

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	11/12/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/29/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	10/29/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/03/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/08/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting - ...	11/08/2021
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...	11/08/2021
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting - Project Reject - Reduced

Attachment Details

Document Description: Public Posting - Projects Accepted

Attachment Details

Document Description: Web Posting-CoC-Approved Consolidated Application

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

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

This attachment details the Coordinated Entry (CE) Intakes for NY-519. It includes the following:

1. CE Intake: This is the CE Assessment and Intake Form used by NY-519.
2. CE Prevention Intake: This is the CE Prevention Assessment and Intake Form used by NY-519.
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-519'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-519.

Agency Name: _____

Agency Contact: _____

Has applicant previously completed a Coordinated Entry application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Has consented to participate in Coordinated Entry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				
1. First Name		Last Name				
2. Have you experienced domestic violence within the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		3. Do you need a confidential location to stay? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				
If applicant acknowledges experiencing domestic violence within the last 30 days STOP HERE Applicant should be provided with the number below: Columbia & Greene Counties Domestic Violence 518-943-9211 If applicant answers No to Question 2 and Question 3, then proceed to Question 4.						
4. Where did you sleep last night? Briefly explain:		5. Where are you going to sleep tonight? Briefly explain:				
If applicant indicates they slept and are going to sleep in a place not meant for human habitation, a safe haven, or in an emergency shelter, then score 1.			SCORE			
6. Primary Contact Number () -		Alternative Contact Number () -				
7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered Male to Female <input type="checkbox"/> Transgendered Female to Male		8. How old are you?	9. Date of Birth <small>MM/DD/YYYY</small> / /			
10. Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Don't Know <input type="checkbox"/> Asian <input type="checkbox"/> Refused <input type="checkbox"/> Black or African American		11. Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know				
12. Can person easily provide the following:						
		Social Security Card	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Driver's License or Non-Driver ID	<input type="checkbox"/> Yes <input type="checkbox"/> No Picture			
		Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Alien Registration	<input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Children and Accompanying Adult(s): <input type="checkbox"/> No Children <input type="checkbox"/> No Accompanying Adults						
Name (Last, First)	Relationship	Gender	Age	DOB	Social Security	Marital Status
If 18 – 24 years, then score 1. If 60 or older, then score 2.						SCORE
SPECIAL CONDITIONS						
14. Have you been diagnosed with a mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			15. Do you require personal care assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Diagnosis:						
16. Can you walk up stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Can you sleep on the top bunk? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Are you on any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If applicant has been diagnosed with a mental illness, then score 2.						SCORE
HOUSING STATUS						
19. In the past three years, how many times have you/family been housed and then homeless again?					_____	<input type="checkbox"/> Don't Know
20. Homeless Cause (or reason seeking services if not currently homeless) If Known						
<input type="checkbox"/> Benefits loss/reduction	<input type="checkbox"/> Release from hospital	<input type="checkbox"/> Job income loss/reduction	<input type="checkbox"/> Domestic Violence			
<input type="checkbox"/> Eviction	<input type="checkbox"/> Release psychiatric facility	<input type="checkbox"/> Natural disaster	<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Relocation	<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Don't Know			
<input type="checkbox"/> Release from prison/jail	<input type="checkbox"/> Asked to leave shared residence (e.g. living in a home of another due to hardship)	<input type="checkbox"/> Drug/alcohol abuse				

List the last 2 permanent addresses below

Address	County	Zip Code	Dates Move-in, Move-out	Reason for Move

If applicant indicates homelessness at least one year or on at least four separate occasions in the last 3 years, then score 2.

SCORE

MILITARY INFORMATION

21. Have you served one active day in the military? Yes No Don't Know **22.** Do you know your dates of service? _____

23. Do you know your discharge status? Yes No Don't Know **If Yes,** please indicate status: Honorable Dishonorable
 Uncharacterized Bad conduct General under honorable discharge Under other than honorable conditions Don't Know

If applicant indicates they have served one active day in the military, then score 1.

SCORE

If applicant answers **Yes to Question 23**, one of the agencies below should be contacted.

Please indicate which agency you intend to refer Veteran to on the next page of this assessment.

- Health Care for Homeless Veterans Program 1-877-424-3838
- Columbia County Veterans Service Agency 401 State St., Hudson, NY (518) 828-4611
- HUD VASH (518) 626-5150
- Soldier On 1-866-406-8449
- Greene County Veterans Service Agency 159 Jefferson Hts., Suite A104, Catskill NY (518) 943-3703
- Other: _____

EMPLOYMENT INFORMATION

24. Are you currently employed? Yes No
If Yes, where are you currently employed? _____ Hours Per Week: _____

25. Sources of Income for Applicant:

- \$ _____ Earned Income (i.e. employment)
- \$ _____ SSI
- \$ _____ Veteran's Disability Payment
- \$ _____ SSDI
- \$ _____ General Public Assistance
- \$ _____ Veteran's pension
- \$ _____ Child Support
- \$ _____ Unemployment benefits
- \$ _____ Private Disability Insurance
- \$ _____ TANF
- \$ _____ Retirement income from SSA
- \$ _____ Pension from a former job
- \$ _____ Alimony or other spousal support
- \$ _____ Other

Household Composition/Income

<i>Names of individuals who will live with the applicant</i>	<i>Sources of income* (Wages, SSI, AFDC, etc.)</i>	<i>Annual Income</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

26. Sources of Non-Cash Benefits:

<input type="checkbox"/> Food stamps	<input type="checkbox"/> Temporary Rental Assistance	<input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> MEDICAID health insurance program	<input type="checkbox"/> Other source
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> No Sources of Non-Cash Benefits
<input type="checkbox"/> TANF Child Care services	<input type="checkbox"/> Veteran's Administration (VA) Medical Services	
<input type="checkbox"/> Other TANF Funded services	<input type="checkbox"/> TANF Transportation service	

If applicant indicates that their household composition exceeds the household income and it based on the NYS AMI (see attached), then score 1. **SCORE**

CRIMINAL JUSTICE HISTORY

27. Have you or any member of the household ever been convicted for a crime? Yes No Don't Know Refused

If **Yes**, briefly explain when, where and the nature of the crime. **Note:** Response should include illegal drug type if checked and/or status and level should be indicated if sexual offense is checked.

28. Currently are you or any member of the household on Probation or Parole? Yes No Don't Know

If **Yes**, list the contact information for the Probation officer: **Name:** _____ **Contact Number:** () _____ - _____

29. If answered Yes, to Question 28, please explain if there are any legal restrictions? N/A

30. Do you have an order of protection against you? Yes No Don't Know

31. Do you have an order of protection against someone? Yes No Don't Know

32. If answered Yes, to Question 30 or Question 31, please list who and the relationship:

Who: _____ Relationship to You: _____

Who: _____ Relationship to You: _____

If applicant indicates a criminal history, current probation or parole status for self or any member of the house hold, then score 1. **SCORE**

HEALTH INFORMATION

33. Are you pregnant? Yes No Don't Know Refused **If yes, due date:** ____ / ____ / ____

34. Do you know your HIV status? Yes No Don't Know Refused

35. Do you have health insurance? Yes No Please specify type of insurance below **(Medicaid and Medicare ID number is required):**

Medicaid: _____ Medicare: _____ Other: _____

36. Disabling Condition	Diagnosis	Documented treatment	Would like treatment	Comments:
Chronic physical illness/disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Developmental disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Substance use disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If applicant is pregnant, then score 1. **SCORE**

If applicant indicates having any disability, then score 2. If applicant indicates having multiple disabilities, then score 3. **SCORE**

ELIGIBILITY FOR SERVICES

Applicant is eligible for CoC related services? Yes No

Applicant is eligible for other community services? Yes No

REFERRAL INFORMATION

CoC Related Service Yes No

Other Related Service Yes No

Agency:

Agency Contact:

Referral Notes Here:

VULNERABILITY INDEX SCORING

Chronically Homelessness Status

Applicant has been continuously homeless for a year or more or has had four (4) episodes of homelessness in the last three (3) years.

Yes No Unable to determine

HUD defines "homelessness" as "sleeping in a place not meant for human habitation (e.g. living on the streets for example OR living in a homeless emergency shelter).

