a short statement, no longer than 1 page, of the agency's appeal. The written appeal can be in the form of a letter, memo or email. The Review Team will also serve as the Appeals Committee. Agencies will be notified of the outcome of their appeal within two (2) days of the Appeal Committee's decision. The Appeals Committee decision is final.

FINAL

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool your CoC used in your local competition to score new and renewal applications.

(b)Blank Renewal Application Tool

2021 Schenectady CoC –Project Rank & Review Application

SCHENECTADY COUNTY HOMELESS SERVICES PLANNING BOARD (HSPB) RANK & REVIEW APPLICATION 2021 PART 1: DATA-RELATED QUESTIONS DEADLINE TO SUBMIT: JUNE 29, 2021

PROJECT INFORMATION

Informational Only

1. Organization Name: _____
2. Project Name: _____
3. Application Contact Person: _____
4. Project Type: PH=10 pts. TH=9 pts. SSO=10 pts.

5. **Utilization Rate** -Using the project's FY19 Project Application and Federal Fiscal Year 2020 (FY20)* APR, complete the following chart to calculate the project's utilization rate. **(round up to the closest whole number)**. *Please print and attach the corresponding questions from the Project Application and APR to this application.*

100%=20, 99-90%=16, 89-86%=12, 85-80%=8, 79-75%=4, >74%=0

	Projected households served during an average PIT (Question 5 in Project Application)	Actual number served during PIT (Questions 8 in APR)
		Households
January	_____ Households	
April		
July		
October		
		Average:

Households: Average Actual _____ / Projected _____ = **Utilization** _____

** Federal Fiscal Year 2020 (FY20): October 1, 2019 – September 30, 2020*

*** For the purpose of this Rank & Review Tool, persons served is defined as having an entry in HMIS (i.e., intake, admission and move-in date) in Federal FY20.*

6. **Data Quality & Completeness:** On your FY20 APR Question 6:

None checked=5, 1-2 checked=3, 3 or more=0

Yes No

6a. Is more than 5% of your PII data missing or null?

☐ ☐

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- 6b. Is more than 5% of your universal data elements missing or null? ☐ ☐
- 6c. Is more than 5% of your Income and Housing data missing or null? ☐ ☐
- 6d. Is more than 5% of your Chronic Homelessness data missing or null? ☐ ☐

7. Effect on Chronic Homeless

Permanent Supportive Housing Programs: During Federal FY 20, the CoC PSH projects served a total of **135** chronically homeless individuals. Please refer to **Attachment 1** to note the following:

7a. The total number of chronically homeless persons served by this project FY20: _____ (no points)

7b. The percentage of the project total that was chronically homeless: _____

16-100% = 10 pts; 11-15% = 7pts; 6-10% = 5pts; 1-5% = 3pts; 0% = 0pts

Rapid Rehousing Programs: During Federal FY 20, the CoC RRH projects served a total of **2** chronically homeless individuals. Please refer to **Attachment 1** to note the following:

7a. The total number of chronically homeless persons served by this project FY20: _____ (no points)

7b. The percentage of the project total that was chronically homeless: _____

16-100% = 10 pts; 11-15% = 7pts; 6-10% = 5pts; 1-5% = 3pts; 0% = 0pts

Transitional Housing Programs: During Federal FY 20, the CoC TH projects served a total of **3** chronically homeless individuals. Please refer to **Attachment 1** to note the following:

7a. The total number of chronically homeless persons served by this project FY20: _____ (no points)

7b. The percentage of the project total that was chronically homeless: _____

16-100% = 10 pts; 11-15% = 7pts; 6-10% = 5pts; 1-5% = 3pts; 0% = 0pts

8. **Financial Drawdowns.** Does your project draw down funds, at a minimum, quarterly? Please attach the last three (3) LOCCS drawdowns. **Yes=3, No=0**

9. **Funds Spent.** Please complete the table below based on information from the project's most recently completed contract.

90-100%=20, 80-89%=16, 70-79%=12, 60-69%=8, 50-59%=4, >50%=0

2021 Schenectady CoC –Project Rank & Review Application

	Amount Awarded (\$)	Amount Expended (\$)	Percentage Spent (Expended/Awarded)
Leasing			
Rental Assistance			
Supportive Services			
Operations			
Admin			
Total			

10. Coordinated Entry Process. Does your project participate in the Coordinated Entry process as demonstrated by any of the following criteria: Check all that apply? **(2 points each)**

- ☐ receive referrals for potential new participants ONLY through the CE process.
☐ submit referrals.
☐ house referrals.
☐ does your agency follow up on referrals within 14 days.
☐ has your agency attended at least half of the CE meetings this year.

10a. If not, are you an SSO program? ☐ **Yes (5 points)**

11. Housing First. Does the project screen out or terminate based on any the following?

All checked=10, anything else=0

	Yes	No
Having too little or no income	☐	☐
Active or history of substance abuse	☐	☐
Criminal record with exceptions for state-mandated restrictions	☐	☐
History of domestic violence	☐	☐
Failure to participate in supportive services	☐	☐
Failure to make progress on a service plan	☐	☐
Loss of income or failure to improve income	☐	☐
Being a victim of domestic violence	☐	☐
Any other activity not covered in a lease agreement typically found in the project's geographic area.	☐	☐

12. Continuum Participation. In the last twelve (12) months (May 2020 – May 2021) there have been a total of 2 Membership Meetings and 2 Board Meetings. What percentage of these 4

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meetings have the project staff attended, and thereby actively participated in the CoC planning process? This will be verified by the Collaborative Applicant. _____% of meetings were attended by this agency.

75-100%=10, 50-74%=5, 25-49%=1, 0-24%=0

12b. Continuum Participation. In the last twelve (12) months (May 2020 – May 2021), has the project staff actively participated in any CoC committees? This will be verified by the Collaborative Applicant.

2 Committees and 50% attendance=10

1 Committees and 50% attendance=5

0 Committees =0

Please check off any of the following you have actively participated in:

- ☐ Continuum of Care Committee
- ☐ Governance Committee
- ☐ Data Committee
- ☐ Strategic Planning Committee of the Board

13. Project Monitoring. Project Monitoring: Every project was monitored in 2021. Were all noted issues addressed by the deadline given? Please attach the follow up feedback email from CARES.

Yes, with attachment=10 No=0

14. Number of Homeless Persons: Was this project included in the final submission of the 2021 Housing Inventory and Point in Time? This will be verified by the Collaborative Applicant.

☐Yes=10 ☐No=0

Permanent Supportive Housing or Transitional Housing

Note: Our Youth funded SSO program is excluded from this section.

15. Positive Outcomes

Permanent Housing Programs: During FY20, there were **458** persons with positive outcomes noted across all CoC PSH programs. *An outcome is positive for PH if client is a stayer or exited to a PH destination.* To indicate how this project contributed to housing stability across the system, please note the positive housing outcome rate listed in **Attachment 2:** ____%

26-100% = 10 pts; 21-25% = 7pts; 5-20% = 5pts; 1-4% = 3pts; 0% = 0pts

Rapid Rehousing Projects: During FY20, there were **128** persons with positive outcomes noted across all CoC RRH programs. *An outcome is positive for RRH if client exited to a PH destination.* To indicate how this project contributed to housing stability across the system, please note the positive

2021 Schenectady CoC –Project Rank & Review Application

housing outcome rate listed in *Attachment 2*: ____%

26-100% = 10 pts; 21-25% = 7pts; 5-20% = 5pts; 1-4% = 3pts; 0% = 0pts

Transitional Housing Programs: During FY20, there were **109** persons with positive outcomes noted across all CoC TH programs. *An outcome is positive for TH if client exited to a PH destination.* To indicate how this project contributed to housing stability across the system, please note the positive housing outcome rate listed in *Attachment 2*: ____

26-100% = 10 pts; 21-25% = 7pts; 5-20% = 5pts; 1-4% = 3pts; 0% = 0pts

16. Income Growth – System Impact

Refer to *Attachment 3* (which measures **total income growth** between the two most recent client assessments for stayers; and between entry and exit for leavers), to note the percentage this project contributed to total income growth in the CoC in FY20: ____%

13-100%=5 pts; 10-13%=4 pts; 5-9%=3 pts; 1-4%=2 pts; 0%=0

17. Income Growth – Project Performance

(Refer to APR Q19. Cash Income – Changes over Time to respond to questions below.)

17a. What percentage of **stayers** gained or increased **earned income** between start and annual assessment? Note percent in **Q19a1. Row 1) Number of Adults with Earned Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: ____%

75-100% = 1.25 pts; 50-74% = 1 pts; 25-49% = .75 pts; 15-24% = .5 pts; 1-14% = .25 pts; 0% = 0

17b. What percentage of **stayers** gained or increased **other income** between start and annual assessment? Note percent in **Q19a1. Row 3) Number of Adults with Other Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: ____%

75-100% = 1.25 pts; 50-74% = 1 pts; 25-49% = .75 pts; 15-24% = .5 pts; 1-14% = .25 pts; 0% = 0

17c. What percentage of **leavers** gained or increased **earned income** between start and annual assessment? Note percent in **Q19a2. Row 1) Number of Adults with Earned Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: ____%

75-100% = 1.25 pts; 50-74% = 1 pts; 25-49% = .75 pts; 15-24% = .5 pts; 1-14% = .25 pts; 0% = 0

17d. What percentage of **leavers** gained or increased **other income** between start and annual assessment? Note percent in **Q19a2. Row 3) Number of Adults with Other Income - Column 9)**
Performance Measure: Percent of Persons to accomplish this measure: ____%

75-100% = 1.25 pts; 50-74% = 1 pts; 25-49% = .75 pts; 15-24% = .5 pts; 1-14% = .25 pts; 0% = 0

2021 Schenectady CoC –Project Rank & Review Application

SCHENECTADY COUNTY HOMELESS SERVICES PLANNING BOARD (HSPB) RANK & REVIEW APPLICATION 2021 PART 2: WRITTEN QUESTIONS

PROJECT INFORMATION

Informational Only

1. FY20 Funding Request: \$ _____

Leasing	\$ _____
Rental Assistance	\$ _____
Supportive Services	\$ _____
Operations	\$ _____
Admin	\$ _____

2. **Housing Projects Only:** Number of Contracted Units/Beds/Vouchers _____
Support Service Only Projects: Projected persons/households served during an average PIT _____
3. Total # Participants served (as noted on the most recent APR): _____
4. What is the cost per bed (divide the number of proposed beds by the total budget): _____

PROJECT DESCRIPTION

In a separate document, provide a short project overview that clearly describes the project's unique characteristics and achievements. Please include the target population(s) served, the number of participants served, how participants access the project, and project goals and achievements. Please be as descriptive as possible by using data stated in the project application and the CY20 APR. Response must be 250 words or less.

5. **Utilization Rate:** This question should be answered **only** by projects which scored zero points on Q5 in Part 1 above. If your project did not achieve 100% utilization (i.e. number of projected/contracted households and/or persons served) during Federal Fiscal Year 2020, please explain why in 250 words or less. **(0 to 10pts)**
6. **Leveraging and Coordination of Services.** Please describe how your project coordinates services with other funded and non-funded providers in order to leverage services in 250 words or less. **(0 to 5pts)**

2021 Schenectady CoC –Project Rank & Review Application

- Up to 2.5 points if project gives specific examples of how project coordinates services with other CoC members.
- Up to 2.5 points if project gives specific examples of how project coordinates services with other non-CoC funded agencies.

7. Financial Draw Downs: Did the project spend at least 90% of total awarded funds? (Refer to Part 1 Q9 above). If the project expended less than 90% of total awarded funds, please explain why in 250 words or less. **(0 to 10 pts)**

8. DV Providers Only: The CoC acknowledges that positive outcomes for domestic violence programs may be measured differently than mainstream permanent supportive housing programs. With that being said, how does your agency contribute to the housing stability of clients within this CoC funded program? Please explain in 250 words or less. **(0 to 5 points)**

- Up to 2.5 pts awarded if the narrative clearly describes positive outcomes through the DV provider lens.
- Up to 2.5 pts awarded if the narrative clearly describes how the agency contributed to positive housing stability across the CoC.

9. Youth Providers Only: The CoC acknowledges that additional barriers occur for youth compared to adults when looking at increasing income. With that being said, how do you feel your agency contributes to increasing income for youth within this CoC program? Please explain in 250 words or less. **(0 to 5 points)**

- Up to 2.5 pts. Awarded if the narrative clearly describes positive outcomes through the Youth provider lens.
- Up to 2.5 pts. Awarded if the narrative clearly describes how the agency contributes to positive housing stability across the CoC.

10. Move on Strategy: HUD defines Move on Strategy as how programs work to help program participants, who no longer require intensive services, transition from CoC Program funded PSH beds to other housing assistance programs (including, but not limited to HCV and Public Housing) in order to free up CoC Program funded PSH beds to be used for persons experiencing homelessness. Briefly describe what you will be doing in FY19 to work with participants to create strategies and plans for moving on? **(0 to 10 points)**

11. Employment Opportunities: How do you currently work with local employment agencies, employers and or partners to advance training and employment opportunities for clients involved in your program? **(0-2pts)**

2021 Schenectady CoC –Project Rank & Review Application

Permanent Supportive Housing or Transitional Housing Only

Note: Our Youth funded SSO program is excluded from this section.

- 12. Housing Stability:** Please comment on any unique circumstances that affected the housing stability goal and affected the housing stability performance: (Refer to Part 1 Q15) Response must be 250 words or less. (0 to 5pts)
- 13.** How have you adjusted your service delivery model to help clients during the pandemic? **(0-6 pts.)**
- **2 points for continuing at least monthly contact with clients (including virtually).**
 - **2 points for ensuring clients have necessary cleaning/sanitary supplies.**
 - **2 points for exemplifying partnerships were made to meet the health care needs of persons in the program.**
- 14.** How has your agency helped clients and staff gain access to information and the COVID vaccine? **(0-4 pts.)**
- **2 points for explanation of how information was provided.**
 - **2 points for explanation of how you helped clients/staff gain access to vaccine.**
- 15.** What is your agency doing to forward racial diversity, equity and inclusion work within your agency and/or CoC-funded program? **(5 pts.)**

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

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(c) Blank New Project Application Tool

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**

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

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.

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

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.

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

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	\$	

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool your CoC used in your local competition to score new and renewal applications.

(d)Blank DV Bonus Application Tool

Schenectady 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:
 - Permanent Housing-Rapid Rehousing *(project must be housing first)
 - Joint TH and PH-RRH-Must be housing first *(project must be housing first)
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 Continuum of Care (CoC)? ☐
Yes - 20 points ☐ **No - 0 points**
 - a. If no, what is the agency's current involvement with the Schenectady County CoC?
7. Is the agency applying as a current CoC funded grantee? ☐ **Yes - 5 pts** ☐ **No - 10 pts**
 - a. 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
7. 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

Schenectady County Continuum of Care

DV Bonus Project RFP 2021

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 - 20 points)**

- 10 pts 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
- 1 pts if the project clearly states the number of units/beds requested
- 2 pts if applying for an SSO-CE project

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.

8. Will the project be able to start within 12 months? ☐ **Yes - 10 pts** ☐ **No - 0 pts**

9. 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**

10. Does your agency currently report in a DV system that is compatible to the HMIS system?

☐ **Yes – 3 pts** ☐ **No - 0 pts**

If not, how will you implement a compatible HMIS system for this project, for reporting purposes? ☐ **3 pts. if implementation is shown** ☐ **0 pts. if not**

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

Schenectady County Continuum of Care

DV Bonus Project RFP 2021

1 point if agency uses de-identified aggregate data from a comparable database.
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.

12. 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**

13. 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**

14. 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.