	SUBTOTAL	Explanation Here <i>(if necessary)</i>
If applicant indicates they slept and are going to sleep in a place not meant for human habitation, a safe haven, or in an emergency shelter, then score 1.		
If 18 – 24 years, then score 1.		
If 60 or older, then score 2.		
If applicant has been diagnosed with a mental illness, then score 2.		
If applicant indicates they have served one active day in the military, then score 1.		
If applicant indicates homelessness at least one year or on at least four separate occasions in the last 3 years, then score 2.		
If applicant indicates that their household composition exceeds the household income and is based on the NYS AMI (see attached), then score 1.		
If applicant indicates a criminal history, current probation or parole status for self or any member of the house hold, then score 1.		
If applicant is pregnant, then score 1.		
If applicant indicates having any disability, then score 2.		
If applicant indicates having multiple disabilities, then score 3.		
TOTAL NUMBER OF POINTS		

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-519

COLUMBIA-GREEN COUNTY CONTINUUM OF CARE PREVENTION ASSESSMENT

ARE YOU SEEKING HOUSING SERVICES? <input type="checkbox"/> No <input type="checkbox"/> Yes	HAVE YOU PREVIOUSLY COMPLETED AN APPLICATION FOR ASSISTANCE THROUGH COORDINATED ENTRY? <input type="checkbox"/> No <input type="checkbox"/> Yes
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IF CLIENT IS NOT SEEKING HOUSING SERVICES, A HOUSING ASSESSMENT DOES NOT NEED TO BE COMPLETED

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

PREVENTION STOP HERE – REFER CLIENT TO APPROPRIATE PREVENTION SERVICES AND SEND THIS FORM TO THE APPROPRIATE CE COORDINATOR

HMIS INFORMATION

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

*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) <input type="checkbox"/> Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc) <input type="checkbox"/> Emergency shelter , including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	*LENGTH OF STAY IN PREVIOUS PLACE <input type="checkbox"/> 1 night or less <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> Client Refused <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> Data Not Collected <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR IN SH IN THE PAST THREE YEARS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

---NEXT PAGE---
OR

INSTITUTIONAL SITUATIONS:		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail , prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> 1 night or less <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer	<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>
DID THE CLIENT STAY LESS THAN 90 DAYS		IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, ES, or SH?
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> 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	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>	

OR

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

OR

UNKNOWN (ONLY IF NECESSARY)		
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		
<input type="checkbox"/> <i>Client doesn't know</i> <input type="checkbox"/> <i>Client refused</i> <input type="checkbox"/> <i>Data not collected</i>		

***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)
<input type="checkbox"/> Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc) <input type="checkbox"/> Emergency shelter , including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing

OR

INSTITUTIONAL SITUATIONS:
TYPE OF RESIDENCE (TONIGHT)
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail , prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center

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IS CLIENT GOING TO LEAVE WITHIN 14 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	HAS A SUBSEQUENT RESIDENCE BEEN IDENTIFIED? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
DOES INDIVIDUAL OR FAMILY HAVE RESOURCES OR SUPPORT NETWORKS TO OBTAIN OTHER PERMANENT HOUSING? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT HAD A LEASE OR OWNERSHIP INTEREST IN A PERMANENT HOUSING UNIT IN THE LAST 60 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
HAS THE CLIENT MOVED 2 TIMES OR MORE IN THE LAST 60 DAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

OR

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

OR

UNKNOWN (ONLY IF NECESSARY) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	LIVING SITUATION VERIFIED BY (NAME OF AGENCY)
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***INCOME & SOURCES / NON-CASH BENEFITS**

*INCOME FROM ANY SOURCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK & FILL IN MONTHLY AMOUNT FOR ALL THAT APPLY	
<input type="checkbox"/> Earned Income\$ _____ <input type="checkbox"/> SSI\$ _____ <input type="checkbox"/> VA Service-Connected Disability Compensation\$ _____ <input type="checkbox"/> Private Disability Insurance\$ _____ <input type="checkbox"/> TANF\$ _____ <input type="checkbox"/> Retirement from SSA\$ _____ <input type="checkbox"/> Child Support\$ _____ <input type="checkbox"/> Other\$ _____	<input type="checkbox"/> Unemployment Insurance\$ _____ <input type="checkbox"/> SSDI\$ _____ <input type="checkbox"/> VA Non-Service Connected Disability Pension\$ _____ <input type="checkbox"/> Worker's Compensation\$ _____ <input type="checkbox"/> General Public Assistance\$ _____ <input type="checkbox"/> Pension or Retirement from former job\$ _____ <input type="checkbox"/> Alimony or Other Spousal Support\$ _____
*NON-CASH BENEFITS FROM ANY SOURCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK ALL THAT APPLY	
<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Service	<input type="checkbox"/> Other TANF Funded Svcs

***HEALTH INSURANCE / DISABLING CONDITIONS**

*COVERED BY HEALTH INSURANCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK ALL THAT APPLY	
MEDICAID <input type="checkbox"/> No <input type="checkbox"/> Yes State Children's Health Insurance Program <input type="checkbox"/> No <input type="checkbox"/> Yes Employer provided Health insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Private Pay Health Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Indian Health Services <input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE <input type="checkbox"/> No <input type="checkbox"/> Yes VA Medical Services <input type="checkbox"/> No <input type="checkbox"/> Yes Health ins. Via COBRA <input type="checkbox"/> No <input type="checkbox"/> Yes State Health Ins. Adults <input type="checkbox"/> No <input type="checkbox"/> Yes

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*PHYSICAL DISABILITY		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*DEVELOPMENTAL DISABILITY			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*CHRONIC HEALTH CONDITION		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*HIV/AIDS			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*MENTAL HEALTH PROBLEM		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*SUBSTANCE ABUSE PROBLEM		IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Alcohol (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes, Drug (SEE RIGHT) <input type="checkbox"/> Client Refused <input type="checkbox"/> Yes, Both (SEE RIGHT) <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

*** DV STATUS**

*DOMESTIC ABUSE VICTIM/SURVIVOR			
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW)		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: WHEN EXPERIENCE OCCURRED		IF YES: ARE YOU CURRENTLY FLEEING?	
<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> From 6 to 12 months ago <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> More than a year ago		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Data Not Collected	
DO YOU NEED A CONFIDENTIAL LOCATION TO STAY?			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

---NEXT PAGE---

VULNERABILITY INDEX SCORING FOR Prevention		
<u>Prioritization Criteria</u>		
Urgency of Housing Situation	SCORE	SUBTOTAL
Lock out -Sheriff	3	
Warrant (stayed or not)	2	
Court/Trial date	2	
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, Subsidized or Voucher Assisted Housing	3	
At Risk of Losing Supportive Housing	1	
Domestic Violence 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	
Client (or member of household) indicates a criminal history, current probation or parole status	2	
Client (or member of household) is pregnant	2	
Client (or member of household) is a Veteran	2	
TOTAL POINTS		

---END---

PROCEED CRHMIS INCLUSION DISCLOSURE AND RELEASE OF INFORMATION

CRHMIS CLIENT INCLUSION DISCLOSURE FOR COORDINATED ENTRY PROJECTS

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:

PROJECT: NY -519 Columbia-Green County Coordinated Entry
CONTACT NUMBER:

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.

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.

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.

Please indicate method by which acknowledgement was received.

- Phone
- In Person

IMPORTANT - CLIENT IS TO BE GIVEN PAGES 1 AND 2

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.

Columbia & Greene

Coordinated Entry

Policies and Procedure Manual

Implementation, Governance and Evaluation of
the Coordinated Entry System in the
Columbia & Greene Continuum of Care (CoC)

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Introduction

Document Overview

To implement and maintain a bilateral county wide Coordinated Entry (CE) System, Columbia & Greene Housing Coalition's Coordinated Entry Committee, along with the Collaborative Applicant, CARES, has 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.

Implementing Coordinated Entry is a requirement under the CoC program Interim Rule, all CoC funded and ESG (Emergency Solutions Grant) funded agencies are required to participate. The Columbia & Greene Coordinated Entry process is a necessary system for developing a systemic response to homelessness. The Columbia & Greene Coordinated Entry System ensures that people experiencing homelessness are prioritized for and matched with the right intervention as quickly as possible. This process standardizes the access, assessment, prioritization, and referral process across all providers who are CoC and for some that are non-CoC funded.

The Coordinated Entry Policies and Procedure will:

- Assist with the coordination of service delivery across Columbia & Greene and will be the foundation of the coordinated entry system;
- Assist in assessing individuals and families consistently to determine program eligibility;
- Assist in administering programs fairly and methodically;
- Establish common performance measurements for all local CoC components including outreach, Emergency shelters and prevention service; and.

The Policy and Procedures have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. 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 to provide comprehensive services to the community's homeless population

Coordinated Entry works by establishing one process to assess the situation of all households who request help through the housing crisis response system. There are four core elements to the Coordinated Entry System Access, Assessment, Prioritization and Referral this manual will provide details about each of these four system functions.

Goals of Coordinated Entry

CE is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions. It helps communities prioritize assistance based upon vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. CE also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

Primary goals for the coordinated entry processes are:

- Assistance will be allocated as effectively as possible,
- Assistance is easily accessible no matter where or how people present

Purpose of Coordinated Entry

Coordinated Entry is considered one of the many interventions in a community's united effort to prevent, reduce, and combat homelessness. The process works best and provides the greatest value if it is driven by "What does the client need" rather than by provider eligibility. Coordinated entry refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. The Columbia & Greene CoC Coordinated Entry (CE) process is designed to identify, engage, and assist homeless individuals and families and ensure those who need assistance are connected to proper housing and services. The implementation of coordinated entry is considered a 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; and
- 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 CoC and/or ESG funded fill all vacancies through referrals, while non-funded projects are strongly encouraged to accept referrals from the coordinated entry process.