15. 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	\$	

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

2. A copy of one scored application form

(a) Objective Criteria and System Performance Criteria Chart with Point Values

NY-507

Objective Criteria Used to Review and Rank Projects for Funding	
Specific Criteria	Question Addressing Criteria
Utilization Rate	Renewal Application: Part 1: Q5, Part 2: Q5,
Data Quality & Completeness	Renewal Application: Part 1: Q6a-6d
Performance Data (PSH only) Dedicated Chronic Homeless/DedicatedPLUS	Renewal Application: Part 1: Q15
Funding	Renewal Application: Part 1: Q9 New Bonus Application: Q20 DV Bonus Application: Q15
Population Served	Renewal Application: Part 1: Q4 New Bonus Application: Q12
Coordinated Entry Participation	Renewal Application: Part 1: Q10 New Bonus Application: Q8 DV Bonus Application: Q9
Type of housing/Type of housing proposed	New Bonus Application: Q4 DV Bonus Application: Q4
Match	New Bonus Application: Q20 DV Bonus Application: Q15
Objective Criteria Related to Improving System Performance	
Specific Criteria	Question Addressing Criteria
Length of Time Homeless (prior to entry)	Renewal Application: Part 1: Q7
Effect on Chronic Homelessness (PSH/RRH/TH)	Renewal Application: Part 1: Q7, HMIS Attachment 1
Positive Outcomes	Renewal Application: Part 1: Q15, HMIS Attachment 2
Effect on Income Growth	Renewal Application: Part 1: Q16, HMIS Attachment 3
Coordinated Entry	Renewal Application: Part 1: Q10
Specific Method for Evaluating Projects Submitted by Victim Service Providers	
Specific Criteria	Question Addressing Criteria
Data Attachments 1-3	The Continuum allows the DV Project to self-report data since they use an HMIS-comparable database.
Victim Service Providers Only Positive Outcomes based on Safety Concerns	Renewal Application: Part 2: Q8
Specific Method for Evaluating Projects Submitted by Victim Service Providers	
Youth Service Providers Only Positive Outcomes based on Increase of Income	Renewal Application: Part 2: Q9

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

2. A copy of one scored application form

(b) Renewal Application score card (filled out)

Agency Name:	YWCA	Final Score: 170
Project Name:	Rosa's House Expansion	

		Yes	No: 5-pt penalty
	Submitted by Deadline w/Required Docs	X	
		Total Possible Points	Points Awarded

Part I: Data/System Related Questions

	4. Project Type	CARES	10	10
	5. Utilization Rate	CARES	20	16
	6. Data Quality	CARES	5	5
	7. a's&b's Effect on Chronic Homeless	Attach1	10	3
	8.Financial Drawdowns	CARES	3	3
	9. Funds Spent	CARES	20	20
	10& 10a. Coordinated Entry	CE Lead	10	6
	11. Housing First	CARES	10	10
	12a. Continuum Participation	CARES	10	10
	12b. Committee Participation	CARES	10	10
	13. Project Monitoring	CARES	10	10
	14. PIT/HIC	CARES	10	10
	15. Positive Outcomes	Attach 2	10	5
	16. Income Growth Systems	Attach 3	5	3
	17a. Stayers earned income	CARES	1.25	0.5
	17b. Stayers other income	CARES	1.25	1
	17c. Leavers earned income	CARES	1.25	0
	17d. Leavers other income	CARES	1.25	0.75
	Total		148	113.25

Part II: Written Questions

	5. Under 100% utilization	Reviewers	10	6
	6. Coordination of Services	Reviewers	5	5
	7. Financial Draw Downs	Reviewers	10	7
	8. DV Programs Only	Reviewers	5	2
	9. Youth Programs Only	Reviewers	5	N/A
	10. Move on Strategy	Reviewers	10	10
	11. Employment Opportunities	Reviewers	2	2
	12. Housing Stability	Reviewers	5	5
	13. Covid-Service Delivery Model	Reviewers	6	6
	14. Covid-Vaccinations	Reviewers	4	4
	15. Racial Diversity	Reviewers	5	5
	Total		67	52

Part III: Project Interviews

	1. Support Services	Reviewers	1	1
	2. Lived Experience	Reviewers	1	1
	3. System Performance Measurers	Reviewers	2	2
	4. Racial Representation	Reviewers	1	1
	Total		5	5

1E-2: Project Review and Ranking Process Your CoC Used in its Local Competition.

3. Final project scores for ranked new and renewal projects (Ranking and Tiering)

(a) Ranking and Tiering PDF

HSPB 2021 Ranking and Tiering

Rank	Score	Applicant Name	Program Name	Funding Amount	Grant Number
1		YWCA of Schenectady	DV Bonus 2020-21	\$199,258	NY1254D2C072001
2	181	New Choices Recovery Center	New Choices Recovery Center - S Plus C (2019)	\$733,540	NY0102L2C071811
3	171	Mohawk Opportunities, Inc.	Mohawk Opportunities- PSH (2019)	\$164,067	NY0575L2C071810
4	170	YWCA of Schenectady	YWCA of Schenectady-Rosa's House Expansion (2019)	\$360,847	NY0664L2C071807
5	169.5	Schenectady Community Action Program, Inc.	SCAP - CoC RRH (2019)	\$371,484	NY1035L2C071803
6	169	Schenectady Community Action Program, Inc.	SCAP - Sojourn House (2019)	\$169,065	NY0110L2C071811
7	166	City of Schenectady	YMCA Schenectady - S Plus C DUP09A 10 unit (2019)	\$76,981	NY0107L2C071811
8	165	Schenectady Municipal Housing Authority	SMHA Shelter Plus Care (2019)	\$613,145	NY0109L2C071811
9	164	Schenectady Community Action Program, Inc.	SCAP - PSH 27 (2019)	\$606,321	NY0104L2C071811
10	163	Bethesda House of Schenectady, Inc.	Liberty Consolidated 2019	\$299,443	NY0097L2C071811
11	162	Mohawk Opportunities, Inc.	Mohawk Opportunities- CoC 14 Unit (2019)	\$151,005	NY0111L2C071811
12	161	Bethesda House of Schenectady, Inc.	The Lighthouse 2019	\$205,949	NY0113L2C071811
13	157	Bethesda House of Schenectady, Inc.	Pathways to the Future 2019	\$150,718	NY0801L2C071808
14	154	City of Schenectady	YMCA Schenectady - S Plus C DUP09B 20 unit (2019)	\$153,962	NY0108L2C071811
15	151	Bethesda House of Schenectady, Inc.	Beacon Residential Program 2019	\$107,759	NY1131L2C071802
16	102	Safe Inc., of Schenectady	Safe Inc. of Sch'dy - Project Safe/LifeSkills Program (2019)	\$49,202	NY0105L2C071811
17		Bethesda House of Schenectady, Inc.	Coordinated Entry Schenectady Co 2019	\$53,419	NY1034L2C071803
18		Corporation for AIDS Research, Education and Services, Inc.	Schenectady County Portion of the Capital Region HMIS (2019)	\$30,571	NY0106L2C071811
B1	96	Bethesda House of Schenectady, Inc.	Cara House	\$200,000	
B2	95	Schenectady Community Action Program, Inc.	PSH Expansion	\$24,837	
DV1	93	YWCA of Schenectady	YWCA DV Bonus Expansion	\$338,390	

Annual Renewal Demand	\$4,496,736
Tier 1	\$4,496,736
Tier 2	\$563,227
Planning	\$134,902
Bonus	\$224,837
DV	\$338,390

Expansions	Applicant Name	Renewal Project	Expansion Project
	Schenectady Community Action Program, Inc.	SCAP - PSH 27 (2019)	PSH Expansion
	YWCA of Schenectady	YWCA DV Bonus 2020-2021	YWCA DV Bonus Expansion

Consolidations	Surviving Pin	Applicant Name	Renewal Project 1	Renewal Project 2	Consolidated Project Name	Consolidated Funding Request

1E-5: Projects Rejected/Reduced – Public Posting.

This attachment details the 15 Day Notification of Projects Rejected and an example reduction letter for NY-507.

It contains the following:

1. October 20, 2021 Letters of Projects Rejected:
 - a. **The Salvation Army**
 - i. Rapid Rehousing Bonus - *New Project Application*
2. Example Reduction Letter
 - a. *Note: no projects were reduced through the FY2021 CoC Local Rank & Review Competition*

1E-5: Projects Rejected/Reduced – Public Posting.

1. October 20, 2021 Letters of Projects Rejected:

a. The Salvation Army

i. Rapid Rehousing Bonus - *New Project Application*

October 20, 2021

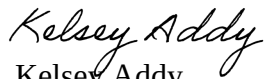
Linda Wright
The Salvation Army
200 Twin Oaks Drive
Syracuse, NY 13206

Dear Ms. Wright,

On behalf of the Schenectady County Homeless Services Planning Board (HSPB), we would like to thank you for your application for Rapid Rehousing bonus funding through the FY21 Continuum of Care Competition. Unfortunately, through the rank and review process for new projects, your application was not chosen to apply. Although the project was eligible, your project was ranked outside of the eligible funding amount after the combined total of accepted application. Specifically, through the Rank and Review Tool developed by HSPB, the CoC prioritized projects that will accept clients from the community-wide Coordinated Entry waitlist.

The CoC encourages you to apply if funding becomes available in future CoC Competitions.

Thank you,



Kelsey Addy
Planning Unit Director, CARES of NY, Inc.
Schenectady County Homeless Services Planning Board
Collaborative Applicant

1E-5: Projects Rejected and Reduced – Public Posting.

2. Example Reduction Letter

- i. *Note: no projects were reduced through the FY2021 CoC Local Rank & Review Competition*



October 22, 2021

Nancy Harrington
CARES of NY, Inc.
200 Henry Johnson Blvd, Suite 4
Albany, NY 12210

RE: CARES – Rapid Rehousing 1 - Renewal Project Application

Dear Nancy:

On behalf of the Homeless Services Planning Board (HSPB), we would like to thank you for your application for the renewal of CARES Rapid Rehousing 1 under the FY21 Continuum of Care Competition. Unfortunately, through the rank and review process, your application was chosen to be reduced in the amount of XXX. Although the full project amount was eligible, it is the recommendation of the NOFO Committee to reduce funds in order to more effectively meet the unique needs of the most vulnerable in Schenectady County.

As noted in our Rank and Review Policy you do have the right to request a debriefing of your project.

Thank you,
Kelsey Addy
Planning Unit Director, CARES of NY, Inc.
Schenectady County Homeless Services Planning Board
Collaborative Applicant

1E-5a: Projects Accepted – Public Posting.

This attachment details the 15 Day Notification of Projects Accepted and Tiered for NY-507. It contains the following:

1. October 15, 2021 Email notification of Projects Accepted:

a. Bethesda House

- i. Liberty Consolidated - *Renewal Project Application*
- ii. The Lighthouse – *Renewal Project Application*
- iii. Pathways to the Future – *Renewal Project Application*
- iv. Beacon Residential Program – *Renewal Project Application*
- v. Coordinated Entry – *Renewal Project Application*
- vi. Cara House – *New Project Application*

b. CARES of NY, Inc.

- i. CARES HMIS – *Renewal Project Application*

c. Mohawk Opportunities

- i. PSH – *Renewal Project Application*
- ii. CoC 14 unit - *Renewal Project Application*

d. Safe Inc.

- i. Project Safe/Lifeskills Program - *Renewal Project Application*

e. New Choices Recovery Center

- i. Shelter Plus Care - *Renewal Project Application*

f. Schenectady Community Action Program, Inc.

- i. CoC RRH – *Renewal Project Application*
- ii. Sojourn House – *Renewal Project Application*
- iii. PSH 27 – *Renewal Project Application*
- iv. PSH Expansion – *New Project Application*

g. Schenectady Municipal Housing Authority

- i. Shelter Plus Care – *Renewal Project Application*

h. YMCA

- i. S+C DUPogA 10 Unit – *Renewal Project Application*
- ii. S+C DUPogB 20 Unit – *Renewal Project Application*

i. YWCA

- i. DV Bonus 2020-21 – *Renewal Project Application*
- ii. Rosa's House – *Renewal Project Application*
- iii. DV Bonus Expansion – *New Project Application*

2. October 22, 2021 Email Notification of Ranking & Tiering for NY-507 Accepted Projects publicly posted on website

3. October 22, 2021 Website screenshot showing posted Ranking & Tiering for NY-507 Accepted Projects

1E-5a: Projects Accepted – Public Posting.

1. October 15, 2021 Email notification of Projects Accepted:

a. Bethesda House

- i. Liberty Consolidated - *Renewal Project Application*
- ii. The Lighthouse – *Renewal Project Application*
- iii. Pathways to the Future – *Renewal Project Application*
- iv. Beacon Residential Program – *Renewal Project Application*
- v. Coordinated Entry – *Renewal Project Application*
- vi. Cara House – *New Project Application*

From: [Samantha Barnaby](#)
To: [Kimarie Sheppard](#)
Subject: Notification: Projects Accepted
Date: Friday, October 15, 2021 12:30:00 PM
Attachments: [image001.png](#)

Good Afternoon

As the Collaborative Applicant for the NY-507 CoC, CARES would like to congratulate Bethesda House on having your projects accepted within the 2021 NY-507 CoC NOFO Application. Below is a detailed list of your agency's accepted projects, funding requests, and their ranked position:

- Liberty Consolidated, \$299,433, Ranked #10
- The Lighthouse, \$205,949, Ranked #12
- Pathways to the Future, \$150,718, Ranked #13
- Beacon Residential Program, \$107,759, Ranked #15
- Coordinated Entry, \$53,419, Ranked #17
- New: Cara House, \$200,000, Ranked #19

Again, congratulation. Please feel free to contact me should you have any questions.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>

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1E-5a: Projects Accepted – Public Posting.

1. October 15, 2021 Email notification of Projects Accepted:
 - b. CARES of NY, Inc.**
 - i. CARES HMIS – *Renewal Project Application*

From: [Samantha Barnaby](#)
To: [Allyson Thiessen](#)
Subject: Notification: Projects Accepted
Date: Friday, October 15, 2021 12:42:00 PM
Attachments: [image001.png](#)

Good Afternoon

As the Collaborative Applicant for the NY-507 CoC, CARES would like to congratulate you on having your project accepted within the 2021 NY-507 CoC NOFO Application. Below is a detailed list of your agency's accepted project, funding request, and ranked position:

- CARES HMIS, \$30,571, Ranked #18

Again, congrats. Please feel free to contact me should you have any questions.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>

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1E-5a: Projects Accepted – Public Posting.

1. October 15, 2021 Email notification of Projects Accepted:

c. Mohawk Opportunities

- i. PSH – *Renewal Project Application*
- ii. CoC 14 unit - *Renewal Project Application*

From: [Samantha Barnaby](#)
To: [Bryan Gentile](#); [Chelsea Costanzo](#)
Subject: Notification: Projects Accepted
Date: Friday, October 15, 2021 11:51:00 AM
Attachments: [image001.png](#)

Good Morning

As the Collaborative Applicant for the NY-507 CoC, CARES would like to congratulate Mohawk Opportunities on having your projects accepted within the 2021 NY-507 CoC NOFO Application. Below is a detailed list of your agency's accepted projects, funding requests, and their ranked position:

- PSH, \$164,067, Ranked #3
- CoC 14 Unit, \$151,005, Ranked #11

Again, congratulation. Please feel free to contact me should you have any questions.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>

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1E-5a: Projects Accepted – Public Posting.

1. October 15, 2021 Email notification of Projects Accepted:

- d. Safe Inc.**

- i. Project Safe/Lifeskills Program - *Renewal Project Application*

From: [Samantha Barnaby](#)
To: [Shannon Keon](#)
Subject: Notification: Projects Accepted
Date: Friday, October 15, 2021 12:39:00 PM
Attachments: [image001.png](#)

Good Afternoon

As the Collaborative Applicant for the NY-507 CoC, CARES would like to congratulate Safe Inc. on having your project accepted within the 2021 NY-507 CoC NOFO Application. Below is a detailed list of your agency's accepted project, funding request, and ranked position:

- Project Safe/Lifeskills Program, \$49,202, Ranked #16

Again, congratulation. Please feel free to contact me should you have any questions.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>

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1E-5a: Projects Accepted – Public Posting.

1. October 15, 2021 Email notification of Projects Accepted:

- e. New Choices Recovery Center**

- i. Shelter Plus Care - *Renewal Project Application*

From: [Samantha Barnaby](#)
To: [Tricia Lee](#); [Teasha Asheber](#)
Subject: Notification: Projects Accepted
Date: Friday, October 15, 2021 11:40:00 AM
Attachments: [image001.png](#)

Good Morning

As the Collaborative Applicant for the NY-507 CoC, CARES would like to congratulate New Choices Recovery Center on having your project accepted within the 2021 NY-507 CoC NOFO Application. Below is a detailed list of your agency's accepted project, funding request, and ranked position:

- Shelter Plus Care, \$733,540, Ranked #2

Again, congratulation. Please feel free to contact me should you have any questions.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>

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1E-5a: Projects Accepted – Public Posting.

1. October 15, 2021 Email notification of Projects Accepted:

- f. Schenectady Community Action Program, Inc.**

- i. CoC RRH – *Renewal Project Application*
 - ii. Sojourn House – *Renewal Project Application*
 - iii. PSH 27 – *Renewal Project Application*
 - iv. PSH Expansion – *New Project Application*

From: [Samantha Barnaby](#)
To: [Elise Martin](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#)
Subject: Notification: Projects Accepted
Date: Friday, October 15, 2021 12:01:00 PM
Attachments: [image001.png](#)

Good Morning

As the Collaborative Applicant for the NY-507 CoC, CARES would like to congratulate Scheectady Community Action Program, Inc. on having your projects accepted within the 2021 NY-507 CoC NOFO Application. Below is a detailed list of your agency's accepted projects, funding requests, and their ranked position:

- CoC RRH, \$371,484, Ranked #5
- Sojour House \$169,065, Ranked #6
- PSH 27, \$606,321, Ranked #9
- New: PSH Expansion, \$24,837, Ranked #20

Again, congratulation. Please feel free to contact me should you have any questions.

Thank you!

Samantha Barnaby

Sr. Planning Associate – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, NY 12210

518-489-4130 ext. 709

<http://www.caresny.org>

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1E-5a: Projects Accepted – Public Posting.

1. October 15, 2021 Email notification of Projects Accepted:

- g. Schenectady Municipal Housing Authority**

- i. Shelter Plus Care – *Renewal Project Application*

From: [Samantha Barnaby](#)
To: [Richard Homenick](#)
Subject: Notification: Projects Accepted
Date: Friday, October 15, 2021 12:11:00 PM
Attachments: [image001.png](#)

Good Afternoon

As the Collaborative Applicant for the NY-507 CoC, CARES would like to congratulate Schenectady Municipal Housing Authority on having your project accepted within the 2021 NY-507 CoC NOFO Application. Below is a detailed list of your agency's accepted project, funding request, and ranked position:

- Shelter Plus Care, \$613,145, Ranked #8

Again, congratulation. Please feel free to contact me should you have any questions.

Thank you!

Samantha Barnaby
Sr. Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 709
<http://www.caresny.org>

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COVID-19 Guidance for
Homeless Service Providers



1E-5a: Projects Accepted – Public Posting.

1. October 15, 2021 Email notification of Projects Accepted:

- h. YMCA**

- i. S+C DUP09A 10 Unit – *Renewal Project Application*
 - ii. S+C DUP09B 20 Unit – *Renewal Project Application*

From: [Samantha Barnaby](#)
To: [Ed Kowalczyk](#)
Subject: Notification: Projects Accepted
Date: Friday, October 15, 2021 12:06:00 PM
Attachments: [image001.png](#)

Good Afternoon

As the Collaborative Applicant for the NY-507 CoC, CARES would like to congratulate YMCA on having your projects accepted within the 2021 NY-507 CoC NOFO Application. Below is a detailed list of your agency's accepted projects, funding requests, and their ranked position:

- S+C DUP09A 10 Unit, \$76,981, Ranked #7
- S+C DUP09B 20 Unit, \$153,962, Ranked #14

Again, congratulation. Please feel free to contact me should you have any questions.

Thank you!

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1E-5a: Projects Accepted – Public Posting.

1. October 15, 2021 Email notification of Projects Accepted:
 - i. **YWCA**
 - i. DV Bonus 2020-21 – *Renewal Project Application*
 - ii. Rosa’s House – *Renewal Project Application*
 - iii. DV Bonus Expansion – *New Project Application*

From: [Samantha Barnaby](#)
To: [Kim Siciliano](#)
Subject: Notification: Projects Accepted
Date: Friday, October 15, 2021 11:24:00 AM
Attachments: [image001.png](#)

Good Morning

As the Collaborative Applicant for the NY-507 CoC, CARES would like to congratulate YWCA on having your projects accepted within the 2021 NY-507 CoC NOFO Application. Below is a detailed list of your agency's accepted projects, funding requests, and their ranked position:

- DV Bonus 2020-21, \$199,258, Ranked #1
- Rosa's House, \$360,847, Ranked #4
- New: DV Bonus Expansion, \$338,390, Ranked #21

Again, congratulation. Please feel free to contact me should you have any questions.

Thank you!

Samantha Barnaby

Sr. Planning Associate – CARES of NY, Inc.

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COVID-19 Guidance for
Homeless Service Providers



1E-5a: Projects Accepted – Public Posting.

2. October 22, 2021 Email Notification of Ranking & Tiering for NY-507 Accepted Projects publicly posted on website

From: [CARES Planning Team](#)
To: [Brady Scott](#); [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#); [Debra Sivack](#); [Digna Betancourt Swingle](#); [Ed Kowalczyk](#); [Elise Martin](#); [Geoffrey Raiti](#); [Ginni Egan](#) ([info@youngparentsunited.org](#)); [Holley.Sharer@USE.SalvationArmy.Org](#); [Jennica Huff](#); [Jo-Anne Rafalik](#); [Joe Gallagher](#) ([jgallagh@nycap.rr.com](#)); [Kelsey Addy](#); [Kim Siciliano](#); [ksheppard@bethesdahouseschenectady.org](#); [Kristen Diotte](#); [Lauren Jarrard](#); [Louise O"Leary \(LOLeary@bethesdahouseschenectady.org\)](#); [Margaret Coker](#); [Mary Breslin](#); [Michael Johnson](#); [Michelle Ostrelch](#); [Mike Davidson](#); [Nettie Crossman \(ncrossma1908@yahoo.com\)](#); [Richard Homenick](#); [Robert Romaker](#); [Samantha Barnaby](#); [safeinc@nycap.rr.com](#); [Sylvia Jimison](#); [tle@newchoicesrecovery.org](#); [Wendy Wahlberg](#); [William Robson](#)
Cc: [Amy Lacey](#); [Erin Reale](#); [Genesis Matthey](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#); [Samantha Barnaby](#); [Nancy Harrington](#); [Michelle Sandoz-Dennis](#); [Kirstin Jones](#); [Allyson Thiessen](#); [Denise Brodt](#)
Subject: HSPB Public Posting of FY21 CoC Application (Draft #5)
Date: Friday, October 22, 2021 5:45:08 PM
Attachments: [image001.png](#)
[image002.png](#)

Good Afternoon Rensselaer Co. CoC,

All parts of the 2021 Consolidated Application and Attachments have been posted to the [CARES Website](#) for public comment.

Specifically, you will find:

- Draft #5: Consolidated Application Narratives & Attachments
- Final Draft: Priority Listing (including project rankings), Project Ranking & Tiering, Project Descriptions, and Planning Grant

CARES will be posting an updated application every Friday until submission to reflect our progress and allow for community input. Please send public comments to [Genesis Matthey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

Director of Planning – CARES of NY, Inc.

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518-489-4130 x704

[www.caresny.org](#)

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1E-5a: Projects Accepted – Public Posting.

3. October 22, 2021 Website screenshot showing posted Ranking & Tiering for NY-507 Accepted Projects

Public Posting

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Schenectady County Homeless Services Planning Board (HSPB) CoC Project Applications

[HSPB Home Page](#)

2021 Funding Snapshot

NY-507 Schenectady						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$4,496,736	\$4,496,736	\$563,227	\$224,837	\$338,390	\$134,902	-
	(100% of the amounts for all renewal projects)	(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus				

2021 CoC Consolidated Application

Public Posting Date: 10.22.2021

DRAFT:  [NY 507 CoC Consolidated Application - Narrative](#)

DRAFT:  [NY 507 CoC Consolidated Application - Attachments](#)

2021 CoC Priority Listing

Public Posting Date: 10.22.2021

FINAL:  [NY 507 CoC Priority Listing](#)

FINAL:  [NY 507 CoC Project Descriptions](#)

FINAL:  [NY 507 Project Ranking & Tiering](#)

2021 CoC Planning Project

Public Posting Date: 10.22.2021

FINAL:  [NY 507 CoC Planning Project](#)

1E-6: Web Posting CoC-Approved Consolidated Application for CoC.

This attachment details the correspondence to NY-507's Membership and website postings for the CoC's draft and Approved Consolidated Application, Priority Listing, and Projects accepted, ranked, and rejected. It contains the following:

1. Public Posting of the Final Version of the CoC Consolidated Application
 - a. Screenshots of Draft & Final Public Posting
 - i. November 5, 2021 Final Draft Public Posting
 - ii. 9/24/21; 10/1/21; 10/8/21; 10/15/21; 10/22/21; 10/29/21;
 - b. Emails informing CoC of Draft & Final Public Posting
 - i. November 5, 2021 Final Draft Public Posting
 - ii. 9/24/21; 10/1/21; 10/8/21; 10/15/21; 10/22/21; 10/29/21

1E-6: Web Posting CoC-Approved Consolidated Application for CoC

1. Public Posting of the Final Version of the CoC Consolidated Application
 - a. Screenshots of Public Postings
 - i. November 5, 2021 Final Public Posting

HSPB Home Page

NY-507 Schenectady

(100% of the amounts for all renewal projects)

Final Public Posting Date: 11.05.2021

DRAFT:  NY 507 CoC Consolidated Application – Narrative
DRAFT:  NY 507 CoC Consolidated Application – Attachments

Final Public Posting Date: 11.05.2021

FINAL:  NY 507 CoC Priority Listing
FINAL:  NY 507 CoC Project Descriptions
FINAL:  NY 507 Project Ranking & Tiering

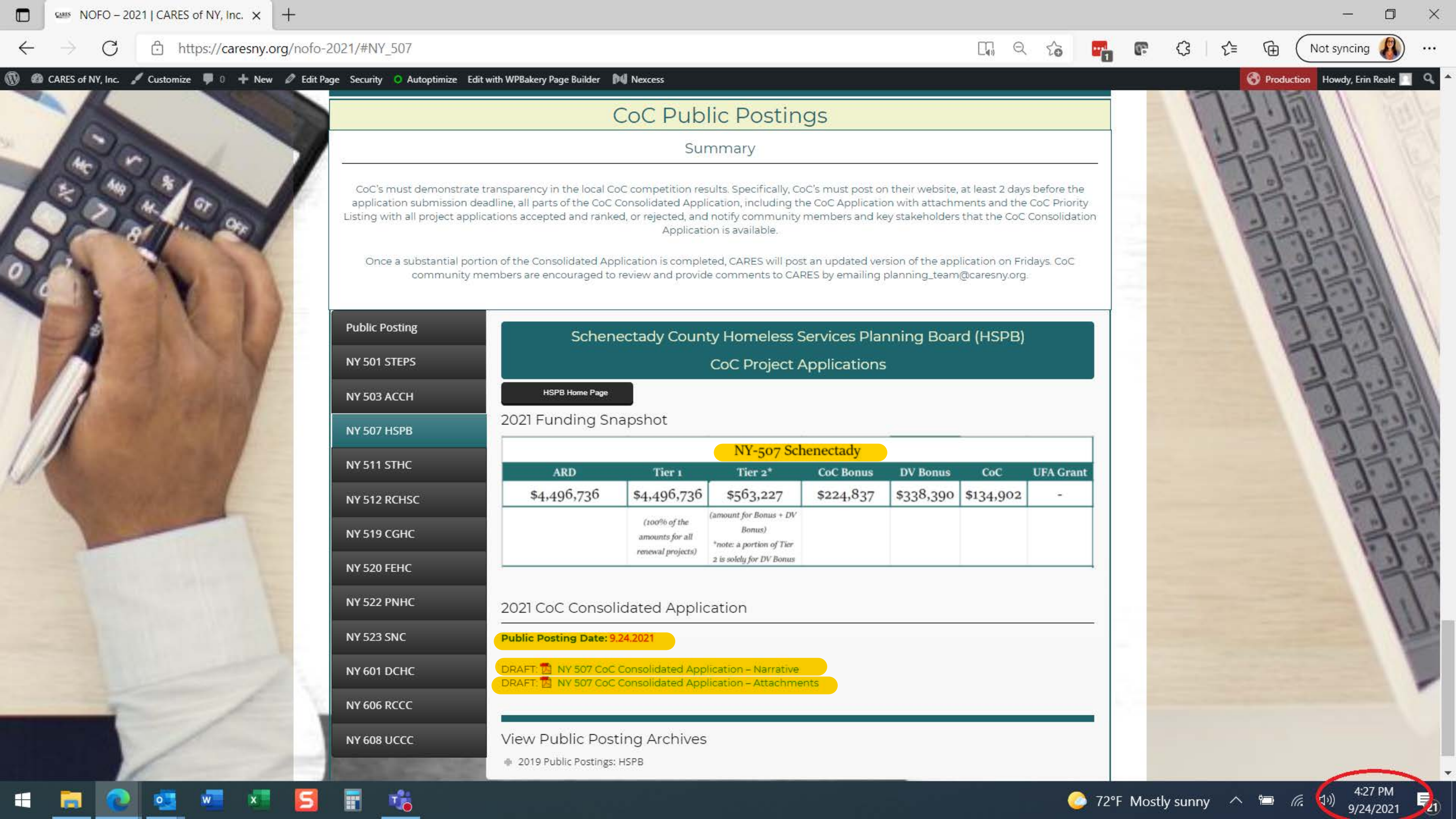
Final Public Posting Date: 11.05.2021

FINAL: NY 507 CoC Planning Project

2019 Public Postings: HSPB

1E-6: Web Posting CoC-Approved Consolidated Application for COC.

1. Public Posting of the Final Version of the CoC Consolidated Application
 - a. Screenshots of Draft & Final Public Posting
 - i. 9/24/21; 10/1/21; 10/8/21; 10/15/21; 10/22/21; 10/29/21



CoC Public Postings

Summary

CoC's must demonstrate transparency in the local CoC competition results. Specifically, CoC's must post on their website, at least 2 days before the application submission deadline, all parts of the CoC Consolidated Application, including the CoC Application with attachments and the CoC Priority Listing with all project applications accepted and ranked, or rejected, and notify community members and key stakeholders that the CoC Consolidation Application is available.

Once a substantial portion of the Consolidated Application is completed, CARES will post an updated version of the application on Fridays. CoC community members are encouraged to review and provide comments to CARES by emailing planning_team@caresny.org.

Public Posting

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Schenectady County Homeless Services Planning Board (HSPB)

CoC Project Applications

HSPB Home Page

2021 Funding Snapshot

NY-507 Schenectady						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$4,496,736	\$4,496,736	\$563,227	\$224,837	\$338,390	\$134,902	-
	(100% of the amounts for all renewal projects)	(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus				

2021 CoC Consolidated Application

Public Posting Date: 9.24.2021

DRAFT: NY 507 CoC Consolidated Application – Narrative

DRAFT: NY 507 CoC Consolidated Application – Attachments

View Public Posting Archives

📌 2019 Public Postings: HSPB

Public Posting

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Schenectady County Homeless Services Planning Board (HSPB)

CoC Project Applications

[HSPB Home Page](#)

2021 Funding Snapshot

NY-507 Schenectady						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$4,496,736	\$4,496,736	\$563,227	\$224,837	\$338,390	\$134,902	-
	(100% of the amounts for all renewal projects)	(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus				

2021 CoC Consolidated Application

Public Posting Date: 10.1.2021

DRAFT: [NY 507 CoC Consolidated Application – Narrative](#)

DRAFT: [NY 507 CoC Consolidated Application – Attachments](#)

View Public Posting Archives

2019 Public Postings: HSPB

CoC's must demonstrate transparency in the local CoC competition results. Specifically, CoC's must post on their website, at least 2 days before the application submission deadline, all parts of the CoC Consolidated Application, including the CoC Application with attachments and the CoC Priority Listing with all project applications accepted and ranked, or rejected, and notify community members and key stakeholders that the CoC Consolidation Application is available.

Once a substantial portion of the Consolidated Application is completed, CARES will post an updated version of the application on Fridays. CoC community members are encouraged to review and provide comments to CARES by emailing planning_team@caresny.org.