Training: Lead CE representatives from each CoC will meet quarterly with collaborative Applicant to discuss policies and procedures and prioritization process. CE affiliates will be trained semiannually at funded member only meetings to ensure that all staff administering assessments has access to materials that clearly describe the methods by which assessments are conducted. A webinar training will be available for all CE affiliates that will provide step by step instructions on how to complete assessment tool, what documents must be submitted with tool and walk participants through referral process. A checklist noting the specific documents that must be submitted to verify disability and homeless status is attached to

the assessment. Training will also include a review of the policies and procedures and prioritization process for Coordinated Entry.

Operating procedures of the Columbia & Greene Coordinated Entry System

Coordinated Entry is an evolving practice as new research, models and assessment tools are continually being created. A CoC's CE process must be flexible and responsive to new information about more effective approaches as the process evolves and other services are wrapped into coordinated Entry.

The Target Population for Coordinated Entry may include:

- Chronically Homeless
- Homeless
- Veterans
- Domestic Violence
- Substance Abuse
- Mental Illness
- Youth
- Physically Disabled
- Families
- HIV / AIDS
- Unstably housed (Prevention services OR youth 18-24)

Full implementation and operation of the Coordinated Entry system includes the following Core Elements:

Access: The engagement point for persons experiencing a housing crisis.

- The Columbia & Greene Coordinated Entry System has adopted a No Wrong Door approach whereby assessment can be conducted regardless of which community stakeholder and/or CoC provider the client presents. This ensures that Consumers should have equal access to information and advice about the housing assistance for which they are eligible and assist them in making informed choices about available services that best meet their needs regardless of language barriers or impairments.
- Examples of access points include private and publicly funded homeless shelters, Local DSS, (when allowed) Temporary Assistance (TA) staff, street outreach projects, PSH/RRH programs, and outpatient treatment clinics.

Assessment: Upon access CoC providers associated with the Coordinated Entry Process will begin assessing the person's housing needs.

- A universal intake and assessment form will be utilized for all consumers. The process will be easy on 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 process will prevent duplication of services, reduce length of time homeless and improve communication among agencies.

Prioritization: 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 where their individual needs can be met.

- People experiencing chronic homelessness are prioritized within the CE waitlist for permanent supportive housing. In addition to prioritizing people experiencing chronic 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.
- If it happens that the current Columbia & Greene Coordinated Entry waitlist shows no chronically suitable households, with HUD guidance, a non-chronic homeless household may be approved for a vacant unit. It is expected that while CE members meet program definitions for admission that simultaneously all efforts have been undertaken to locate persons that would be considered the highest priority and a form documenting this action must be completed by agency accepting non-chronic household and approved by the lead CE agency.

Points to consider when prioritizing households for housing and homelessness assistance: Based on Vulnerability Scoring from Coordinated Entry Application

Chronically homeless households are prioritized within the Coordinated Entry waitlist; applications are given a vulnerability score based on points given for the following. (List below is not in order of points awarded)

- Over 60 years of age- 2 points
- Veterans- 1 points
- Youth (18-24 years old)- 1 point
- Chronic homelessness- 2 points
- Currently unsheltered- 1 point
- Disability- 2 points -OR-
- Multiple disabilities- 3 points
- Diagnosed with mental illness- 2 points
- Applicant has child with a mental illness- 2 points
- Applicant indicates that they do not have an income or receive public assistance only- 1 point
- Pregnant- 1 point
- Applicant indicates a criminal history, current probation or parole status for self or any member of the house hold- 1 point

Referral: Persons will be referred to available housing resources and services in accordance with the CoC's documented prioritization guidelines.

- The point of entry (POE) agency completes the (CE) intake/assessment with a signed consumer consent/release form.
- All (CE) Point of Entry (POE) locations offer the same assessment approach and referrals using uniform decision-making processes. A person presenting at a coordinated entry location is not steered towards any program or provider simply because they presented at that location.

Referral protocols: Programs that participate in the CoC's coordinated entry process accept all eligible referrals unless the agency has documentation that would support rejecting a referral.

Referral Rejection Policy: Both CoC providers and program participants may deny or reject referrals from the defined CE access point, although service denials should be infrequent and must be documented with specific justification as prescribed by the CoC. The specific allowable criteria for denying a referral must be established by the CoC, must be shared with each project and client, and be reviewed and updated annually. All participating projects and client must provide the reason for service denial, and may be subject to a limit on number of service denials.

Coordinated Entry System Ensures:

- **Low Barrier:**
 - The coordinated entry process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record.
- **Person-Centered:**
 - The coordinated entry process incorporates participant choice, which may be facilitated by questions in the assessment tool or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.
- **Emergency Services:**
 - The coordinated entry process does not delay access to emergency services such as shelter through the local Department of Social Services.
 - Emergency Shelter providers will be invited to the Coordinated Entry monthly meetings. DSS places families and singles at emergency shelters and hotel/motels throughout Columbia & Greene
- **Prevention Services:**
 - Referral to Prevention Services Provider is made through the Coordinated Entry system.
 - Community Action of Greene County, Inc. administers The Solution to End Homelessness Program (STEHP) for Greene County residents. STEHP provides prevention assistance for individuals and families who are currently involved in the eviction process and are income eligible. Eligible applicants receive comprehensive supportive services throughout their eviction and / or housing stabilization process. Services include financial assistance to remain in or obtain new permanent housing, as well as advocacy, information, and referral to other community resources.
 - The Legal Aid Society of Northeastern New York (LASNNY) administers the Solutions to Eligible Homelessness Program (STEHP) to eligible Columbia and Greene County residents. We provide prevention assistance to financially eligible residents who are at risk of eviction. Financial eligibility is at or below 30% of area median household income, while at risk eligibility is persons who are within 21 days or less of eviction. Typical issues we address are landlord tenant advocacy, eviction representation, benefits advocacy, code violations, illegal lockouts, public and subsidized housing and other lease terminations, and utility shut offs or denials of utility service.
- **Inclusive:**
 - A coordinated entry process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence.

- All subpopulations including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, transgendered persons, and refugees and new immigrants must be provided equal access to the CoC's Coordinated Entry System services regardless of the characteristics and attributes of their specific subpopulations.
- **Ongoing planning and stakeholder consultation**
 - The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.
- **Informing local planning:**
 - Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.
- **Safety planning:**
 - The coordinated entry process ensures the safety of the individuals seeking assistance. This ensures that people fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA). The CoC coordinates with victim/non-victim providers to ensure DV survivors are provided housing services that uphold safety by prioritizing programs that collaborate to offer victims a wide range of options. Households presenting at non-victim providers are linked with DV services via a phone assessment. Households are given options including VAWA and CoC services to guard personally identifiable information. If a client is eligible and elects DV services the provider will end intake, void electronic record and connect victim with DV service provider. If client elects for non DV services, the Client is referred to a nonvictim provider to fulfill CoC CE process. VAWA compliant informed consent is required to provide information to other providers.
- **Street Outreach:**
 - Programs that are staffed by outreach workers will address homeless individual and families housing by offering ongoing engagement with those not able or willing to access housing services on their own. Street outreach services by local DSS staff will have access to CE assessment tools and are well to complete coordinated Entry application and provide follow up with the client while the client transitions to being housed. Unsheltered persons will be engaged by local DSS staff and will be offered immediate support, intervention and connections with homeless assistance programs, social services and housing programs including permanent supportive housing. Street outreach efforts are linked to the coordinated entry process when the local DSS participates in the well-defined CE system. Through the collaboration with the local DSS staff and their street outreach efforts, The Columbia & Greene Coordinated Entry Committee is committed to the people on the streets being prioritized for assistance in the same manner as any other person assessed through the Coordinated Entry process.
- **Using other systems for Coordinated Entry process:**

- Columbia & Greene will use document sharing to collect and manage data associated with assessments and referrals in addition to an excel workbook designed to track activity and produce reports for weekly communication.
- **Fair and Equal Access:**
 - The Columbia & Greene Coordinated Entry system will ensure fair and equal access so that all people can easily access the Coordinated Entry process and the process for accessing help is well known.
 - All programs will ensure fair and equal access to CE system programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or domestic violence status.
 - To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation within the Coordinated Entry System.
 - If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.

Marketing: 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. Marketing strategies may include participating agencies utilizing their websites to advertise that they are a point of access and a brochure outlining the coordinated entry process as well as where individuals can go to apply for housing assistance through the CoC. This flyer will be available at community organizations such as health centers, churches and libraries.

Evaluation/Oversight: Grievance/Appeal process:

- There will be formal grievance and appeals process overseen 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. It is Coordinated Entry policy to make every effort to settle difficulties and problems which may occur in the Coordinated Entry process.
- Every client who participates in the Coordinated Entry process is entitled to file a grievance if they have a complaint about the services they receive from any participating Coordinated Entry Agency. We would encourage every client to first attempt to resolve problems directly with the Agency that they are working with in the housing process. If, after addressing concerns with the Agency, the client is not satisfied with the outcome, then the client should proceed with the grievance procedure.
- Coordinated Entry Grievance Form will be available at each participating CoC Agency.
- The Coordinated Entry Committee will engage in regular evaluations. The committee will recommend changes to the CE process after these evaluations. Changes will be recommended to and approved by the COC Board. The Coordinated Entry Committee will also be responsible for overseeing the grievance and appeals process within CE.

- Coordinated Entry formal meetings will occur biweekly. This meeting should 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 will be evaluated on their level of participation in Coordinated Entry including having CE committee members who attend and actively participate in the monthly meetings, taking referrals from coordinated entry, and regular updates on vacancies and waiting list. Participation in coordinated entry will be tracked through shared documentation 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 by all stakeholders annually. Recommendations for policy change will be presented to the COC Board.

*The statements in this manual may be impacted by resources available to the funded agencies.

I have received the Policy and Procedures Manual for the Columbia & Greene 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: _____

Please return this page to your Coordinated Entry Lead:

Tara Lehmann

HUD Program Supervisor

MHACGC

45 Five Mile Woods Rd.

Suite #2

Catskill, NY 12414

Phone: (518) 943-2930 x363

Fax: (518) 943-2910

Acronym Index

- ❖ **CoC: Continuum of Care** is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families
- ❖ **CE:** Coordinated Entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.
- ❖ **DSS:** Department of Social Services
- ❖ **DV:** Domestic Violence
- ❖ **ES:** Emergency Shelter
- ❖ **ESG:** Emergency Solutions Grants The purpose of the **Emergency Solutions** Grants (**ESG**) program is to assist individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness.
- ❖ **HEARTH:** Homeless Emergency Assistance and Rapid Transition to Housing Act on May 20, 2009, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 was signed. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes,
- ❖ **HMIS:** Homeless Management Information System is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.
- ❖ **HUD:** Housing Urban Development
- ❖ **POE:** Point of Entry
- ❖ **PSH:** Permanent Supportive Housing is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible.
- ❖ **RRH:** Rapid Re-housing is an intervention, informed by a Housing First approach that is a critical part of a community's effective homeless crisis response system. Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.
- ❖ **TA:** Temporary Assistance
- ❖ **TH:** Transitional Housing is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services.

- ❖ **VAWA**: Violence Against Women Act U.S. federal legislation that expanded the juridical tools to combat violence against women and provide protection to women who had suffered violent abuses.

Funded Agency Contact Information

Columbia Opportunities, Inc.: 518-828-4611
540 Columbia Street, Hudson, NY

Community Action of Greene County, Inc.: 518-943-9205
7856 US Highway, Catskill, NY

Mental Health Association of Columbia & Greene Counties: 518-943-2930 ext. 363
45 Five Mile Woods Road, Suite #2 Catskill, NY 12414

St Catherine's Center for Children: 518-869-1960 ext. 18

Columbia and Greene County Coordinated Entry Grievance Policy

It is the Columbia and Green Coordinated Entry's policy to make every effort to settle difficulties and problems which may occur in the Coordinated Entry process.

Every client who participates in the Coordinated Entry process is entitled to file a grievance if they have a complaint about the services they receive from any participating Coordinated Entry Agency.

We would encourage every client to first attempt to resolve problems directly with the Agency that they are working with in the housing process.

If, after addressing concerns with the Agency, the client is not satisfied with the outcome, then the client should proceed with the grievance procedure.

The *Columbia and Greene County Coordinated Entry Grievance Form* will be available at each participating COC Agency.

There are two levels of review available for each grievance filed:

Level 1:

- The first person to review the grievance will be the Coordinated Entry Lead
- Once the grievance is received, the Coordinated Entry Lead will contact and meet with the client within (3) business days.
- After the meeting, the Coordinated Entry lead will complete part II of the grievance form and inform the client of the outcome.
- The client will complete Part III and sign and date the form.
- If Client agrees with the outcome, the process ends and the resolution is implemented
- If Client disagrees they move to the next level of grievance.

Level 2:

- The Columbia and Green County Coordinated Entry Committee (if member is employed by agency involved in grievance member will excuse him/herself) will review grievance and complete part IV of grievance form.
- After this meeting the Coordinated Entry lead will contact the client to convey possible resolutions.
- The client will complete Part V of the *Columbia and Greene County Coordinated Entry Grievance Form*.
- If Client agrees the process ends and the resolution is implemented
- If Client disagrees Client may bring grievance to the Columbia and Greene County Executive Board.

Columbia and Greene County Coordinated Entry Grievance Form

Part I:

Your Name (Please Print):

Date:

Agency Name:

Please state your concern *(use back of form, if necessary):*

What action would you suggest?

Your Signature:

Date:

Part II:

To Be Completed by Coordinated Entry Lead

CE Lead Name

Date Grievance Received:

Recommended Grievance Solution:

CE Lead Signature:

Date:

Part III:

To be completed by client, name above:

_____ **I am satisfied with the recommended grievance solution.**

_____ **I am not satisfied with the recommended grievance solution.**

Signature of Client:	Date:
Part IV:	
To Be Completed by Coordinated Entry Committee	
Name:	
Date Grievance Received:	
Date of Committee Review:	
Final Grievance Solution:	
Date Discussed with Client:	
Panel Facilitator Signature:	Date:
Part V:	
To be completed by client:	
<input type="checkbox"/> I am satisfied with the recommended grievance solution.	
<input type="checkbox"/> I am not satisfied with the recommended grievance solution.	
Signature of Client:	Date:

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

4. **NY-519's Written Standards, Coordinated Entry Prioritization Section:** This document details how the CE program prioritizes people most in need of assistance.

- Establish common core performance measures for all CoC and ESG component types
- Provide the basis for monitoring CoC and ESG funded projects
- Establish how standards will be reviewed regularly and evaluated for effectiveness

Ongoing Review & Evaluation

As a document that represents the CoC, its housing and services available, as well as local goals and values, these standards serve as a resource for providing assistance across the continuum in order to prevent end homelessness.

These standards are to be reviewed annually to ensure the system of providing assistance is transparent, local priorities are clear to all recipients, and as a CoC that limited resources are being used strategically. To guarantee the written standards are implemented comprehensively, project performance, HMIS data, Coordinated Entry tracking, as well as project participant and stakeholder input will all be considered when evaluating the written standards for effectiveness. As noted in the bylaws, ongoing review and evaluation of these standards will be completed at least annually.

Accessing Assistance

The Columbia Greene Housing Coalition's *Coordinated Entry Policies and Procedures* is to be referenced per assistance type as it relates to *accessing assistance*. The *Policies and Procedures* outline the standardized access, assessment, and referral process for housing and other services across agencies in a community. This process is not intended to determine acceptance into a program; it is meant to prioritize community services based on need. This process is intended to assure household eligibility for waiting list acceptance with programs having the ability and responsibility to ensure that household needs are best served by their program. The goal of Coordinated Entry is to link all Emergency Solutions Grant, CoC funded, and non-CoC funded programs in order to best assess households to effectively and efficiently refer households to services. The *Coordinated Entry Policies and Procedures* can be found on the Columbia Greene Housing Coalition's website: caresny.org/system-planning/#519_CGHC

Prioritization Standards

These written standards establish the community-wide expectation of how resources are to be targeted within the community. This is 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 people who need assistance the most can receive it in a timely manner. All CoC funded programs accept referrals only through a single prioritized list that is created through the CoC's Coordinated Entry process, which is also informed by the CoC's street outreach. 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](#)

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:

- Those prioritized in CoC funded PSH beds **Dedicated** to Persons Experiencing CH **or** PSH **Prioritized** for Occupancy by CH Persons are, in order of prioritization:
 - First Priority- Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs are
 - Second Priority- Chronically Homeless Individuals and Families with the Longest History of Homelessness are prioritized in CoC funded PSH beds **Dedicated** to Persons Experiencing CH and PSH **Prioritized** for Occupancy by CH Persons
 - Third Priority- Chronically Homeless Individuals and Families with the most severe service needs are prioritized in CoC funded PSH beds **Dedicated** to Persons Experiencing CH and PSH **Prioritized** for Occupancy by CH Persons
 - Fourth Priority- All other Chronically Homeless Individuals and Families
 - Fifth Priority- Non-chronically homeless households, as long as the recipient of CoC Program-funded PSH documents how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area at the point at which a vacancy becomes available
- Those prioritized in PSH beds that are NOT Dedicated or Prioritized for Persons Experiencing Chronic Homeless, in order of prioritization:
 - First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness, fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months, **and** Severe Service Need
 - Second Priority - Homeless Individuals and Families with a Disability with Severe Service Needs. No minimum length of time required
 - Third Priority - Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs. No minimum length of time required
 - Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing where prior to residing in the TH had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in TH who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that TH project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the TH
 - Fifth Priority- All others that meet a lower priority of order, as long as the recipient of CoC Program-funded PSH documents how the determination was made that there were no eligible individuals or families within the CoC's geographic that met a higher priority

A Housing First Model is to be prioritized. Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions. Programs ensure that no potential clients are screened out or terminated based on any of the following criteria:

- Having too little or no income

- Active/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
- Being a victim of domestic violence
- Any other activity not covered in a lease agreement typically found in the CoC's geographic area

Anti-Discrimination Policy

Anti-Discrimination Policy in Administering Housing and Service Assistance

All CoC and ESG Program-funded projects within the CoC shall market to and serve all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach or accommodation and without regard to actual or perceived sexual orientation, gender identity, or marital status.