Public Posting

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Schenectady County Homeless Services Planning Board (HSPB)

CoC Project Applications

[HSPB Home Page](#)

2021 Funding Snapshot

NY-507 Schenectady						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$4,496,736	\$4,496,736	\$563,227	\$224,837	\$338,390	\$134,902	-
	(100% of the amounts for all renewal projects)	(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus				

2021 CoC Consolidated Application

Public Posting Date: 10.8.2021

DRAFT:  NY 507 CoC Consolidated Application – Narrative

DRAFT:  NY 507 CoC Consolidated Application – Attachments

View Public Posting Archives

+ 2019 Public Postings: HSPB

Public Posting

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Schenectady County Homeless Services Planning Board (HSPB)

CoC Project Applications

[HSPB Home Page](#)

2021 Funding Snapshot

NY-507 Schenectady						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$4,496,736	\$4,496,736	\$563,227	\$224,837	\$338,390	\$134,902	-
	(100% of the amounts for all renewal projects)	(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus				

2021 CoC Consolidated Application

Public Posting Date: 10.15.2021

DRAFT:  NY 507 CoC Consolidated Application – Narrative

DRAFT:  NY 507 CoC Consolidated Application – Attachments

2021 CoC Priority Listing

Public Posting Date: 10.15.2021

DRAFT:  NY 507 CoC Priority Listing

Public Posting

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Schenectady County Homeless Services Planning Board (HSPB)

CoC Project Applications

[HSPB Home Page](#)

2021 Funding Snapshot

NY-507 Schenectady						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$4,496,736	\$4,496,736	\$563,227	\$224,837	\$338,390	\$134,902	-
	(100% of the amounts for all renewal projects)	(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus				

2021 CoC Consolidated Application

Public Posting Date: 10.22.2021

DRAFT:  NY 507 CoC Consolidated Application – Narrative

DRAFT:  NY 507 CoC Consolidated Application – Attachments

2021 CoC Priority Listing

Public Posting Date: 10.22.2021

FINAL:  NY 507 CoC Priority Listing

FINAL:  NY 507 CoC Project Descriptions

FINAL:  NY 507 Project Ranking & Tiering

2021 CoC Planning Project

Public Posting Date: 10.22.2021

FINAL:  NY 507 CoC Planning Project

Once a substantial portion of the Consolidated Application is completed, CARES will post an updated version of the application on Fridays. CoC community members are encouraged to review and provide comments to CARES by emailing planning_team@caresny.org.

Public Posting

NY 501 STEPS

NY 503 ACCH

NY 507 HSPB

NY 511 STHC

NY 512 RCHSC

NY 519 CGHC

NY 520 FEHC

NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Schenectady County Homeless Services Planning Board (HSPB) CoC Project Applications

[HSPB Home Page](#)

2021 Funding Snapshot

NY-507 Schenectady						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$4,496,736	\$4,496,736	\$563,227	\$224,837	\$338,390	\$134,902	-
	<i>(100% of the amounts for all renewal projects)</i>	<i>(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus</i>				

2021 CoC Consolidated Application

Public Posting Date: 10.29.2021

DRAFT:  NY 507 CoC Consolidated Application – Narrative

DRAFT:  NY 507 CoC Consolidated Application – Attachments

2021 CoC Priority Listing

Public Posting Date: 10.29.2021

FINAL:  NY 507 CoC Priority Listing

FINAL:  NY 507 CoC Project Descriptions

FINAL:  NY 507 Project Ranking & Tiering

2021 CoC Planning Project

Public Posting Date: 10.29.2021

FINAL:  NY 507 CoC Planning Project

View Public Posting Archives

🔍 2019 Public Postings: HSPB

1E-6: Web Posting CoC-Approved Consolidated Application for CoC

1. Public Posting of the Final Version of the CoC Consolidated Application
 - b. Emails informing CoC of Public Postings
 - i. November 5, 2021 Final Draft Public Posting

From: [CARES Planning Team](#)
To: [Brady Scott](#); [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#); [Debra Sivack](#); [Digna Betancourt Swingle](#); [Ed Kowalczyk](#); [Elise Martin](#); [Geoff Raiti](#); [Ginni Egan](#) ([info@youngparentsunited.org](#)); [Holley.Sharer@USE.SalvationArmy.Org](#); [Jennica Huff](#); [Jo-Anne Rafalik](#); [Joe Gallagher](#) ([jgallagh@nycap.rr.com](#)); [Kim Siciliano](#); [Kimarie Sheppard](#); [Kristen Diotte](#); [Lauren Jarrard](#); [Louise O'Leary](#) ([LOLeary@bethesda-houseschenectady.org](#)); [Margaret Coker](#); [Mary Breslin](#); [Michael Johnson](#); [Michelle Ostrelch](#); [Mike Davidson](#); [Nettie Crossman](#) ([ncrossma1908@yahoo.com](#)); [Richard Homenick](#); [Robert Romaker](#); [Shannon Keon - SAFE Inc.](#) ([safeinc@nycap.rr.com](#)); [Sylvia Jimison](#); [Tricia Lee](#); [Wendy Wahlberg](#); [William Robson](#)
Cc: [Amy Lacey](#); [Erin Reale](#); [Genesis Matthey](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Samantha Barnaby](#); [Michelle Sandoz-Dennis](#); [Nancy Harrington](#); [Allyson Thiessen](#); [Denise Brodt](#); [Kirstin Jones](#)
Subject: Final Posting of HSPB FY2021 CoC Consolidated Application
Date: Friday, November 5, 2021 2:09:00 PM
Attachments: [image001.png](#)

Dear Homeless Services Planning Board,

As the end of the 2021 Continuum of Care competition season approaches, we have some important announcements:

- The final version of the HSPB 2021 Consolidated Application with Attachments and Priority Listing are now available on [CARES webpage](#).
- Comments may be submitted to Genesis Matthey ([gmatthey@caresny.org](#)) by COB Tuesday, November 9th.
- Our submission goal is Friday, November 12th (well before HUD's November 16th deadline).

I want to thank all the funded agencies and systems partners who have worked collaboratively with CARES staff to complete the application.

We look forward to our continued partnership and coordination.

As always, please feel free to contact me directly if you have any comments or questions.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

Director of Planning – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, 12210

518-489-4130 x704

[www.caresny.org](#)

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1E-6: Web Posting CoC-Approved Consolidated Application for COC.

1. Public Posting of the Final Version of the CoC Consolidated Application
 - b. Emails informing CoC of Draft & Final Public Posting
 - i. 9/24/21; 10/1/21; 10/8/21; 10/15/21; 10/22/21; 10/29/21

From: [CARES Planning Team](#)
To: [Brady Scott](#); [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#); [Debra Sivack](#); [Digna Betancourt Swingle](#); [Ed Kowalczyk](#); [Elise Martin](#); [Geoff Raiti](#); [Ginni Egan](#) (info@youngparentsunited.org); Holley.Sharer@USE.SalvationArmy.Org; [Jennica Huff](#); [Jo-Anne Rafalik](#); [Joe Gallagher](#) (jgallagh@nycap.rr.com); [Kelsey Addy](#); [Kim Siciliano](#); [Kimarie Sheppard](#); [Kristen Diotte](#); [Lauren Jarrard](#); [Louise O'Leary](#) (LOLeary@bethesdahouseschenectady.org); [Margaret Coker](#); [Mary Breslin](#); [Michael Johnson](#); [Michelle Ostrelch](#); [Mike Davidson](#); [Nettie Crossman](#) (ncrossma1908@yahoo.com); [Richard Homenick](#); [Robert Romaker](#); [Samantha Barnaby](#); [Shannon Keon - SAFE Inc. \(safeinc@nycap.rr.com\)](#); [Sylvia Jimison](#); [Tricia Lee](#); [Wendy Wahlberg](#); [William Robson](#)
Cc: [Nancy Harrington](#); [Michelle Sandoz-Dennis](#); [Allyson Thiessen](#); [Kirstin Jones](#); [Denise Brodt](#); [Amy Lacey](#); [Erin Reale](#); [Genesis Matthey](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#)
Subject: HSPB Public Posting of FY21 Draft Consolidated Application
Date: Friday, September 24, 2021 4:50:00 PM
Attachments: [image002.png](#)

Good Afternoon Schenectady Co. CoC,

Draft version 1 of the 2021 Consolidated Application and Attachments have been posted to the [CARES Website](#) for public comment.

CARES will be posting an updated application every Friday until submission to reflect our progress and allow for community input. Please pay particular attention to question 1C-16, and let us know if you have lived experience that can be reflected in the application. Please send public comments to [Genesis Matthey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

Director of Planning – CARES of NY, Inc.

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www.caresny.org

Find us on [Facebook](#)



From: [CARES Planning Team](#)
To: [Brady Scott](#); [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#); [Debra Sivack](#); [Digna Betancourt Swingle](#); [Ed Kowalczyk](#); [Elise Martin](#); [Geoffrey Raiti](#); [Ginni Egan \(info@youngparentsunited.org\)](#); [Holley.Sharer@USE.SalvationArmy.Org](#); [Jo-Anne Rafalik](#); [Joe Gallagher \(jgallagh@nycap.rr.com\)](#); [Kelsey Addy](#); [Kim Siciliano](#); [ksheppard@bethesdahouseschenectady.org](#); [Kristen Diotte](#); [Lauren Jarrard](#); [Louise O'Leary \(LOLeary@bethesdahouseschenectady.org\)](#); [Margaret Coker](#); [Mary Breslin](#); [Michael Johnson](#); [Michelle Ostreich](#); [Mike Davidson](#); [Nettie Crossman \(ncrossma1908@yahoo.com\)](#); [Richard Homenick](#); [Robert Romaker](#); [Samantha Barnaby](#); [safeinc@nycap.rr.com](#); [Sylvia Jimison](#); [tle@newchoicesrecovery.org](#); [Wendy Wahlberg](#); [William Robson](#)
Cc: [Amy Lacey](#); [Erin Reale](#); [Genesis Matvey](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#)
Subject: HSPB Public Posting of FY21 Draft #2 Consolidated Application
Date: Friday, October 1, 2021 3:06:46 PM
Attachments: [image002.png](#)

Good Afternoon Schenectady Co. CoC,

Draft version 2 of the 2021 Consolidated Application and Attachments have been posted to the [CARES Website](#) for public comment.

CARES will be posting an updated application every Friday until submission to reflect our progress and allow for community input. Please pay particular attention to question 1C-16, and let us know if you have lived experience that can be reflected in the application. Please send public comments to [Genesis Matvey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

Director of Planning – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, 12210

518-489-4130 x704

www.caresny.org

Find us on [Facebook](#)



From: [CARES Planning Team](#)
To: [Brady Scott](#); [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#); [Debra Sivack](#); [Digna Betancourt Swingle](#); [Ed Kowalczyk](#); [Elise Martin](#); [Geoffrey Raiti](#); [Ginni Egan \(info@youngparentsunited.org\)](#); [Holley.Sharer@USE.SalvationArmy.Org](#); [Jo-Anne Rafalik](#); [Joe Gallagher \(jgallagh@nycap.rr.com\)](#); [Kelsey Addy](#); [Kim Siciliano](#); [ksheppard@bethesdahouseschenectady.org](#); [Kristen Diotte](#); [Lauren Jarrard](#); [Louise O'Leary \(LOLeary@bethesdahouseschenectady.org\)](#); [Margaret Coker](#); [Mary Breslin](#); [Michael Johnson](#); [Michelle Ostreich](#); [Mike Davidson](#); [Nettie Crossman \(ncrossma1908@yahoo.com\)](#); [Richard Homenick](#); [Robert Romaker](#); [Samantha Barnaby](#); [safeinc@nycap.rr.com](#); [Sylvia Jimison](#); [tle@newchoicesrecovery.org](#); [Wendy Wahlberg](#); [William Robson](#)
Cc: [Amy Lacey](#); [Erin Reale](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#)
Subject: HSPB Public Posting of FY21 Draft #3 Consolidated Application
Date: Friday, October 8, 2021 1:44:00 PM
Attachments: [image001.png](#)

Good Afternoon Schenectady Co. CoC,

Draft version 3 of the 2021 Consolidated Application and Attachments have been posted to the [CARES Website](#) for public comment.

CARES will be posting an updated application every Friday until submission to reflect our progress and allow for community input. Please pay particular attention to question 1C-16, and let us know if you have lived experience that can be reflected in the application. Please send public comments to [Genesis Matthey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA
Pronouns: She/Her/Hers
Director of Planning – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, 12210
518-489-4130 x704
www.caresny.org
Find us on [Facebook](#)



From: [CARES Planning Team](#)
To: [CARES Planning Team](#); [Brady Scott](#); [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#); [Debra Sivack](#); [Digna Betancourt Swingle](#); [Ed Kowalczyk](#); [Elise Martin](#); [Geoffrey Raiti](#); [Ginni Egan \(info@youngparentsunited.org\)](#); [Holley.Sharer@USE.SalvationArmy.Org](#); [Jo-Anne Rafalik](#); [Joe Gallagher \(jgallagh@nycap.rr.com\)](#); [Kelsey Addy](#); [Kim Siciliano](#); [ksheppard@bethesdahouseschenectady.org](#); [Kristen Diotte](#); [Lauren Jarrard](#); [Louise O"Leary \(LOLeary@bethesdahouseschenectady.org\)](#); [Margaret Coker](#); [Mary Breslin](#); [Michael Johnson](#); [Michelle Ostrelch](#); [Mike Davidson](#); [Nettie Crossman \(ncrossma1908@yahoo.com\)](#); [Richard Homenick](#); [Robert Romaker](#); [Samantha Barnaby](#); [safeinc@nycap.rr.com](#); [Sylvia Jimison](#); [tle@newchoicesrecovery.org](#); [Wendy Wahlberg](#); [William Robson](#)
Cc: [Amy Lacey](#); [Erin Reale](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#); [Kelsey Addy](#); [Genesis Matthey](#)
Subject: HSPB Public Posting of FY21 Draft #1 Priority Listing & Draft #4 Consolidated Application
Date: Friday, October 15, 2021 2:01:32 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)

Good Afternoon Schenectady Co. CoC,

Draft version 1 of the Priority Listing and Draft version 4 of the 2021 Consolidated Application and Attachments have been posted to the [CARES Website](#) for public comment.

For context, the Priority Listing notes all those renewal and new project applications that will be included in this year's CoC application to HUD.

CARES will be posting an updated application every Friday until submission to reflect our progress and allow for community input. Please pay particular attention to question 1C-16, and let us know if you have lived experience that can be reflected in the application. Please send public comments to [Genesis Matthey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

Director of Planning – CARES of NY, Inc.

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From: [CARES Planning Team](#)
To: [Brady Scott](#); [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#); [Debra Sivack](#); [Digna Betancourt Swingle](#); [Ed Kowalczyk](#); [Elise Martin](#); [Geoffrey Raiti](#); [Ginni Egan](#) ([info@youngparentsunited.org](#)); [Holley.Sharer@USE.SalvationArmy.Org](#); [Jennica Huff](#); [Jo-Anne Rafalik](#); [Joe Gallagher](#) ([jgallagh@nycap.rr.com](#)); [Kelsey Addy](#); [Kim Siciliano](#); [ksheppard@bethesdahouseschenectady.org](#); [Kristen Diotte](#); [Lauren Jarrard](#); [Louise O"Leary \(LOLeary@bethesdahouseschenectady.org\)](#); [Margaret Coker](#); [Mary Breslin](#); [Michael Johnson](#); [Michelle Ostrelch](#); [Mike Davidson](#); [Nettie Crossman \(ncrossma1908@yahoo.com\)](#); [Richard Homenick](#); [Robert Romaker](#); [Samantha Barnaby](#); [safeinc@nycap.rr.com](#); [Sylvia Jimison](#); [tle@newchoicesrecovery.org](#); [Wendy Wahlberg](#); [William Robson](#)
Cc: [Amy Lacey](#); [Erin Reale](#); [Genesis Matthey](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#); [Samantha Barnaby](#); [Nancy Harrington](#); [Michelle Sandoz-Dennis](#); [Kirstin Jones](#); [Allyson Thiessen](#); [Denise Brodt](#)
Subject: HSPB Public Posting of FY21 CoC Application (Draft #5)
Date: Friday, October 22, 2021 5:45:08 PM
Attachments: [image001.png](#)
[image002.png](#)

Good Afternoon Schenectady Co. CoC,

All parts of the 2021 Consolidated Application and Attachments have been posted to the [CARES Website](#) for public comment.