It shall be the policy of the Continuum of Care (CoC) to maintain and promote a safe environment for all persons in all CoC- and ESG-funded programs and beyond. All staff, volunteers, and contract providers are prohibited from engaging in any form of discrimination against or harassment of persons on the basis of actual or perceived race, ethnicity, immigration status, national origin, sex, disability, sexual orientation, gender identity, or gender expression. The CoC is committed to providing a healthy and accepting setting for all persons accessing services through its programs by hosting a mandatory training for all CoC- and ESG-funded agencies annually. Any discrimination against or harassment of staff or clients within a CoC- and ESG-funded program will not be tolerated. The provision of services to lesbian, gay, bisexual, transgender, and gender nonconforming persons in CoC- and ESG-funded programs shall be free of institutional and personal bias. CoC- and ESG-funded programs shall recognize and address the individual needs of each client and shall apply policies and practices fairly to all clients. If you have experienced harassment or discrimination in violation of this policy, please file a grievance according to facility policy. All grievances will be reviewed and investigated immediately.

All CoC and ESG Program-funded projects within CoC shall also comply with all State of New York and Federal statutes relating to nondiscrimination. These include but are not limited to:

- *Fair Housing Act (Title VIII of the Civil Rights Act of 1968)*, which prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- *Title VI of the Civil Rights Act of 1968*, (P.L. 88-352, 42 U.S.C. § 2000d, and implementing regulations) which prohibits discrimination on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical handicap, marital status, political affiliation, or national origin in programs and activities receiving federal financial assistance.
- *24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing*, which states housing assisted by HUD or subject to a mortgage insured by HUD shall be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.
- *Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity Final Rule (2012)*, which ensures that HUD programs are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status.

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

This attachment contains the following:

1. **NYS Homes & Community Renewal (HCR)** – Housing Choice Voucher Administrator
 - a. Administrative Plan – Highlighted Section: Homeless Preference

2. **Catskill Housing Authority - PHA**
 - a. No Homeless Preference

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

1. **NYS Homes & Community Renewal (HCR)** – Housing Choice Voucher Administrator
 - a. Administrative Plan – Highlighted Section: Homeless Preference



Homes and Community Renewal

STATEWIDE SECTION 8 VOUCHER PROGRAM

Section 8 Housing Choice Voucher Administrative Plan

Effective April 26, 2021

Version 2021 - 1

INTRODUCTION

The overall mission of the New York State Homes and Community Renewal (HCR) is Partnering to Improve and Preserve our Homes and Communities.

The New York State Homes and Community Renewal comprises all the State's major housing and community renewal agencies, among which are the Division of Housing and Community Renewal (DHCR) and the Housing Trust Fund Corporation (HTFC), a subsidiary public benefit corporation of the NYS Housing Finance Agency (HFA). HTFC contracts with DHCR to administer some of the activities of the Section 8 program.

Within the overall mission of the agency, this Administrative Plan serves as the HCR operational handbook for implementing the U. S. Department of Housing and Urban Development's (HUD) Section 8 Housing Choice Voucher (HCV) Program, including Enhanced and Project-based Vouchers). This Plan has been prepared in such a manner as to ensure compliance with all requirements set forth in 24 CFR §982.54 (Administrative Plan).

In the implementation of the Section 8 Housing Choice Voucher (HCV) Program, HCR acts as the Public Housing Agency (PHA) for all local programs under its purview. In this capacity as PHA, HCR has full responsibility for the satisfactory completion of all contractual obligations with HUD. The Section 8 tenant-based assistance programs are federally funded and administered for the State of New York by HCR through its Statewide Section 8 Voucher Program Office.

To effectively and efficiently implement the program over its entire Statewide jurisdiction, HCR has contracted with Local Administrators (LAs) to undertake necessary field activities. Day-to-day responsibility for local administration of the HCV Program in the field is assumed by each LA in its designated local area of operation. The divisions of responsibilities are detailed in a contract between HCR and each of its LAs.

The NYS HCR/Statewide Section 8 Voucher Program is authorized to administer the Section 8/Housing Choice Voucher Program statewide, currently in the following NYS jurisdictions: Allegany, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Nassau, New York (*Bronx, Brooklyn, Manhattan, Queens, Staten Island*), Niagara, Oneida, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rockland, Saratoga, Seneca, Schuyler, Steuben, St. Lawrence, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Washington, Wayne, Westchester, Wyoming and Yates Counties. HCR is also authorized to administer a mobility counseling program in Westchester County.

Administration of the Section 8 Program and the functions and responsibilities of the HCR staff will be in compliance with the HCR Personnel Policy and HUD's Section 8 Regulations as well as all Federal, State and local Fair Housing Laws and Regulations.

rules and regulations and HCR's Administrative Plan. The standards and policies currently used to safeguard the privacy and confidentiality of tenant information and tenant files should apply equally to the employee. Special efforts should be taken to assure that the employee/applicant is not receiving preferential treatment. This policy also applies to relatives of employees.

The word "relative" as used in this section pertains to parent, child, grandparent, grandchild, sister, or brother of any employee.

1.03 Preferences

HCR has established local preferences for tenant-based vouchers within the Housing Choice Voucher Program to further objectives towards improved residential stability, expanding housing opportunities and alleviating homelessness within New York State.

Each LA must give preference to applicants on their general tenant-based waiting list for the Housing Choice Voucher Program, as described below:

First priority shall be given to the following:

Households defined as Homeless.

A qualified household must fall under one of the two categories listed below as defined by HUD (10% of each LA's general allocation of regular vouchers must be dedicated to this preference - additional information below):

Category 1: An individual or family who *lacks a fixed, regular, and adequate nighttime residence*, meaning:

a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; *or*

b. An individual or family living in a supervised 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, or local government programs for low-income individuals); *or*

c. An individual who is exiting an institution where he or she 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.

Category 4: Any individual or family who:

a. Is *fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking*, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; *and*

b. Has no other residence; *and*

c. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

In addition to identifying as one of the categories listed above, **HCR requires** the applicant provide or obtain written verification from a coordinating shelter, housing provider, service agency or institution (for those being discharged) confirming the same.

Second priority will be given to the following (No limitation):

Households identified as Elderly and/or Disabled (as defined by HUD) or Families with Dependent Children.

Third priority (No limitation):

All applicants who do not meet the criteria to claim one of the preferences described above but meet all other eligibility criteria as described in HUD regulations and this Administrative Plan.

As allowed under HUD regulations, HCR has exercised its' discretion to limit the number of applicants that may qualify for a local preference, therefore, 10% of each LA's general allocation of regular vouchers, not including those programs with a separate project number (i.e., Mainstream, VASH), must be designated for the above stated homeless preference. As long as the maximum threshold of 10% for each LA has not been reached, the homeless preference remains active within their jurisdiction. Once an LA has reached the maximum allowable participants for this preference, all remaining applicants will be chosen in order of remaining priorities and by position on the waiting list. Once a participant's voucher, that was initially qualified for assistance under the homeless preference has been terminated or relinquished, the LA must re-activate the homeless preference until the maximum allowable threshold is reached. Each LA will be responsible for maintaining their tenant-based waiting list in accordance with these requirements.

For the PBV program, while the homeless preference stated above is not applicable, each project sponsor is encouraged to consider a homeless preference for their project as allowed by and through the competitive selection process, funding requirements and any additional programmatic requirements applicable at the time of award.

All LA's with closed waiting lists must first offer current applicants on the waiting list who qualify to receive the benefit of the preference to move up on the waiting list accordingly. The notice to applicants must include how to successfully apply and establish themselves with the homeless preference status which would include the same format we implement for new applicants including contacting the partnering agencies for referrals and/or determination of preference eligibility. If a closed waiting list is opened to establish homeless applicants, the LA should specify on any public notice that current waiting list applicants will also be given the benefit of the preference.

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

This attachment contains the following:

1. NY-519's Written Standards excerpt that details the CoC's Moving On Strategy.

MOVE ON STRATEGY FOR RECOGNITION OF TENANT INDEPENDENCE

Columbia Greene Housing Coalition (CGHC, the Continuum of Care for Columbia and Greene Counties) 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 CGHC 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 CGHC Board and Education/Outreach 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 is currently being implemented and includes recruiting local affordable housing providers to participate in the program, by setting preferences for tenants moving on from supportive housing. Phase II of the Move On Strategy will include advocating to New York State to incorporate a preference for individuals and families moving on from supportive housing units in the NYS Affordable Housing Corporation Plan.