Specifically, you will find:

- Draft #5: Consolidated Application Narratives & Attachments
- Final Draft: Priority Listing (including project rankings), Project Ranking & Tiering, Project Descriptions, and Planning Grant

CARES will be posting an updated application every Friday until submission to reflect our progress and allow for community input. Please send public comments to [Genesis Matthey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

Director of Planning – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, 12210

518-489-4130 x704

[www.caresny.org](#)

Find us on [Facebook](#)

From: [CARES Planning Team](#)
To: [Brady Scott](#); [Brian Adams](#); [Debra Schimpf - Schenectady Community Action Program \(dschimpfceo@scapny.org\)](#); [Debra Sivack](#); [Digna Betancourt Swingle](#); [Ed Kowalczyk](#); [Elise Martin](#); [Geoff Raiti](#); [Ginni Egan](#) ([info@youngparentsunited.org](#)); [Holley.Sharer@USE.SalvationArmy.Org](#); [Jennica Huff](#); [Jo-Anne Rafalik](#); [Joe Gallagher](#) ([jgallagher@nycap.rr.com](#)); [Kelsey Addy](#); [Kim Siciliano](#); [Kimarie Sheppard](#); [Lauren Jarrard](#); [Louise O'Leary](#) ([LOLeary@bethesda-houseschenectady.org](#)); [Margaret Coker](#); [Mary Breslin](#); [Michael Johnson](#); [Michelle Ostrelch](#); [Mike Davidson](#); [Nettie Crossman](#) ([ncrossma1908@yahoo.com](#)); [Richard Homenick](#); [Robert Romaker](#); [Samantha Barnaby](#); [Shannon Keon - SAFE Inc. \(safeinc@nycap.rr.com\)](#); [Sylvia Jimison](#); [Tricia Lee](#); [Wendy Wahlberg](#); [William Robson](#)
Cc: [Amy Lacey](#); [Erin Reale](#); [Genesis Matvey](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#); [Samantha Barnaby](#); [Nancy Harrington](#); [Michelle Sandoz-Dennis](#); [Kirstin Jones](#); [Denise Brodt](#); [Allyson Thiessen](#)
Subject: HSPB Public Posting of FY21 CoC Application (Draft #6)
Date: Friday, October 29, 2021 5:04:00 PM
Attachments: [image001.png](#)
[image002.png](#)

Good Afternoon Schenectady Co. CoC,

All parts of the 2021 Consolidated Application and Attachments have been posted to the [CARES Website](#) for public comment.

Specifically, you will find:

- Draft #6: Consolidated Application Narratives & Attachments
- Final Draft: Priority Listing (including project rankings), Project Ranking & Tiering, Project Descriptions, and Planning Grant

CARES will be posting the Submission Posting next Friday, November 5th. Please send public comments to [Genesis Matvey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

Pronouns: She/Her/Hers

Director of Planning – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, 12210

518-489-4130 x704

www.caresny.org

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3A-1a Housing Leveraging Commitments

This attachment details the Housing Leveraging Commitments for new Projects in **NY-507**. The Cara House Supportive Housing Project has leveraged \$2,790,000 in funds from a variety of private and governmental sources, as exemplified below. These funds will go towards supporting 26 PSH units (10 dedicated to chronically homeless singles and 16 for re-entry singles) and 16 emergency shelter beds. These leveraged funds will allow for the implementation of the proposed CoC Bonus Project, providing operational funds for the 26 PSH units. The leveraging commitments include:

1. Signed Letter of Commitment between **Bethesda House** and **Wright Family Foundation** for **Cara House**.
2. Signed Letter of Commitment between **Bethesda House** and **The Community Foundation for the Greater Capital Region** for **Cara House**.
3. Signed Letter of Commitment between **Bethesda House** and **The Carlilian Foundation** for **Cara House**.
4. Signed Letter of Commitment between **Bethesda house** and the **Neil-Jane-William-Estelle Golub Family Foundation** for **Bethesda House HHAP**
5. Signed Letter of Commitment between **Bethesda House** and **The County of Schenectady** for **Cara House**.
6. Signed Letter of Commitment between **Bethesda House** and **The Federal Home Loan Bank** for **Cara House**.
7. Signed Letter of Commitment between **Bethesda House** and **The Schenectady Foundation** for **Cara House**.
8. Signed Award letter between **Bethesda House** and **New York State** for **Empire State Supportive Housing Initiative** funds

3A-1a Housing Leveraging Commitments

1. Signed letter of commitment between **Bethesda House** and **Wright Family Foundation** for **Cara House**.

April 22, 2021



Trustees

Heather M. Ward
Chairman

Ashley G. Palm
Vice Chairman/Treasurer

Linda B. Nizolek
Secretary

Meghan M. Frazier
Charles E. Kilbourne, III

Adeline Wright Graham
Founder
1938-2012

Ms. Kimarie Sheppard
Executive Director
Bethesda House of Schenectady, Inc.
834 State Street
Schenectady, NY 12307

Dear Ms. Sheppard:

We are pleased to advise that a grant for \$400,000 was recently approved by the trustees of the Wright Family Foundation, Inc. These funds are specifically designated for Cara House. A check for that amount will be mailed to you provided we are in receipt of a signed original Grant Agreement (enclosed) and a copy of your IRS tax exemption certification.

Please note we request that a *Grant Report Form* be completed and returned to the Foundation upon completion of your project. At that time we may request a visit to your organization to see your project results. For an electronic downloadable version of this form please access our website at www.wrightfamilyfoundation.org. No subsequent grant requests will be considered without receipt of this Grant Report form.

If for any reason you choose not to use this grant for the intended purpose or are unable to complete your project within one (1) year from receipt of the grant check please notify The Wright Family Foundation immediately at info@wrightfamilyfoundation.org to make arrangements for return of the grant funding.

By endorsing and depositing your check upon receipt, you warrant that there has been no change in your IRS tax classification as an organization described in Internal Revenue Service Code sections 501(c)(3) and 509(a)(1), (2) or (3).

We extend our best wishes to you for continued success and look forward to hearing about your accomplishments during the year. It is a pleasure to support you and your organization's efforts in such a worthwhile cause.

Sincerely,

Heather Ward
Chairman

enclosure
laf

3A-1a Housing Leveraging Commitments

2. Signed Letter of Commitment between **Bethesda House** and **The Community Foundation for the Greater Capital Region** for **Cara House**.



12/16/2019

Ms. Kimarie A. Sheppard
Executive Director

Bethesda House of Schenectady, Inc.
834 State Street
Schenectady, NY 12307

Dear Ms. Sheppard:

The Arnold Cogswell Health Care Fund of The Community Foundation for the Greater Capital Region is pleased to enclose a grant for \$15,000. This grant is for Bethesda House of Schenectady, Inc. for the Cara House.

This contribution is intended as a gift in its entirety. Neither The Community Foundation nor the donor-advisor(s) is to receive any goods or services in connection with this grant. Furthermore, this grant may not be used to fulfill a personal pledge by the donor-advisor(s). Your prompt written acknowledgment to the Foundation of your receipt of this gift and how it will be used will ensure the Foundation's compliance with IRS regulations.

All funds are component funds of The Community Foundation. Any public announcements acknowledging this grant should be written as:

**Arnold Cogswell Health Care Fund
of
The Community Foundation for the Greater Capital Region**

Enclosed you will find a Check Acknowledgment Form. Please sign and return as receipt of check.

Yours sincerely,

John Eberle
President & Chief Executive Officer

Shelly Connolly
VP, Community Grantmaking

Enclosures



CHECK ACKNOWLEDGMENT RECEIPT

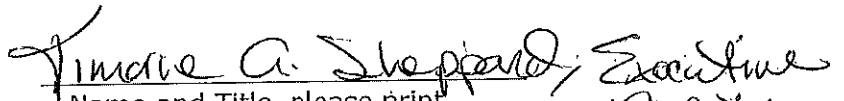
Ms. Kimarie A. Sheppard
Executive Director
Bethesda House of Schenectady, Inc.
834 State Street
Schenectady, NY 12307

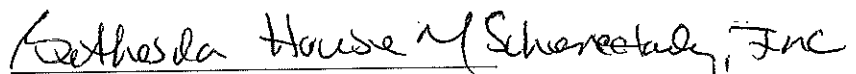
I acknowledge receipt of The Community Foundation's check #22247 in the amount of \$15,000 issued on 12/16/2019.

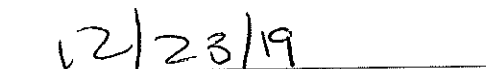
Neither The Community Foundation nor the donor-advisor(s) have received any goods or services in connection with this grant. Furthermore, this grant has not been used to fulfill a personal pledge by the donor-advisor(s).

Thank you,


Signature


Name and Title, please print *Executive Director*


Name of Organization


Date

Re: *Arnold Cogswell Health Care Fund*

THE COMMUNITY FOUNDATION
FOR THE GREATER CAPITAL REGION

6886 Bethesda House of Schenectady, Inc.

20130466 12/05/2019 for the Cara House
CHCF Arnold Cogswell Health Care Fund

12/16/2019 022247

15,000.00

15,000.00

22247

CHECK TOTAL: \$*****15,000.00

3A-1a Housing Leveraging Commitments

3. Signed Letter of Commitment between **Bethesda House** and **The Carlilian Foundation** for **Cara House**.

From: [Robert Carreau](#)
To: [Kimarie Sheppard](#)
Cc: [Brian Lawlor](#); phillij123@yahoo.com
Subject: The Carlilian Foundation Grant
Date: Friday, June 18, 2021 10:58:50 AM

Dear Kim,

Congratulations! On behalf of the Trustees of The Carlilian Foundation, it is my pleasure to let you know that we have approved a grant of \$25,000 for the Cara House Supportive Housing project, as proposed in your grant application.

The grant shall be paid in two equal installments of \$12,500 – one in calendar year 2021, and one in calendar year 2022.

Please keep us informed of your progress. I will be happy to meet with you for an update on the project this summer, and to work out a payment schedule that will best support the project.

Many thanks for your efforts to make our community a better place.

Bob



Robert A. Carreau
Trustee
(518) 393-9500

3A-1a Housing Leveraging Commitments

4. Signed letter of commitment between **Bethesda house** and the **Neil-Jane-William-Estelle Golub Family Foundation** for **Bethesda House HHAP**

Neil Jane
William Estelle
GOLUB FAMILY FOUNDATION, INC.

May 7, 2021

Kimarie Sheppard
Executive Director
Bethesda House
834 State Street
Schenectady, NY 12307

RE: Bethesda House's HHAP Award

Dear Kim:

The Neil-Jane-William-Estelle Golub Family Foundation, Inc. is pleased to confirm our \$400,000 grant to Bethesda House as part of the above-referenced capital project. Our grant will be paid to Bethesda House over four (4) years as follows:

Calendar Year 2021 - \$50,000 in June 2021
Calendar Year 2022 - \$50,000 in March 2022 and \$50,000 in September 2022
Calendar Year 2023 - \$100,000 in June 2023 and \$100,000 in December 2023
Calendar Year 2024 - \$50,000 in June 2024

We are pleased to support Bethesda House in bringing this much-needed project to fruition.

Sincerely,


Jennifer A. Kenneally
Foundation Administrator

3A-1a Housing Leveraging Commitments

5. Signed Letter of Commitment between **Bethesda House** and **The County of Schenectady** for **Cara House**.

COUNTY OF SCHENECTADY



RORY FLUMAN
COUNTY MANAGER

OFFICE OF THE COUNTY MANAGER
620 STATE STREET
SCHENECTADY, NEW YORK 12305

TELEPHONE: (518) 388-4355
FAX: (518) 388-4590

July 6, 2021

Ms. Kimarie Sheppard
Executive Director
Bethesda House of Schenectady, Inc.
834 State St.
Schenectady, NY

RE: Homeless Housing Assistance Program

Dear Ms. Sheppard,

On behalf of Schenectady County, I am pleased to present this letter of financial support for Bethesda House's proposal to construct a new housing facility for the homeless population in Schenectady County. Our partnership over the years with the agency has provided critical care to a population riddled with chronic and debilitating physical and mental illnesses. We are proud to support Bethesda House and its efforts to extend its reach of services through this project.

It is our understanding that you have secured necessary funding through New York State Department of Mental Health's Empire State Supportive Housing Initiative (ESSHI) and that the project is linked with capital funding from the Homeless Housing and Assistance Corporation (HHAC) and the NYS Office of Temporary and Disability Assistance (OTDA) through its Homeless Housing Assistance Program (HHAP). The project intends to provide 26 units of housing with rental assistance and supportive services to specific homeless populations in Schenectady County. We recognize a portion of these 26 units will be dedicated to individuals reentering the community from incarceration, particularly those with disabling conditions. The remaining units will support homeless individuals experiencing one or more disabling conditions. The first floor of the proposed project will include 16 overnight emergency shelter units, whose operations will be supported with approved contract funding through Schenectady County DSS.

Since notification of the award by New York State, we are aware that material costs for construction projects have increased dramatically. The increase has

created a structural gap between the awarded funds and the true cost of construction. As we discussed, Schenectady County is committed to this project and at this time we are prepared to provide up to \$200,000 in additional funding to cover this short fall.

Please accept this letter as a commitment on the part of Schenectady County for your construction related expenses. Once companion funding from the City of Schenectady has been secured and the actual budget deficit determined, we can discuss the mechanics of how the funds will be made available to Bethesda House.

Thank you.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rory Fluman". The signature is fluid and cursive, with a large initial "R" and "F".

Rory Fluman
County Manager

3A-1a Housing Leveraging Commitments

6. Signed Letter of Commitment between **Bethesda House** and **The Federal Home Loan Bank** for **Cara House**.

This document outlines the funding provided to support the direct construction costs of the Cara House project.



Federal Home Loan Bank
NEW YORK

AFFORDABLE HOUSING PROGRAM DIRECT SUBSIDY AGREEMENT

This Affordable Housing Program ("AHP") Direct Subsidy Agreement ("AHP Agreement"), dated November 19, 2020, is between the Federal Home Loan Bank of New York ("FHLBNY"), SEFCU ("FHLBNY Member Financial Institution"), and Bethesda House of Schenectady ("Sponsor").

WHEREAS, the parties are entering into this AHP Agreement in connection with Cara House ("Project"), as fully described in the AHP Application (defined below) submitted to the FHLBNY on March 27, 2020, ("AHP Application Date").

WHEREAS, the FHLBNY has committed to issuing the FHLBNY Member Financial Institution a direct Subsidy in the amount of \$1,000,000 ("AHP Subsidy") for the Project, which was approved by the Board of Directors of the FHLBNY on November 19, 2020, the effective date of this AHP Agreement.

The parties hereby agree as follows:

1. **AHP Application:** The FHLBNY Member Financial Institution and Sponsor shall comply with the terms and conditions governing the approval and funding of the AHP Application, including any and all representations in the AHP Application and any approved modifications to the Application.
2. **Regulations and Requirements:** The FHLBNY Member Financial Institution and Sponsor hereby acknowledge notice of and shall comply with the terms of:
 - A. The Federal Home Loan Bank Act, as may be amended (12 U.S.C. 1421 et seq.).
 - B. The AHP Regulations (12 C.F.R. Part 1291) and any other directives of the Federal Housing Finance Agency ("FHFA"), including, but not limited to, Advisory Bulletins, Regulatory Interpretations, etc., as may be amended, or the regulations in effect of any successor in interest to the FHFA. To the extent the AHP Regulations are inconsistent with any term or provision of this AHP Agreement, the AHP regulations shall control and govern the conduct and obligations of the parties.
 - C. The FHLBNY's AHP Implementation Plan ("Plan") and related policies, procedures, guidelines, and instructions, as may be amended ("FHLBNY AHP Requirements," and, together with the Bank Act, the AHP Regulations, and the FHLBNY AHP Requirements, the "AHP Requirements").
3. **Standard of Conduct:** The Sponsor shall comply with the following standard of conduct:
 - A. The Sponsor shall ensure that the AHP Subsidy is used solely for the purposes set forth in the approved AHP Application and in accordance with this Agreement and the AHP Requirements. The Sponsor shall manage and utilize the Subsidy in an accountable and honest manner. The AHP Subsidy shall not be misappropriated, embezzled, misdirected, misused, lost or unaccounted for in any manner.
 - B. With respect to the Project, the Sponsor shall not, directly or indirectly, including through an

agent or other intermediary, engage in corrupt, fraudulent, illegal practices or in covered misconduct, as that term is defined in 12 C.F.R. Part 1227.