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 households 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

CGHC 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

CGHC believes a programmatic reward/incentive structure for Moving On can assist in further promoting a culture of independence and self-sufficiency. The CoC will develop a variety of strategies to publicize and build interest in Moving On opportunities, including providing trainings on and working with providers to: post fliers in highly visible locations; host community meetings on Moving On; conducting one-on-one outreach to tenants; and encourage Moving On peers to talk about their experiences and engage tenants.

Moving on Timing and Availability

CGHC 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 CGHC 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. CGHC 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.

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 **Renewal Part 3 Tool** is ready for completion

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

(d) Email and website Screenshot announcing the final Rank & Review **New Project 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-519's draft Rank & Review **Renewal Part 1 Tool**

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

c) Email announcement and screen shot of public comment period for NY-519's draft Rank & Review **Renewal Part 2 Tool**

d) Blank Rank & Review **Renewal Part 2 Tool**

e) Email announcement for NY-519's Rank & Review **Renewal Part 3 Tool**

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

g) Email announcement and screen shot of public comment period for NY-519's draft Rank & Review **New Application Tool**

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

i) Email announcement and screen shot of public comment period for NY-519's draft Rank & Review **DV Bonus Tool**

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

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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 Tools** are ready for completion

From: Kathy Germain

Sent: Thursday, July 15, 2021 9:29 AM

To: Florence Ohle <fohle@cagcny.org>; Frank Pindiak <fpindiak@st-cath.org>; Jeanette Hemingway <jhemingway@st-cath.org>; Michael Geifand (mgelfand@mhacg.org) <mgelfand@mhacg.org>; Susan Cody <scody@mhacg.org>; Tina Sharpe <tsharpe@columbiaopportunities.org>; 'tlehmann@mhacg.org' <tlehmann@mhacg.org>

Subject: Columbia Greene Renewal Ranking Application- Due July 29th

Continuum of Care Applicants,

Please see attached:

- Rank and Review Part 1 and 2 Tool

The application is also available on the CARES website:

[CoC Resource Planning – 2021 | CARES of NY, Inc. \(caresny.org\)](https://www.caresny.org)

The application must be completed by **COB Thursday July 29, 2021** and submitted as a PDF attachment. Applications should be submitted to kgermain@caresny.org using your agency name/project name as the subject line. Reminder 1 PDF application per project.

Attached is the document in Word for your convenience as well as the HMIS data that you will use to answer questions in Part 1. Please feel free to reach out with questions or assistance.

[CoC Resource Planning – 2021 | CARES of NY, Inc. \(caresny.org\)](https://www.caresny.org)

Kathy Germain

Planning Associate – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, NY 12210

518-489-4130 ext. 728

<http://www.caresny.org>



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
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- NY 503 ACCH
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- NY 520 FEHC
- NY 522 PNHC
- NY 523 SNC
- NY 601 DCHC
- NY 606 RCCC
- NY 608 LICCC

Columbia Greene Housing Coalition (CGHC)

[CGHC Home Page](#)

2021 RANK & REVIEW DOCUMENTS

- FINAL: [2021 NY 519 Rank & Review Written Process](#)
- FINAL: [2021 NY 519 Rank & Review Attachment Checklist](#)
- FINAL: [2021 NY 519 Rank & Review Part 1 Tool](#)
- FINAL: [2021 NY 519 Rank & Review Part 2 Tool](#)

2021 RENEWAL PROJECTS

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

Applications due to Kathy Germain

- [NY-519 Renewal Project Application – Part 1](#)
- [NY-519 Renewal Project Application – Part 2](#)

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

View Rank & Review Archives

- 2020 Rank & Review: CGHC

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 **Renewal Part 3 Tool** is ready for completion

Kathy Germain

From: Kathy Germain
Sent: Wednesday, September 22, 2021 9:54 AM
To: Tina Sharpe; Florence Ohle; Susan Cody; Louisa Marra
Subject: Rank & Review Renewal Part 3 Tool: Ready for completion
Attachments: Final Version NY-519 Rank and Review 7-14-2021 8-34-52 AM - Copy.xlsx; Part 3- Interview Questions- 2021.docx

Good Morning Ladies,

Agencies interviews are scheduled for Wednesday September 29th. Attached are interview questions CARES has developed based upon HUD 2021 priorities. These questions were developed to ensure CoC's are addressing HUD policy directives and correlate to scoring in the Consolidated Application. We are requesting that you provide a bulleted response for each question as part of the interview. In order to complete final scoring of renewal applications, each agency will have approximately 20 minutes with time extended for those with multiple projects.

Zoom Link for Interviews

Join Zoom Meeting

<https://us06web.zoom.us/j/83887231939?pwd=UHMobTIwZSsvRGQ5MlVPSErzM2NTZz09>

For your Reference:

Question #3 – I have attached the HMIS data attachments that you used to complete your renewal ranking applications. If you scored low on any of the data sets because you are serving chronic and most vulnerable this will provide you an opportunity to explain challenges in serving this population.

Question #4- This question is also new and may not be that familiar. HUD is focusing scoring around Racial Equity, please address as you see fit.

Interview Schedule

1:30-1:50 Tina Sharpe Columbia Opportunities
2:00-2:45 Florence Ohle Community Action of Greene County
3:00-3:30 Susan Cody Mental Health Association
3:30-3:50 Louisa Marra SCCC

If these times do not work Tina has flexibility to switch. If you are unable to participate in person (virtually). You can send written responses and reviewers will score. Total scoring on these questions are 5 points, which is not a significant portion of total scoring. This year all Renewal Projects will be in Tier 1- so there shouldn't be concerns about threshold funding.

Kathy Germain

Planning Associate – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, NY 12210

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<http://www.caresny.org>

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: [CARES Planning Team](#)
To: [Allison Smith](#); [Amanda Pierro](#); [Ashley Almonte](#); [Barbara Palmateer](#); [Dan Kent](#); [Florence Ohle](#); [Jared Camacho](#); [Jason Fredenberg \(jfredenberg@discovergreene.com\)](#); [Kathy Applegate](#); [Kathy Germain](#); [Kelli Clark](#); [Kylie Proper](#); [Lindsay Arp](#); [Louisa Marra](#); [Maureen Corbett \(Maureen.corbett@va.gov\)](#); [mdebaise@galvanfdn.org](#); [Melissa Scheriff \(melissa.scheriff@columbiacountyny.com\)](#); [Rebecca Newton](#); [Renee Pine](#); [Robert Romaker](#); [Sue Paolino](#); [Susan Cody](#); [Tammy Hall](#); [Tara Lehmann](#); [Tina Sharpe](#); [William Brown](#)
Cc: [Amy Lacey](#); [Erin Reale](#); [Genesis Matthey](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#); [Samantha Barnaby](#)
Subject: Released for Completion CoC Funding Opportunities for New Projects: Deadline September 20, 2021
Date: Wednesday, September 8, 2021 2:26:00 PM
Attachments: [CGHC-2021-DV-Bonus-RFP- \(1\).pdf](#)
[image001.png](#)
[image002.png](#)
[CGHC-2021-NEW-PROJECT-RFP \(1\).pdf](#)

Good Afternoon Columbia Greene Housing Coalition 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 [Kathy Germain](#) using your agency name/project name as the subject line. New Project Applications will be scored by September 29th. Please be aware all new project applications are **due in EsnapS by October 1st** to meet HUD deadlines.

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

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

Thank you!

CARES Planning Team
200 Henry Johnson Blvd., Albany, NY 12210
(518) 489-4130 ext. 1

<http://www.caresny.org>

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
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 [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

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FINAL:  [2021 NY 519 Rank & Review Part 1 Tool](#)

FINAL:  [2021 NY 519 Rank & Review Part 2 Tool](#)

2021 NEW & BONUS PROJECTS

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

Applications due to Kathy Germain


New Project Application

 [NY-519 New Project Application](#)

Release Date: **September 8, 2021**

Due Date: **September 20, 2021**

DV Bonus Application

 [NY-519 DV Bonus Application](#)

Release Date: **September 8, 2021**

Due Date: **September 20, 2021**

[View Rank & Review Archives](#)

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

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

From: [CARES Planning Team](#)
To: [Allison Smith](#); [Amanda Pierro](#); [Ashley Almonte](#); [Barbara Palmateer](#); [Dan Kent](#); [Florence Ohle](#); [Jared Camacho](#); [Jason Fredenberg \(jfredenberg@discovergreene.com\)](#); [Kathy Applegate](#); [Kathy Germain](#); [Kelli Clark](#); [Kylie Proper](#); [Lindsay Arp](#); [Louisa Marra](#); [Maureen Corbett \(Maureen.corbett@va.gov\)](#); [mdebaise@galvanfdn.org](#); [Melissa Scheriff \(melissa.scheriff@columbiacountyny.com\)](#); [Rebecca Newton](#); [Renee Pine](#); [Robert Romaker](#); [Sue Paolino](#); [Susan Cody](#); [Tammy Hall](#); [Tara Lehmann](#); [Tina Sharpe](#); [William Brown](#)
Cc: [Amy Lacey](#); [Erin Reale](#); [Genesis Matthey](#); [Haleigh Schmidhamer](#); [Kathy Germain](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#); [Samantha Barnaby](#)
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Thank you!