- C. The Sponsor shall comply with all applicable laws, regulations, and rules, including all civil and criminal laws, and the AHP Requirements.
 - D. The Sponsor shall exercise diligence in regularly examining Project operations to ensure that they are conducted in accordance with this Agreement and the AHP Requirements. The Sponsor shall notify the FHLBNY in writing upon discovery of conduct which is inconsistent with this Agreement or the AHP Requirements, and take timely and appropriate remedial or corrective actions in such situations, and, if necessary, coordinate such actions with the FHLBNY.
 - E. As otherwise required by section 22 of this Agreement, the Sponsor shall fully cooperate with the FHLBNY in audits, investigations, financial reviews, forensic audits, evaluations or other activities that the FHLBNY deems necessary to ensure the AHP Subsidy is used and the Project is managed in accordance with this Agreement and the AHP Requirements. Cooperation includes access to all relevant records, documents, personnel, sites, electronic materials and computerized records generated, or in the possession of, the Sponsor that pertain to activities and expenditures to support the Project.
 - F. The Sponsor shall respond promptly to all requests for information and provide comprehensive, accurate, and current information to the FHLBNY.
 - G. The Sponsor agrees that now or in the future if any of its employees, partners or agents serves on the FHLBNY's Advisory Council, the Advisory Council member shall not participate in or attempt to influence decisions by the FHLBNY regarding this Project or any future project of the Sponsor.
 - H. The Sponsor shall act in good faith in all its dealings with the FHLBNY.
- 4. Operational Feasibility and Need for the Subsidy:** Pursuant to 12 C.F.R. § 1291.24, the Project must be operationally feasible and the requested Subsidy must be necessary for the financial feasibility of the Project. To ensure compliance with these requirements, the FHLBNY may reevaluate the need for AHP Subsidy on an ongoing basis throughout the development of the Project. The FHLBNY, in its sole discretion, will only fund that portion of the requested Subsidy that it deems necessary to maintain the Project's operational and financial feasibility. During such reevaluation, the FHLBNY will consider financial data including, but not limited to:
- A. All sources of funds, including estimates of funds from all other sources, whether or not actually committed to the Project;
 - B. An estimate of the market value of in kind donations and volunteer professional labor and services, but not the value of "sweat equity";
 - C. Project costs including, as reflective in the Project's development budget, all reasonable and customary costs in light of industry standards for the geographic location of the Project and long term financial needs; and
 - D. Prior to disbursement of the Subsidy, the FHLBNY will determine whether the Project is operationally feasible pursuant to the AHP Requirements, including but not limited to, applicable financial ratios, geographic location, needs of the Project owner occupant households, and other non-financial characteristics of the Project. The approved amount of the Subsidy must continue to be necessary for the financial feasibility of the Project and the rate of interest, points, fees, and other charges for all loans financing the Project must not exceed a market rate of interest, fees, and other charges for loans of similar maturity, terms, and risk.

- 5. FHLBNY Decisions Entitled to Deference:** The FHLBNY's decisions or actions under the AHP shall

be reviewed under an arbitrary and capricious standard. The FHLBNY, as a government-sponsored enterprise, is entitled to a broad degree of discretion in administering the AHP, and nothing in this AHP Agreement shall be construed to limit such discretion.

- 6. Funding:** The FHLBNY Member Financial Institution may request disbursement of all or part of the Subsidy from the FHLBNY when the Project is ready to receive all or part of the Subsidy, as the case may be. Pursuant to the AHP Requirements, the FHLBNY Member Financial Institution and/or the Sponsor shall provide the requisite forms and information to request disbursement.

- A. Funding requests will be processed in accordance with the AHP Requirements. The FHLBNY, in its sole discretion, may withhold or deny disbursement of the Subsidy if the AHP Requirements have not been met, including where the FHLBNY is not satisfied of:
 - i. the FHLBNY Member Financial Institution's creditworthiness and compliance with the AHP Application and AHP Requirements, the FHLBNY's Credit Risk Management policies, and the Advances, Collateral Pledge and Security Agreement ("Advances Agreement"); or
 - ii. the Sponsor's compliance with the requirements of the AHP Application and the AHP Requirements.
- B. The FHLBNY may in the future decrease the amount of the Subsidy, including where:
 - i. the Subsidy is used to write down the principal or interest rate on a loan to the Project, and at closing of the loan, the debt service cost for the loan has decreased due to a decrease in market interest rates between the time of the FHLBNY's approval of the AHP Application and the time that the lender commits to the interest rate on the loan to finance the Project; or
 - ii. the FHLBNY determines, based on the FHLBNY's periodic review or monitoring of the Project, or a review conducted in connection with the transfer or modification of the Project, that the amount of the Subsidy is not, or was not, necessary for the Project.

The Repayment and Recovery Provisions set forth below shall apply where an adjustment is made by the FHLBNY to decrease the amount of the Subsidy already disbursed by the FHLBNY for the Project.

- C. In the event that the FHLBNY Member Financial Institution requests a disbursement of all or part of the Subsidy from the FHLBNY in order to directly provide the Sponsor with AHP assistance during the construction and/or rehabilitation phase of the Project units, prior to their sale to income-eligible owner-occupants, the FHLBNY Member Financial Institution:
 - i. shall have in place a separate, legally enforceable agreement with the Sponsor whereby the Sponsor agrees to use the Subsidy in accordance with the terms of the AHP Application, the requirements of the AHP Regulation, and the FHLBNY's AHP Requirements;
 - ii. shall ensure that the Subsidy directly benefits each household which has been approved either by the FHLBNY Member Financial Institution or the Sponsor to purchase and occupy a Project unit;
 - iii. shall monitor and track the disbursement of the Subsidy from Sponsor to each household which has been approved either by the FHLBNY Member Financial Institution or the Sponsor to purchase and occupy a Project unit; and
 - iv. shall prepare any documents or agreements which formally release the Sponsor from

complying with the requirements of the AHP Requirements and the AHP Application and then assign such responsibilities to each household which has been approved either by the FHLBNY Member Financial Institution or the Sponsor to purchase and occupy a Project unit.

7. **Disbursement of Subsidy:** Disbursement of the Subsidy shall be made by electronic credit to the FHLBNY Member Financial Institution's demand deposit account at the FHLBNY. Once the FHLBNY Member Financial Institution receives a credit of the AHP Subsidy, the FHLBNY Member Financial Institution agrees to deliver the full dollar amount of the funded AHP Subsidy to the Sponsor or owner within thirty (30) days. If the funds cannot be delivered to the Project within this time, the FHLBNY Member Financial Institution must return any unused AHP Subsidy to the FHLBNY. The FHLBNY Member Financial Institution hereby acknowledges that any AHP Subsidy not returned to the FHLBNY may be subject to per diem interest charges at a rate equal to the Federal Funds Effective Rate for each day exceeding the aforementioned 30-day period.
8. **Use of Subsidy:** The FHLBNY Member Financial Institution and the Sponsor shall use the Subsidy only as set forth in the AHP Application, consistent with the requirements of the AHP Regulation and the FHLBNY's AHP Requirements.
9. **Subsidy Pass Through:** The FHLBNY Member Financial Institution shall pass on to the Sponsor the full amount of the Subsidy funded to the FHLBNY Member Financial Institution by the FHLBNY.
10. **Subsidy Timing:** The Subsidy must be drawn down and used by the Project within the time periods set forth in the Plan. Therefore, all sources of funding must be committed within a reasonable period of time from the AHP Application's approval. If the Subsidy approved is not drawn down and used by the project within the time periods specified, the FHLBNY may cancel its approval (unless the approved AHP Application is modified in writing by the FHLBNY), and the FHLBNY Member Financial Institution must promptly return any funded Subsidy to the FHLBNY.
11. **Transfer of Subsidy:** In the event of its loss of membership in the FHLBNY before the funding of the Subsidy, the FHLBNY Member Financial Institution is prohibited from requesting any disbursement of all or part of the Subsidy. The FHLBNY Member Financial Institution shall use its best efforts to transfer its obligations under the AHP Application and this AHP Agreement to another FHLBNY Member Financial Institution, subject to the formal written consent of the FHLBNY.
12. **Lending of Subsidy:** The FHLBNY Member Financial Institution shall disburse the Subsidy to the Sponsor as a conditional grant pursuant to the AHP Requirements. In the event that the FHLBNY Member Financial Institution lends the Subsidy to either the Sponsor or Project household, any repayments of principal and payments of interest received by the FHLBNY Member Financial Institution shall be paid to the FHLBNY.
13. **Modification:** FHLBNY Member Financial Institution and Sponsor shall not make any modifications to the Project's specifications, as set forth in the AHP Application, without the prior written approval of the FHLBNY. The FHLBNY Member Financial Institution shall submit to the FHLBNY a written request for approval describing the proposed modification in detail and including all supporting documentation. Unless the AHP Application is modified as permitted under the AHP Requirements, the FHLBNY, in its discretion, may withdraw the Subsidy if there are any modifications or changes to the Project after the date of approval of the AHP Application that would change the score that the AHP Application originally received.
14. **Progress Reporting:** The FHLBNY Member Financial Institution and the Sponsor shall perform their

respective progress reporting requirements set forth in the Plan. The FHLBNY Member Financial Institution and the Sponsor shall also perform such other reporting as may be required by the AHP Requirements or as may otherwise be requested by the FHLBNY.

A. Owner-Occupied Projects

- i. During the period of construction or rehabilitation of the Project, the Project Sponsor shall report to the FHLBNY Member Financial Institution semi-annually (or more frequently at FHLBNY Member Financial Institution's request) on whether reasonable progress is being made towards completion of the Project. During such period, the FHLBNY Member Financial Institution shall take steps necessary to determine whether reasonable progress is being made towards completion of the Project and shall report to the FHLBNY semi-annually (or more frequently at the FHLBNY's request) on the status of the Project.
- ii. Household income shall be defined as total annualized reportable income as specified in the FHLBNY's Plan. Depending on the median income standard that the Sponsor selected in the AHP Application, area median income and very low-, low-, and moderate-income levels shall be defined according to guidelines as published by the U.S. Department of Housing and Urban Development ("HUD") or the appropriate state housing agency mortgage revenue bond ("MRB") guidelines. The incomes of the residents of the Project must conform to median income data, adjusted for family size, for the Project's statistical area, as defined by either HUD or MRB.

B. Rental Projects

- i. During the period of construction or rehabilitation, the FHLBNY Member Financial Institution must take appropriate steps to ensure that "reasonable progress" is being made towards completion of the Project. As such, the Sponsor, the corporate entity that owns the Project site and improvements thereon ("Owner"), or an agent of the Sponsor is required to submit verifiable evidence to the FHLBNY Member Financial Institution that the Project is being developed in accordance with the terms and conditions of the Application and the AHP Requirements. In turn, the FHLBNY Member Financial Institution must coordinate this documentation and provide the FHLBNY with a semi-annual report (or as otherwise directed by the FHLBNY) which certifies the status of the development of the Project.

15. Initial Monitoring: The FHLBNY Member Financial Institution and the Sponsor each agree to perform their respective initial monitoring requirements set forth in the Plan. The FHLBNY Member Financial Institution and the Sponsor each further agree to perform such other reporting as may be required by the AHP Requirements, or as may otherwise be requested by the FHLBNY.

A. Owner Occupied

- i. Within eighteen months of the completion of the construction and/or rehabilitation of the Project and its placement into operation, supporting documentation must be prepared by the Sponsor or owner, submitted and acceptable to the FHLBNY, in its sole discretion, certifying that:
 1. the AHP subsidies have been properly used as specified in the approved AHP Application;
 2. the AHP owner-occupied Project units are subject to AHP Subordinate Mortgages or other legally enforceable retention agreements or mechanisms where a household receives AHP subsidy for purchase, purchase in conjunction with rehabilitation or construction; and
 3. the Project has achieved its approved levels of performance, as specified in the

AHP Application or FHLBNY approved modification to the Application.

- ii. In cases where the Sponsor is constructing or rehabilitating Project units for subsequent resale to income eligible owner occupants, the FHLBNY may require the FHLBNY Member Financial Institution and the Sponsor to perform an on-site inspection of the exterior, and where appropriate, the interior living areas of the completed Project units.

B. Rental Projects

- i. Within eighteen months of the completion of the construction and/or rehabilitation of the Project and its placement into operation, supporting documentation must be provided by the Sponsor or owner, acceptable to the FHLBNY, in its sole discretion, demonstrating that:
 - 1. the Project meets its income targeting commitments;
 - 2. the rents charged for income-targeted units do not exceed the maximum levels specified and approved in the Application; and
 - 3. the Project has satisfied its other approved levels of performance.

16. Long Term Monitoring: The FHLBNY Member Financial Institution and the Sponsor shall each perform their respective long term monitoring obligations set forth in the Plan and AHP Requirements. The FHLBNY Member Financial Institution and the Sponsor shall each further perform such other reporting as may be required by the AHP Requirements, or as may otherwise be requested by the FHLBNY.

A. Owner Occupied Projects

- i. Transfers of title for owner-occupied projects are monitored through the AHP Subordinate Mortgage where a household receives AHP subsidy for purchase, purchase in conjunction with rehabilitation or construction of an owner-occupied unit.

B. Rental Projects

- i. The AHP Regulation requires the FHLBNY to monitor rental projects for a period of fifteen (15) years ("Project Retention Period"). The Sponsor must submit a formal certification to the FHLBNY on an annual basis, beginning on the second anniversary date of Project completion (i.e., issuance of the final certificate of occupancy), that a) the tenants' rents and incomes are in compliance with the rent and income targeting commitments made in the AHP Application; and b) the Project continues to be operated as an affordable housing initiative.

- ii. The required documentation schedule for rental projects is as follows:

Long Term Monitoring Documentation Schedule		
Project Characteristics	Status Report Frequency	Annual Certifications
LIHTC allocation	None required	No
AHP subsidy $\leq$ \$50,000	None required	Yes
Project-based rental assistance	6 years	Yes
AHP subsidy $>$ \$50,000 or $\leq$ \$400,000	6 years	Yes
AHP subsidy $>$ \$400,000 $\leq$ \$750,000	4 years	Yes
AHP subsidy $>$ \$750,000	2 years	Yes

- iii. For rental projects that receive an allocation of Federal Low Income Housing Tax Credits ("LIHTC") or ("tax credits") as a funding source, the FHLBNY will rely on the compliance monitoring performed by the state-designated housing credit agency administering the tax credits of the income targeting and rent requirements applicable under the LIHTC Program. The FHLBNY will not obtain and review reports from the tax credit agency or otherwise monitor the Project's long-term AHP compliance.
- iv. Rental Projects that do not have an LIHTC allocation are subject to the following requirements:
1. Requirements for Project Sponsors:
Projects sponsors will be required to submit long-term monitoring reports in accordance with the above Long Term Monitoring Documentation Schedule and related supporting documentation.
In the second year after Project completion and annually thereafter until the end of the Project's Retention Period, the Project Sponsor must maintain documentation and certify to the FHLBNY:
 - that the Project continues to be owned and managed in compliance with the AHP Requirements;
 - that tenant rents and incomes are in compliance with the rent and income targeting commitments specified in the AHP Application;
 - that all real estate tax remittances are current; and
 - that any debt payments on the Project are current.
 2. Income Eligibility Documentation and Rent Structure Verification:
For the FHLBNY to ensure that the incomes of tenants and the rent structure of an AHP-assisted project comply with the income targeting and rent commitments made in the approved AHP application, a risk based sample of the occupied units will be selected for review by the FHLBNY in conjunction with the FHLBNY's monitoring practices. For each household selected as part of the sample, income source documentation and a copy of the rental lease

must be submitted. Dependent upon the Project characteristics, the FHLBNY, in its discretion, may accept alternate documentation as follows:

- If a Project receives project-based Section 8 assistance, a copy of the Section 8 contract may be submitted to the FHLBNY in lieu of income source documents.
- If a Project receives tenant-based Section 8 assistance, a copy of the Section 8 voucher (or other comparable evidence) may be submitted to the FHLBNY in lieu of income source documents.
- If a Project receives rent subsidy from a local, state, or federal agency that targets very low- and low-income households, a copy of the executed subsidy agreement may be submitted in lieu of income source documents, provided that the income references set forth in the subsidy contract/agreement are consistent with the income targeting commitments made in the AHP Application.
- If a Project targets homeless households, the FHLBNY may in its discretion require supporting income documentation for the units that are allocated for the housing of homeless households.
- For AHP rental projects that received funds other than tax credits from federal, state, or local government entities, FHLBNY may rely on the monitoring by these entities of the income targeting and rent requirements, provided that FHLBNY can show that: (i) the compliance profiles regarding income targeting, rent, and retention period requirements of the AHP and the other program are substantively equivalent; (ii) the entity has demonstrated and continues to demonstrate its ability to monitor the project; (iii) the entity agrees to provide reports to the FHLBNY on the project's incomes and rents for the full 15-year AHP Retention Period; and (iv) FHLBNY receives and reviews the reports from the monitoring entity to confirm that they comply with the FHLBNY's monitoring policies.

17. Retention Agreements:

A. Owner-Occupied Projects

- a. For Owner-Occupied Projects, the term "Retention Period" shall mean five (5) years from closing on an AHP-assisted unit that is part of the Project where a household receives AHP subsidy for purchase, purchase in conjunction with rehabilitation or construction of an owner-occupied unit. The final cost certification will evidence completion of the proposed renovations.

B. Rental Projects

- a. For Rental Projects, the term "Retention Period" shall mean fifteen (15) years from the date that the construction or rehabilitation of the Project is completed and the Project is fully operational. The completion date commences on the issuance date of the Certificate of Occupancy, Certificate of Substantial Completion, or other comparable documentation.

18. Repayment and Recovery Provisions:

A. FHLBNY Member Financial Institution Repayment

- a. The FHLBNY Member Financial Institution must repay to the FHLBNY that portion of the Subsidy (including, but not limited to, interest at the FHLBNY's fixed rate of interest for a comparable term measured from the date the Subsidy was granted as determined by the FHLBNY in its discretion) that as a result of the FHLBNY Member Financial Institution's actions or omissions, is not used in compliance with the terms of the AHP Application or the AHP Requirements, unless such non-compliance is cured by the FHLBNY Member Financial Institution within a reasonable period of time as determined by the FHLBNY or the circumstances of such non-compliance are eliminated through a modification of the AHP Application, as approved in writing by the FHLBNY, pursuant to the AHP Requirements. If recapture of the Subsidy or recovery of the Subsidy is required pursuant to the AHP Requirements, the amount to be recaptured or to be recovered shall be immediately deemed to be an advance issued to the FHLBNY Member Financial Institution by the FHLBNY, and will be subject to the terms and conditions of the Advances Agreement and the FHLBNY's Credit and Collateral Member Escalation Policy, and the FHLBNY will determine what actions permitted under the AHP Requirements will be taken.

B. Sponsor Repayment

- a. The Sponsor shall repay to the FHLBNY Member Financial Institution and the FHLBNY Member Financial Institution shall recover and repay to the FHLBNY that portion of the Subsidy (including, but not limited to, interest at the FHLBNY's fixed rate of interest for a comparable term measured from the date that the Subsidy was granted as determined by the FHLBNY in its discretion) that, as a result of the Sponsor's actions or omissions, is not used in compliance with the terms of the AHP Application or the AHP Requirements, unless such non-compliance is cured by the Sponsor within a reasonable period of time as determined by the FHLBNY or the circumstances of such non-compliance are eliminated through an approved modification of the AHP Application pursuant to the AHP Requirements. Alternatively, the Sponsor may repay the Subsidy directly to the FHLBNY.
- b. Where the obligation to repay the Subsidy arises solely as a result of the Sponsor's actions or omissions, the FHLBNY Member Financial Institution shall not be obligated to the FHLBNY for the return of the amount of the Subsidy that cannot be recovered from the Sponsor through reasonable collection efforts by the FHLBNY Member Financial Institution. The FHLBNY Member Financial Institution agrees to report in writing to the FHLBNY the reasonable collection efforts taken by the FHLBNY Member Financial Institution. In the case of a foreclosure, the Sponsor's obligation to repay the direct Subsidy to the FHLBNY Member Financial Institution shall terminate upon final settlement or disposition.

C. Repayment Obligations

- a. Repayment obligations of the FHLBNY Member Financial Institution or the Sponsor are unconditional and irrevocable, and will be strictly enforced in accordance with this AHP Agreement and the AHP Requirements without regard to any other circumstances, including but not limited to:
 - i. the lack of validity or enforceability of any of the loan documents or other agreements relating to the Project, including any other agreement between the FHLBNY Member Financial Institution and the Sponsor pertaining to the Project (the "Related Documents") or
 - ii. any amendment or waiver of or any consent to or departure from all or any of the

Related Documents, except that action taken or omitted in accordance with any such amendment, waiver or consent by the FHLBNY or any such approved departure shall not, without more, give rise to a repayment obligation or be deemed to be an occurrence of noncompliance with the requirements of the AHP Requirements or this Agreement.

- b. To avoid the potential windfall profits from the premature sale of rental projects which were either developed or rehabilitated with AHP Subsidy, FHLBNY Member Financial Institutions are required, in the event of such a sale or transfer, to provide the FHLBNY with:
 - i. Evidence that an AHP Subordinate Mortgage or other legally enforceable retention mechanism is in place that ensures ongoing affordability and that the rental property will continue to be used for the purpose originally intended;
 - ii. Evidence if the project is refinanced that the project continues to be subject to an AHP Subordinate Mortgage and the successor sponsor or FHLBNY Member Financial Institution agrees to continue monitoring reporting for the remainder of the project; or
 - iii. Reimbursement of the full amount of the AHP Subsidy provided to the project.
- c. Pursuant to the AHP Requirements, if an owner-occupant sells, transfers, assigns the title or deed, or refinances the Property during the Retention Period, a portion of the AHP Subsidy may need to be repaid to the FHLBNY. However, if any one of the following conditions outlined in the AHP Requirements are met, a portion of the Subsidy may not be required to be repaid:
 - 1. The Property was assisted with a permanent mortgage loan funded by an AHP subsidized advance.
 - 2. The subsequent purchaser, transferee, or assignee is a low-or moderate- income household, as determined by the FHLBNY pursuant to the AHP Requirements.
 - 3. The portion of the AHP Subsidy required to be repaid under the AHP Requirements is \$2,500 or less.
 - 4. Following a refinancing, the Property continues to be subject to a deed restriction or other legally enforceable retention agreement or mechanism in compliance with the AHP Requirements.
 - 5. Following an event of foreclosure, transfer by deed-in-lieu of foreclosure, an assignment of a Federal Housing Administration first mortgage to HUD, or death of the AHP-assisted homeowner.

D. Collection Expense Reimbursement

- a. For the Project, the Sponsor shall pay all charges and expenses incurred by the FHLBNY or the FHLBNY Member Financial Institution (including, but not limited to, reasonable attorneys' fees and expenses) in connection with
 - i. any investigation by the FHLBNY or the FHLBNY Member Financial Institution with respect to the AHP Agreement, any related document or any other AHP Requirement as it relates to the Project;
 - ii. the enforcement, protection or preservation of any right or claim of the FHLBNY or the FHLBNY Member Financial Institution against the Sponsor under the AHP Agreement, any related document, or any other AHP Requirement as it relates to the Project; or
 - iii. the collection of any amounts due under the AHP Agreement, any related

document, or any other AHP Requirement as it relates to the Project. As used in this provision, "related document" includes, but is not limited to, the retention/recapture documents required by the AHP Agreement and the AHP Requirements.

19. FHFA Compliance:

- A. The FHLBNY Member Financial Institution and the Sponsor acknowledge that the FHLBNY and the FHLBNY's AHP are subject to the regulatory, supervisory and examination authority of the FHFA. The FHLBNY Member Financial Institution and the Sponsor acknowledge further that pursuant to such authority, following due notice to FHLBNY Member Financial Institution, the FHFA may determine at any time, based on its review of the FHLBNY's records for the Project, that the Subsidy has not been used in compliance with the terms of the AHP Application or the requirements of the AHP Regulation, and that such noncompliance is the result of the FHLBNY Member Financial Institution's or the Sponsor's actions or omissions. If the FHFA makes such a determination, the FHLBNY will notify the FHLBNY Member Financial Institution and the Sponsor in writing of the FHFA's determination and may require remedial action by the FHLBNY Member Financial Institution or the Sponsor, or both, in accordance with the terms of the AHP Regulation and this AHP Agreement. The FHLBNY Member Financial Institution and the Sponsor agree that within thirty (30) calendar days after receipt of such notice, or within such other period of time as the FHLBNY may approve, if the FHLBNY Member Financial Institution or the Sponsor have not otherwise made a request to the FHLBNY, the FHLBNY Member Financial Institution or the Sponsor, or both, as may be directed by the FHLBNY pursuant to a supervisory determination of the FHFA to cure the noncompliance, eliminate the noncompliance through an approved modification of the AHP Application or repay the Subsidy to the FHLBNY in accordance with this AHP Agreement.
- B. Upon its own determination or pursuant to an order issued by the FHFA, the FHLBNY, following due notice to FHLBNY Member Financial Institution, may suspend or debar the FHLBNY Member Financial Institution or the Sponsor from further participation in the AHP due to (i) a pattern of noncompliance or (ii) a single instance of flagrant noncompliance with the AHP Regulation, the FHLBNY's AHP Requirements, the AHP Application or this AHP Agreement.
- C. Subject to the conditions stated in this section and in the AHP Regulation, the FHLBNY Member Financial Institution and the Sponsor consent to be parties in any enforcement proceeding initiated by the FHFA regarding repayment of the Subsidy, or regarding the suspension or debarment of the FHLBNY Member Financial Institution or the Sponsor, and agree to be bound by the FHFA's final determination in the proceeding, except that the FHLBNY Member Financial Institution shall not be deemed to have waived any right to obtain judicial review of such determination as provided by law.

20. Noncompliance: FHLBNY, in its sole discretion, may de-obligate, recapture, or cancel funds associated with the Project for any event of noncompliance, including but not limited to, regulatory requirements, FHLBNY's AHP Policies and Practices, progress reporting milestones, and monitoring requirements.

A. Notices

The FHLBNY Member Financial Institution or the Sponsor, as the case may be, shall promptly give written notice to the FHLBNY of an occurrence of noncompliance with this AHP Agreement or the AHP Requirements at the earliest possible date after discovery of such noncompliance, and after reasonable time to investigate and evaluate the occurrence which may constitute noncompliance, but, in any event, notice shall be given no later than thirty (30) calendar days following discovery of an occurrence that constitutes noncompliance.

21. Sponsor's Representations and Warranties: The Sponsor represents and warrants to the FHLBNY that as of the effective date of this Agreement, on each funding date of the Subsidy, and as of the dates that the Sponsor provides monitoring information and certifications to the FHLBNY, the following:

A. Existence

The Sponsor is a sponsor as such term is defined in § 1291.1 of the AHP Regulation, and is in good standing in the State or Commonwealth of its organization. The Sponsor is duly qualified to do business in each state in which the ownership of its respective property or the nature of its respective business makes such qualification necessary and where the failure to so qualify would reasonably be expected to have a materially adverse effect on the business and operations of the Sponsor. The Sponsor has all powers and all material governmental licenses, authorizations, consents and approvals required to carry on its respective business as now conducted, except for such matters, the failure of which to so maintain, would not reasonably be expected to have a material adverse effect on the operations or financial condition of the Sponsor.

B. Power and Authority

The execution, delivery and performance by the Sponsor of this AHP Agreement and the Related Documents to which the Sponsor is a party are within the corporate or other powers of the Sponsor, has been duly authorized by all necessary action, does not contravene or constitute a default under any provision of applicable law or regulation or of any judgment, injunction, order, or decree binding on the Sponsor, or its property.

C. Enforceability

This AHP Agreement and the Related Documents to which the Sponsor is a party have been or will be duly executed and delivered and are, or upon execution will be, the valid and legally binding obligation of the Sponsor, enforceable against the Sponsor in accordance with their respective terms.

D. No Breach

The consummation of the transactions contemplated hereby and the execution, delivery and performance of this AHP Agreement and the other Related Documents by the Sponsor will not violate or constitute or result in a material breach of or a default under any agreement, mortgage, deed of trust, lease, loan or security agreement, corporate charter, articles, or bylaws, as applicable, or any other instrument to which the Sponsor is a party or by which it may be bound or affected.

E. Statements

The information given by the Sponsor in the AHP Application and in other documents provided to the FHLBNY and the FHLBNY Member Financial Institution, and in any oral statement made by the Sponsor, in connection with the AHP Application and the Project, are complete and accurate in all material respects.

F. Eligibility Standards, Use of Funds

The Project meets, or will meet upon its completion, the applicable minimum eligibility standards set forth in § 1291.23 and 24 of the AHP Regulation. The Subsidy will be used only as set forth in the AHP Application, and consistent with the AHP Requirements.

22. FHLBNY Member Financial Institution's Representations and Warranties: The FHLBNY Member Financial Institution represents and warrants to the FHLBNY that as of the effective date of this Agreement, on each funding date of the Subsidy, and as of the dates the FHLBNY Member Financial Institution provides monitoring information and certifications to the FHLBNY and the AHP Regulation, the following:

A. Power and Authority

The execution, delivery and performance by the FHLBNY Member Financial Institution of this AHP Agreement and the Related Documents to which the FHLBNY Member Financial Institution is a party are within the corporate or other powers of the FHLBNY Member Financial Institution, have been duly authorized by all necessary action, does not contravene or constitute a default under any provision of applicable law or regulation or of any judgment, injunction, order, or decree binding on the FHLBNY Member Financial Institution, or its property.

B. Enforceability

This AHP Agreement and the Related Documents to which the FHLBNY Member Financial Institution is a party have been or will be duly executed and delivered and are, or upon execution will be, the valid and legally binding obligation of the FHLBNY Member Financial Institution, enforceable against the FHLBNY Member Financial Institution in accordance with their respective terms.

C. No Breach or Default

The consummation of the transactions contemplated hereby and the execution, delivery and performance of this AHP Agreement and the other Related Documents by the FHLBNY Member Financial Institution will not violate or constitute or result in a material breach of or a default under any agreement, mortgage, deed of trust, lease, loan or security agreement, corporate charter, articles, or bylaws, as applicable, or any other instrument to which the FHLBNY Member Financial Institution is a party or by which it may be bound or affected. To the best of the FHLBNY Member Financial Institution's knowledge, the FHLBNY Member Financial Institution is not in default under the Advances Agreement. To the best of the FHLBNY Member Financial Institution's knowledge, the FHLBNY Member Financial Institution is in full compliance with the FHLBNY's capital stock and collateral requirements on the funding date.

D. Statements

The information given by the FHLBNY Member Financial Institution in the AHP Application and in other documents provided to the FHLBNY, and in any oral statement made by the FHLBNY Member Financial Institution, in connection with the AHP Application and the Project, are complete and accurate in all material respects.

E. Eligibility Standards; Use of Funds

The Project meets, or will meet upon its completion, the applicable minimum eligibility standards set forth in § 1291.24 of the AHP Regulation or any other applicable AHP Requirements and the District Eligibility Requirements set forth in the Plan. The Subsidy will be used only as set forth in the approved AHP Application, and will be consistent with the AHP Requirements.

- 23. Access to Information:** The FHLBNY Member Financial Institution and the Sponsor each expressly authorizes the FHLBNY, and the Sponsor expressly authorizes the FHLBNY Member Financial Institution, to audit the Project, including loan documentation and books and records of account, and to conduct on-site inspections of the Project during normal business hours, and upon reasonable advance notice. The FHLBNY Member Financial Institution and the Sponsor each agree to fully cooperate in and with the FHLBNY's review of the Project, and to promptly provide to the FHLBNY all documents and information reasonably requested by the FHLBNY. The Sponsor agrees to fully cooperate in and with the FHLBNY Member Financial Institution's review of the Project, and to promptly provide to the FHLBNY Member Financial Institution all documents and information reasonably requested by the FHLBNY Member Financial Institution.
- 24. Suspended Counterparty Program:** The FHFA prohibits the FHLBNY from engaging, directly or indirectly, in certain transactions with individuals or entities on the FHFA's list of suspended counterparties, which is available on FHFA's website. Accordingly, neither the FHLBNY Member Financial Institution nor the Sponsor shall employ, contract for, or otherwise use the services of any person or entity on the FHFA's list of suspended counterparties (a suspended party) such that the suspended party would directly or indirectly participate in any contractual relationship in the mortgage, securities or other lending product business with the FHLBNY.
- 25. Assignment:** Neither the FHLBNY Member Financial Institution nor the Sponsor may assign or transfer any of its rights or obligations under this Agreement without the express prior written consent of the FHLBNY. The Sponsor shall notify the FHLBNY in writing of any such assignment before the funding of the Subsidy. In the event that the FHLBNY Member Financial Institution fails to obtain or loses its membership in the FHLBNY, the FHLBNY may disburse the Subsidy to another FHLBNY Member Financial Institution of the FHLBNY to which the FHLBNY Member Financial Institution has transferred its obligations under the AHP Application, or the FHLBNY may disburse the Subsidy through another Federal Home Loan Bank District to a member of that Federal Home Loan Bank District that has assumed the FHLBNY Member Financial Institution's obligations under the AHP Application.
- 26. Amendment; Waivers:** No modification, amendment, or waiver of any provision of this AHP Agreement or consent to any departure therefrom shall be effective unless set forth in writing and executed by the parties to this AHP Agreement. Any forbearance, failure, or delay by a party hereto, in exercising any right, power, or remedy hereunder or under law or regulation shall not be deemed to be a waiver thereof, and any single or partial exercise by a party of any right, power, or remedy shall not preclude the further exercise thereof. Every right, power, and remedy of a party shall continue in full force and effect until specifically waived by the party, in writing.
- 27. Jurisdiction; Legal Fees:** In any action or proceeding brought by the FHLBNY, the FHLBNY Member Financial Institution, or the Sponsor in order to enforce any right or remedy under this AHP Agreement, the parties hereby consent to, and agree that they will submit to, the jurisdiction of the United States District Court for the Southern District of New York or, if such action or proceeding may not be brought in federal court, the jurisdiction of the New York State courts located in the City of New York, Borough of Manhattan to the exclusion of all other courts. The FHLBNY Member Financial Institution, and the Sponsor agree to pay all attorneys' fees and other costs incurred by the FHLBNY in connection with any action or proceeding to enforce any right or remedy under this AHP Agreement.