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Rank & Review

NY 501 STEPS

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NY 522 PNHC

NY 523 SNC

NY 601 DCHC

NY 606 RCCC

NY 608 UCCC

Columbia Greene Housing Coalition (CGHC)

 [CGHC Home Page](#)

2021 RANK & REVIEW DOCUMENTS

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FINAL:  [2021 NY 519 Rank & Review Part 2 Tool](#)

2021 NEW & BONUS PROJECTS

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

Applications due to Kathy Germain

New Project Application

 [NY-519 New Project Application](#)

Release Date: **September 8, 2021**

Due Date: **September 20, 2021**

DV Bonus Application

 [NY-519 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-519's draft Rank & Review **Renewal Part 1 Tool**

From: [Maggie Watson](#)
To: [Allison Smith](#); [Allyson Ryan](#); [Ashley Almonte](#); [Barbara Palmateer](#); [Dan Kent](#); [fohle@cagcny.org](#); [Jared Camacho](#); [Jason Fredenberg \(jfredenberg@discovergreene.com\)](#); [jhemingway@st-cath.org](#); [Kathy Applegate](#); [Kelli Clark](#); [Kyle Proper](#); [Lindsay Arp](#); [Maggie Watson](#); [Maureen Corbett \(Maureen.corbett@va.gov\)](#); [Melissa Scheriff \(melissa.scheriff@columbiacountyny.com\)](#); [Rebecca Newton](#); [Renee Pine](#); [Robert Romaker](#); [Sue Paolino](#); [scody@mhacg.org](#); [Tammy Hall](#); [Tara Lehmann](#); [Tina Sharpe](#); [William Brown](#)
Subject: RR21 Rank & Review Written Process and Part 1: Public Comment Period Notification
Date: Thursday, May 6, 2021 4:26:03 PM
Attachments: [image001.png](#)
[CG RR21 Written Process DRAFT for Public Comment.pdf](#)
[CG RR21 Part 1 DRAFT for Public Comment.pdf](#)

Dear CGHC Members:

The two-week public comment period for the 2021 CoC Rank and Review Written Process and Part 1 is now open. Please use the link below to view the documents. Please send all comments to mwatson@caresny.org by COB May 20, 2021.

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

Thank you.

Maggie Watson (she/her/hers)
Community Liaison – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, 12210
518-489-4130 ext. 711
<http://www.caresny.org>
Find us on [Facebook](#)



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
Combined HMIS Programs Submission
Data Attachments Confirmation

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- 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

Columbia Greene Housing Coalition (CGHC)

CGHC Home Page

2021 RANK & REVIEW DOCUMENTS

Public Comment Period: 5.6.21 - 5.20.21

DRAFT: 2021 NY 519 Rank & Review Written Process

DRAFT: 2021 NY 519 Rank & Review Part 1 Tool

Please Submit Comments to Maggie Watson

View Rank & Review Archives

2020 Rank & Review: CGHC

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 Tool**

COLUMBIA GREENE HOUSING COALITION (CGHC)
RANK & REVIEW APPLICATION 2021
PART I: DATA-RELATED QUESTIONS
DEADLINE TO SUBMIT: JULY 29, 2021

1. Utilization Rate: Using the FY19 Project Application and Federal Fiscal Year 2020 (FY20)* APR, complete the chart below to calculate utilization rate (round up to closest whole number). Please attach relevant pages of Application and APR to this application.

	Projected number served during average PIT (Project Application Question 5A)	Actual number served during PIT (APR Questions 7 and 8)	
		Persons	Households
January	Persons: _____ Households: _____		
April			
July			
October			
		Average:	

Persons: Average Actual _____ / Projected _____ = **Utilization** _____%

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

- 1a.** Did your project meet its projected number of households *and/or* persons served** during the year (100% or more utilization)? **Yes - 20 points** **No - 0 point**
- 1b.** The Continuum prioritizes projects best utilizing their resources. Did your project have a utilization rate of more than 100% in *both* households *and* persons?
 Yes - 5 points **No - 0 points**

* *Federal Fiscal Year 2020: 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.*

2. Data Quality & Completeness: Based on FY20 APR Q6:

Yes No

- 2a.** Is there an error rate of more than 5% of project participants' PII?
- 2b.** Error rate of more than 5% of project's Universal Data elements?
- 2c.** Error rate of more than 5% of project participants' Income and Housing data?
- 2d.** Error rate of more than 5% of project's Chronic Homelessness data?
- ANY Yes - 0 points** **ALL No - 4 points**

3. Dedicated Chronic Homeless

Refer to **Attachment 1** to note:

- 3a.** Number of beds in the project dedicated to serving chronically homeless (CH): _____
15-10 = 5 pts; 9-5 = 4 pts; 5-1 = 3pt; 0 = 0 pts
- 3b.** The percentage of CH beds the project contributes to the CoC (i.e., the impact of your project on ending chronic homelessness in Columbia Greene).
50-100% = 5 pts; 31-40% = 4 pts; 21-30% = 3 pts; 10-20% = 2 pts; 0-10% = 0 pts

4. Effect on Chronic Homeless:

During FY20, the CoC's PSH projects served XXX chronically homeless (CH) individuals. To show project impact towards goal of ending CH, refer to **Attachment 2** to note:

- 4a.** Total number of CH persons this project served in FY20: _____
- 4b.** Of the total CH served by the CoC, note the % this project served in FY20: _____%
31-100% = 10 pts; 10-30% = 8 pts; 9-1% = 5 pts; 0% = 0 pts

5. Positive Outcomes

During FY20, there were 48 persons with positive outcomes noted across all CoC PSH projects. *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 3**: ____%

31-100% = 20 pts; 21-30% = 15pts; 11-20% = 10pts; 1-10% = 5; 0%= 0 pts

6. Exits to Homelessness

To show the impact of this project on ending homelessness, refer to **Attachment 4** showing all project leavers and note the percentage of those who exited to the shelter or the street: ____%

0-49% = 15 pts; 48-100% = 0 pts

7. Income Growth – System Impact

Refer to **Attachment 5** (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: ____%

31-100% = 10pts; 10-30% = 8pts; 9-1% =5pts; 0% = 0 pts

8. Income Growth – Project Performance

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

8a. What percentage of **stayers** gained/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% = X pts; 50-74% = X pts; 25-49% = X pts; 15-24% = X pts; 1-14% = X pts; 0% = 0

8b. 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% = X pts; 50-74% = X pts; 25-49% = X pts; 15-24% = X pts; 1-14% = X pts; 0% = 0

8c. 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% = X pts; 50-74% = X pts; 25-49% = X pts; 15-24% = X pts; 1-14% = X pts; 0% = 0

8d. What percentage of **leavers** 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% = X pts; 50-74% = X pts; 25-49% = X pts; 15-24% = X pts; 1-14% = X pts; 0% = 0

9. Priority Population

What percentage of beds are **dedicated** to a priority population? *Please attach Project Application Q5A and Q5B.*

- 100% Chronically Homeless (CH), Youth, Veteran, or Victims of DV = 10 pts**
- ≥ 50% CH, Youth, Veteran or Victims of DV = 5 pts**
- No priority population = 0 pts**

10. Funding

10a. Total Funds Awarded. What percentage of total funds were spent on the most recently completed contract? ____
100% = 15; 99-90% = 13; 89-86% = 11; 85-80% = 9; 77-75% = 7; >75% = 0

10b. Does the project drawdown CoC funds from eLoccs at least quarterly? Please attach the last 3 drawdowns. **Yes = 5 pts** **No = 0 pts**

Housing First (0-5 pts)

Housing First is a recovery-oriented approach to end homelessness by rapidly housing individuals **without** screening out or terminating consumers based on any of the criteria below. Does your project screen out or terminate consumers based on any the following?