- 28. Applicable Law; Severability:** This AHP Agreement shall be governed by the statutory and common law of the United States and, to the extent federal law incorporates or defers to state law, the laws of the State of New York (excluding, however, the conflict of laws rules of such State). In the event that any portion of this AHP Agreement conflicts with applicable law, such conflict shall not affect other provisions of this AHP Agreement that can be given effect without the conflicting provision, and to this end the provisions of this AHP Agreement are declared to be severable.
- 29. Environmental Indemnity:** The FHLBNY Member Financial Institution and the Sponsor jointly and severally agree to indemnify and hold FHLBNY harmless from and against all liabilities, claims, actions, whether foreseeable or unforeseeable, consequential damages, costs and expenses (including, but not limited to, sums paid in settlement of claims and all reasonable consultant, expert and legal fees and expenses of the FHLBNY's counsel) or loss directly or indirectly arising out of or resulting from any Hazardous Substance (as such term is defined below) being present at any time, whether before, during or after construction or rehabilitation, in or around any part of the Project, or in the soil, groundwater or soil vapor on or under the Project, including, but not limited to, those incurred in connection with any investigation of site conditions or any clean-up, remedial, removal or restoration work, or any resulting damages or injuries to the person or property of any third parties or to any natural resources. For the purposes of this paragraph, the term "Hazardous Substance" means any substance which is or becomes designated as "hazardous" or "toxic" under any federal, state or local law. This indemnity shall survive the expiration or termination of this AHP Agreement.
- 30. Notices:** All notices, requests or communications required hereunder shall be in writing and shall be deemed to have been duly given (i) upon delivery, if delivered personally, (ii) three (3) days after posting by certified mail, postage prepaid, return receipt requested, (iii) upon e-mail or (iv) the next day if delivered by a recognized overnight commercial courier, such as Federal Express, addressed in each instance to the parties at the following addresses or at such other addresses as shall be given by either of the parties to the other in accordance with this Section:

If to FHLBNY:

Federal Home Loan Bank of New York
101 Park Avenue
New York, New York 10178
Tel: [212-441-6850]
E-mail: [ahp@fhlbny.com]
Attention: [Affordable Housing & Community Investment Operations]

If to FHLBNY Member Financial Institution:

If to FHLBNY Member Financial Institution:
SEFCU
700 Patroon Creek Blvd
Albany, NY 12206
Tel: [518-783-1234]
E-mail: [bmaclasc@sefcu.com]
Attention: [Robert J. MacLasco]

If to Sponsor:

Bethesda House of Schenectady
834 State Street
Schenectady, NY 12307
Tel: [518-374-7873]
E-mail: [ksheppard@bethesdahouseschenectady.org]
Attention: [Kimarie Sheppard]

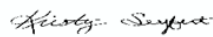
- 31. Counterparts; Electronic Signatures:** This Agreement may be executed in one or more counterparts, each of which is an original, and all of which together constitute only one agreement between the parties. The parties agree that the execution of this Agreement via an electronic signature is intended to authenticate this writing and to have the same force and effect as manual signatures.
- 32. Headings:** Paragraph headings in this AHP Agreement are included herein for convenience of reference only and shall not constitute a part of this AHP Agreement for any other purpose.
- 33. Consents:** Any time the FHLBNY's consent or approval is required hereunder, such consent or approval shall be consistent with the applicable requirements of the AHP Regulation and the FHLBNY's AHP Requirements.
- 34. Other Rights and Remedies:** Nothing in this AHP Agreement shall be deemed in any way to limit the FHLBNY's rights and remedies at law or in equity, or prevent the FHLBNY from taking any action at law or in equity in the event of the FHLBNY Member Financial Institution's or the Sponsor's failure, for whatever reason, to comply with any provision of this AHP Agreement, or to perform any promise or obligation or to satisfy any condition or requirement contained in this AHP Agreement or the AHP Requirements. Nothing in this AHP Agreement shall be deemed in any way to limit the FHLBNY Member Financial Institution's rights and remedies at law or in equity, or prevent the FHLBNY Member Financial Institution from taking any action at law or in equity in the event of the Sponsor's failure, for whatever reason, to comply with any provision of this AHP Agreement, or to perform any promise or obligation or to satisfy any condition or requirement contained in this AHP Agreement or the AHP Requirements.
- 35. Equal Opportunity and Non-Discrimination:** As required by the Housing and Economic Recovery Act of 2008, during the performance of this AHP Agreement, the Sponsor agrees that it shall practice the principles of equal employment opportunity and non-discrimination in all its business activities. The Sponsor shall include the provisions of the preceding sentence in any subcontract that it may enter for services or goods provided for the Project.
- 36. Entire Agreement:** The FHLBNY Member Financial Institution agrees that this AHP Agreement is subject to the terms and conditions of the Advances Agreement entered into between the FHLBNY and the FHLBNY Member Financial Institution, which is incorporated by reference.

Except as referenced in the previous sentence, this AHP Agreement embodies the entire agreement and understanding between the parties hereto relating to the subject matter hereof and supersedes all prior agreements between the parties that relate to the Project.

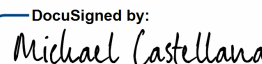
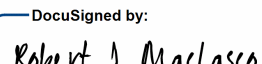
[SIGNATURE PAGE FOLLOWS]

PROJECT: FHFA #20A0229**PROJECT NAME: Cara House****FEDERAL HOME LOAN BANK OF NEW YORK:**By: 
(Signature)

Celena Núñez

VP, Director
(Print Name)1/8/2021
TitleDateBy: 
(Signature)

Kristy Seyfert

AHP Portfolio Manager
(Print Name)1/8/2021
TitleDate**FHLBNY MEMBER FINANCIAL INSTITUTION: SEFCU**By: 
DocuSigned by:
54E95FB8AA934D1...
(Signature)Michael J. Castellana
(Print Name)President and CEO
Title12/11/2020
DateBy: 
DocuSigned by:
357FF6D140094C4...
(Signature)Robert J. MacLasco
(Print Name)President SEFCU Mortgage Services
Title12/10/2020
Date**SPONSOR: Bethesda House of Schenectady**By: 
(Signature)Kimarie A. Sheppard
(Print Name)Executive Director
TitleDecember 9, 2020
DateBy: 
(Signature)Cathy Terwilliger
(Print Name)Board President
TitleDecember 10, 2020
Date

3A-1a Housing Leveraging Commitments

7. Signed Letter of Commitment between **Bethesda House** and **The Schenectady Foundation** for **Cara House**.



September 3, 2021

Kimarie Sheppard
Executive Director
Bethesda House
834 State Street
Schenectady, NY 12307

Dear Kim,

Congratulations! I am pleased to confirm that The Schenectady Foundation has approved a grant in the amount of \$100,000 to Bethesda House for the Cara House Supportive Housing project as described in your grant application. This grant is unconditional, and may be utilized for any expenses related to this project.

We will be in touch with you soon to discuss establishing a payment schedule, and periodic reporting on the progress of this project.

The Schenectady Foundation believes that Cara House will play an essential role addressing homelessness in our community.

With our best wishes for success,

Robert A. Carreau
Executive Director

3A-1a Housing Leveraging Commitments

8. Signed Award letter between **Bethesda House** and **New York State** for **Empire State Supportive Housing Initiative** funds



September 24, 2021

Kimarie Sheppard
Bethesda House of Schenectady
834 State Street
Schenectady, NY 12307
ksheppard@bethesdaohs.org

RE: Empire State Supportive Housing Initiative (ESSHI) Award

Dear ESSHI Awardee:

On behalf of the Empire State Supportive Housing Initiative (ESSHI) Interagency Workgroup, I am pleased to inform you that your agency has met the requirement of the conditional ESSHI award by demonstrating that the capital funds necessary to develop the proposed supportive housing project have been secured.

Therefore, this letter will serve as notification of the commitment of ESSHI funds in support of the forty (26) units to be developed as described in application #2020-00231 (Unit Sequence #s 207-232). The project site will be located at 917 State Street, Schenectady, NY (Schenectady County). The approved award provides \$25,000 per unit or \$650,000 annually. The ESSHI award will increase by a two (2) percent escalation factor, subject to the availability of State funds.

Please note that your assigned ESSHI State Contracting Agency (SCA) is the Office of Temporary and Disability Assistance (OTDA). You should continue to maintain frequent communication with the SCA in order to keep the Interagency Workgroup apprised of the status of the project in development and to develop the services and operating contract. The projected funding need of the project is 04/01/2022. Note that this commitment may be rescinded if any of the committed capital funds are withdrawn.

Note that the specifics of a resulting ESSHI contract, including but not limited to the work plan, staffing plan and budget, are subject to the review, modification and approval of the State Contracting Agency. The contract is further subject to review and approval by the Division of Budget, Office of the Attorney General, and Office of the State Comptroller, as well as the availability of State funds.

As a reminder, the ESSHI contract is designed to be a multi-year contract with an initial 5-year term, intended to be renewable for additional 5-year terms.

Congratulations and we wish you well in your endeavors in developing and providing needed supportive housing for homeless New Yorkers.

Sincerely,

Moira Tashjian, MPA
Acting Executive Deputy Commissioner
Office of Mental Health

Chair, Interagency Workgroup

cc: Jason Harper, OTDA

3A-2a Healthcare Formal Agreements

This attachment details the Healthcare Formal Agreements for NY **507**. It includes the following:

1. Signed MOU between **Bethesda House** and **Catholic Charities**, to provide services for **Cara House**.
2. Signed MOU between **Bethesda House** and **Ellis Health Center**, to provide services for **Cara House**.
3. Signed MOU between **Bethesda House** and **Jacquelyn Hassfurter, MS, APRN, PMHNP-C**, to provide services for **Cara House**.

It is expected the combined value of these agreements will well surpass 25% (\$50,000) of the requested CoC funds.

3A-2a Healthcare Formal Agreements

1. Signed MOU between **Bethesda House** and **Catholic Charities**, to provide services for **Cara House**.



VINCENT W. COLONNO
CHIEF EXECUTIVE OFFICER

STEPHANIE LAO, MSW
EXECUTIVE DIRECTOR

Sept 15th, 2021

To Whom It May Concern:

It is my pleasure to provide this letter of support to the submitted application for funds on behalf of Bethesda House of Schenectady. I understand the Cara House project which is anticipated to open in September 2022, will provide Residents with educational, medical, mental health, and case management Services. I can attest to a long professional collaboration between Project Safe Point and Bethesda House beginning in early 2017.

Project Safe Point provides community outreach and connection to Substance Use Treatment by utilizing Peer Navigation Specialist who work closely in the community to contact, engage, and remove barriers to treatment. Our collaboration with Bethesda House has meant that individuals who are in need of emergency services and also SUD treatment can easily access both resources in the community. We are committed to this team effort today and will continue to serve the community, as we have, in the future.

As Bethesda House grows with its expansion of Residential services at Cara House, Project Safe Point will continue to work with them to engage Residents in Substance Use treatment, support, and counseling. As the Director of Project Safe Point, I have committed to the collaboration with Bethesda House to have Peer Navigators engage and provide services to the population and clients served by Bethesda House. The relationship between Project Safe Point and Bethesda House is designed to address the critical basic needs of the homeless and impoverished of Schenectady County but also address the mental health and Substance Use that leads to such circumstances. Bethesda House staff work with Project Safe Point Peers to continually engage, provide support and information, but also create an easy pathway to treatment for those who are ready. The staff both at Bethesda House and Project Safe Point illustrate the care and concern necessary to reach people, but the efficacy needed for success in connections to treatment.

Due to the operations and success of this collaboration, I foresee our mutual efforts expanding with the new Residential Program at Cara House. Residents transitioning into supported housing will be able to have the support and access to treatment necessary for stabilization in the community. We commit to



VINCENT W. COLONNO
CHIEF EXECUTIVE OFFICER

STEPHANIE LAO, MSW
EXECUTIVE DIRECTOR

this collaboration for the Cara House Project starting in August 2022 and will review and renew the commitment annually. The estimated value of the collaboration is established at 50k a year to provide this medical consultation. I am able to fully support Bethesda House's receipt of funds to expand such services. Services that can increase case management, access to telehealth, and assistance with treatment compliance will be an asset to the community.

Sincerely,

Joseph Filippone



Director Project Safe Point

3A-2a Healthcare Formal Agreements

2. Signed MOU between **Bethesda House** and **Ellis Health Center**, to provide services for **Cara House**.



ELLIS HEALTH
CENTER

Family Health Center
624 McClellan St. Ste. 101
Schenectady, NY 12304
Phone 518-347-2260

Sept 15th, 2021

It is my pleasure to provide this letter of support to the submitted application for funds on behalf of Bethesda House of Schenectady. I understand the Cara House Project which is anticipated to open in September 2022, will provide residents with educational, medical, mental health, and case management services.

I can attest to a long professional collaboration with Bethesda House beginning in early 2019 when we instituted a medical program offering consults with our Family Medicine residents, treatment, and follow up care with onsite nursing and referrals to area providers. This collaboration and commitment to onsite medical services continues today.

In understanding the essence of the project and having a history with Bethesda House, I am confident in this recommendation. As the Ellis Family Medicine Residency Program Director, we have had a collaboration with Bethesda House to have our Family Medicine residents volunteer their time to engage and provide services to the population and clients served by Bethesda House. The relationship between the Ellis Residency Program and Bethesda House was designed to address the medical needs of individuals regardless of insurance, schedules, or treatment compliance. The ultimate goal was to provide an essential service then connect them to area providers to re-engage services or to Ellis Primary Care for ongoing support.

Due to the operations and success of this collaboration, I am excited about the possibilities with the new Residential Program at Cara House. The Family Medicine Residency program would like to continue to offer medical consults and prioritized aftercare through liaison work with other providers in the community or with the Ellis Medicine Primary Care team. We commit to this collaboration for the Cara House Project starting in August 2022 and will review and renew the commitment annually. The estimated value of the collaboration is established at 30k a year to provide this medical consultation.

This process will be facilitated by Bethesda House Medical and Social Work staff in conjunction with Ellis Medicine Family Medicine residency. I fully support Bethesda House's receipt of funds to expand such services. Services that can increase case management, access to telehealth, and assistance with treatment compliance will be an asset to the community.

Sincerely,

Dr. Petrillo

3A-2a Healthcare Formal Agreements

3. Signed MOU between **Bethesda House** and **Jacquelyn Hassfurter, MS, APRN, PMHNP-C**, to provide services for **Cara House**.

Sept 15th, 2021

To Whom It May Concern:

It is my pleasure to provide this letter of support to the submitted application for funds on behalf of Bethesda House of Schenectady. I currently am a consultant as a Psychiatric Nurse Practitioner for Bethesda House and provide Psychiatric evaluations, treatment, and case consults. I understand the Cara House project which is anticipated to open in September 2022, is to provide Residents with educational, medical, mental health, and case management Services.

I can attest to a long professional collaboration with Bethesda House beginning in July of 2019 when we began offering Psychiatric services onsite to those not connected to MH services and requiring support. The program offers easily accessible psychiatric services on a weekly basis, regardless of insurance coverage, and is designed to be a bridge to a permanent psychiatric provider in the community. This collaboration and commitment to onsite mental health services continues today.

In understanding the essence of the project and having a history with Bethesda House, I am confident in this recommendation. As a Psychiatric Nurse Practitioner consulting with Bethesda House of Schenectady, we have been able to provide immediate and accessible psychiatric evaluations and treatment to the homeless, impoverished, and underserved population of Schenectady. The onsite wrap around services support mental wellness and connection to resources such as insurance, food security, housing case management, and a daily safe haven. This unique program design helps individuals in the community to address all areas of their wellbeing and increase ability to stabilize in the community.

Due to the success of this collaboration, I foresee the program expanding with the new Residential Program at Cara House. Access to Psychiatric services on site for evaluations, crisis interventions, and treatment will have a significant impact on Residents of the new Program at Cara House. I commit to this continued collaboration beginning in September 2022 and will be renewed annually. The estimated value of the collaboration is established at 124k a year to provide psychiatric evaluations and treatment. This process will be facilitated by Bethesda House Social Work and Residential Staff in conjunction with the Psychiatric services I am able to provide. I fully support Bethesda House's receipt of funds to expand such services. Services that can increase case management, access to mental health information, and assistance with Mental Health treatment compliance will be an asset to the Residents of Cara House.

Sincerely,

Jacquelyn Hassfurter, MS, APRN, PMHNP-C