Any Yes - 0 All No - 5 pts

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

Coordinated Entry (0-10 pts) [CoC CE Lead will verify all responses]

2a. Does your project receive referrals through the Coordinated Entry (CE) process ONLY? Yes 5 pts No 0 pts

2b. Do you dedicate staff to attend the monthly CE meetings? Yes 5 pts No 0 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 and screen shot of public comment period for NY-519's draft Rank & Review **Renewal Part 2 Tool**

From: [Kathy Germain](#)
To: [Allison Smith](#); [Allyson Ryan](#); [Amanda Pierro](#); [Ashley Almonte](#); [Barbara Palmateer](#); fohle@cagcny.org; [Jared Camacho](#); jfredenberg@discovergreene.com; jhemingway@st-cath.org; [Kathy Applegate](#); [Kelli Clark](#); [Kylle Proper](#); [Lindsay Arp](#); [Maggie Watson](#); [Maureen Corbett \(Maureen.corbett@va.gov\)](mailto:Maureen.corbett@va.gov); mdebaise@galvanfdn.org; [Melissa Scheriff \(melissa.scheriff@columbiacountyny.com\)](mailto:melissa.scheriff@columbiacountyny.com); [Rebecca Newton](#); [Renee Pine](#); [Robert Romaker](#); [Sue Paolino](#); scody@mhacg.org; [Tammy Hall](#); [Tara Lehmann](#); [Tina Sharpe](#); [William Brown](#)
Cc: [Samantha Barnaby](#)
Subject: Public Comment Period for Rank and Review Tool Part 2
Date: Tuesday, June 22, 2021 1:32:47 PM
Attachments: [CG-RR21-Part-2-Rank-and-Review-Draft.pdf](#)
[image003.png](#)

Good Afternoon Columbia Greene Housing Coalition Members,

The comment period for the 2021 CoC Rank and Review Tool part 2 is now open. Please see the attached document or use the link below to view.

https://caresny.org/coc-resource-planning-2021/#519_CGHC

Please send all comments to kgermain@caresny.org on or before July 6, 2021.

Kathy Germain

Planning Associate – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, NY 12210

518-489-4130 ext. 728

<http://www.caresny.org>



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

Columbia Greene Housing Coalition (CGHC)

CGHC Home Page

2021 RANK & REVIEW DOCUMENTS

FINAL: 2021 NY 519 Rank & Review Written Process

FINAL: 2021 NY 519 Rank & Review Part 1 Tool

Public Comment Period: June 22, 2021 - July 6, 2021
DRAFT: 2021 NY 519 Rank & Review Part 2 Tool - Submit Comments to Kathy Germain

View Rank & Review Archives

2020 Rank & Review: CGHC

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.

d) Blank Rank & Review **Renewal Part 2 Tool**

COLUMBIA GREENE HOUSING COALITION
RANK AND REVIEW APPLICATION
PART 2: WRITTEN QUESTIONS

PROJECT INFORMATION

Organization Name: _____

Project Name: _____

Application Contact Person: _____

Project Type: PSH RRH

FY19 Funding Request: \$ _____

Leasing \$ _____

Rental Assistance \$ _____

Supportive Services \$ _____

Operations \$ _____

Admin \$ _____

PROJECT DESCRIPTION

Provide a brief project overview clearly describing the project’s unique characteristics. Include the target population/s, number of participants served, number of contracted beds/units/vouchers and cost per bed, how participants access the project, services provided and project goals and achievements. Response must be 300 words or less.

- 1. Utilization Rate (0-20 pts):** This question should be answered *only* by projects which scored zero points on Question 1 of the 2021 Rank & Review (RR21) Part 1. If your project did not achieve 100% utilization (i.e., number of projected/contracted households and/or persons served) during Federal Fiscal Year 2020 (10/1/19 – 9/30/20), please explain why in 250 words or less.

- 2. Coordinated Entry (0-5 pts)** *[CoC CE Lead will verify all responses]*
If your project is dedicated to DV (or you otherwise answered 'No' to RR21 Part 1 Q2a explain barriers to direct participation in CE and how you engage with partners involved in CE in 250 words or less. **0-5 pts**

- 3. Coordination of Services During COVID (0-10 pts)**
COVID affected coordination of services and expanded types of partnerships and collaborations. Explain how your organization worked with new partners (e.g., DOH, Health Providers/Pharmacies) to meet the health care needs of clients. How did your service delivery model to help clients during the pandemic? (250 words or less)
 - Up to 5 points for additional partnerships that were made to meet the health care needs of persons in the program and the partnerships that will continue.
 - Up to 5 points for describing changes in the programs service delivery model that were needed to continue to support residents in your programs.

- 4. Racial Diversity and Inclusion (0-5points)**
What is your agency doing to forward racial diversity, equity and inclusion work within your agency and/or CoC-funded program/s? (250 words or less)

- 5. Domestic Violence Providers Only (0-5 points)**
Outcomes considered positive for DV programs may not be the same as positive outcomes for Permanent Supportive Housing programs. How does your agency contribute to housing stability across the CoC? (250 words or less)
 - *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.*

- 6. Dedicated Youth Projects Only (0-5 points):**
Permanent supportive and transitional housing programs dedicated to youth generally struggle with increasing income for participants. How does your agency support youth in achieving income growth? Please note barriers encountered in 250 words or less.
 - *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 contributed to positive housing stability across the CoC.*

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.

e) Email announcement for NY-519's Rank & Review **Renewal Part 3 Tool**

Kathy Germain

From: Kathy Germain
Sent: Wednesday, September 22, 2021 9:54 AM
To: Tina Sharpe; Florence Ohle; Susan Cody; Louisa Marra
Subject: Rank & Review Renewal Part 3 Tool: Ready for completion
Attachments: Final Version NY-519 Rank and Review 7-14-2021 8-34-52 AM - Copy.xlsx; Part 3- Interview Questions- 2021.docx

Good Morning Ladies,

Agencies interviews are scheduled for Wednesday September 29th. Attached are interview questions CARES has developed based upon HUD 2021 priorities. These questions were developed to ensure CoC's are addressing HUD policy directives and correlate to scoring in the Consolidated Application. We are requesting that you provide a bulleted response for each question as part of the interview. In order to complete final scoring of renewal applications, each agency will have approximately 20 minutes with time extended for those with multiple projects.

Zoom Link for Interviews

Join Zoom Meeting

<https://us06web.zoom.us/j/83887231939?pwd=UHMobTIwZSsvRGQ5MlVPSErzM2NTZz09>

For your Reference:

Question #3 – I have attached the HMIS data attachments that you used to complete your renewal ranking applications. If you scored low on any of the data sets because you are serving chronic and most vulnerable this will provide you an opportunity to explain challenges in serving this population.

Question #4- This question is also new and may not be that familiar. HUD is focusing scoring around Racial Equity, please address as you see fit.

Interview Schedule

1:30-1:50 Tina Sharpe Columbia Opportunities
2:00-2:45 Florence Ohle Community Action of Greene County
3:00-3:30 Susan Cody Mental Health Association
3:30-3:50 Louisa Marra SCCC

If these times do not work Tina has flexibility to switch. If you are unable to participate in person (virtually). You can send written responses and reviewers will score. Total scoring on these questions are 5 points, which is not a significant portion of total scoring. This year all Renewal Projects will be in Tier 1- so there shouldn't be concerns about threshold funding.

Kathy Germain

Planning Associate – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, NY 12210

518-489-4130 ext. 728

<http://www.caresny.org>

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 **Renewal Part 3 Tool (interview questions)**

2021 Rank & Review 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 Final HMIS 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? (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.

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.

g) Email announcement and screen shot of public comment period for NY-519's draft Rank & Review **New Application Tool**

Kathy Germain

From: Kathy Germain
Sent: Monday, August 30, 2021 4:53 PM
To: Allison Smith; Allyson Ryan; Amanda Pierro; Ashley Almonte; Barbara Palmateer; Dan Kent; Florence Ohle; Jared Camacho; Jason Fredenberg (jfredenberg@discovergreene.com); Kathy Applegate; Kathy Germain; Kelli Clark; Kylie Proper; Lindsay Arp; Louisa Marra ; Maureen Corbett (Maureen.corbett@va.gov); mdebaise@galvanfdn.org; Melissa Scheriff (melissa.scheriff@columbiacountynyny.com); Rebecca Newton; Renee Pine; Robert Romaker; Sue Paolino ; Susan Cody; Tammy Hall ; Tara Lehmann; Tina Sharpe; William Brown
Subject: New and DV Bonus Applications Open for Public Comment

Good Afternoon Columbia Greene CoC Members,

As you know there is funding available from HUD for New and DV Bonus through the 2021 competition. 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.

https://caresny.org/nof-2021/#519_CGHC

Please send all comments to kgermain@caresny.org before **Friday, September 3, 2021**.

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

Kathy Germain

Planning Associate – CARES of NY, Inc.

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- Rank & Review
- NY 501 STEPS
- NY 503 ACCH
- NY 507 HSPB
- NY 511 STHC
- NY 512 RCHSC
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- NY 520 FEHC
- NY 522 PNHC
- NY 523 SNC
- NY 601 DCHC
- NY 606 RCCC
- NY 608 UCCC

Columbia Greene Housing Coalition (CGHC)

[CGHC Home Page](#)

2021 RANK & REVIEW DOCUMENTS

Public Comment Period for Below Draft Documents:

August 30, 2021 through September 3, 2021

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DRAFT: [NY-519 DV Bonus Application](#)

[Submit Comments to Kathy Germain](#)

FINAL: [2021 NY 519 Rank & Review Written Process](#)

FINAL: [2021 NY 519 Rand & Review Attachment Checklist](#)

FINAL: [2021 NY 519 Rank & Review Part 1 Tool](#)

FINAL: [2021 NY 519 Rank & Review Part 2 Tool](#)

View Rank & Review Archives

+ [2020 Rank & Review: CGHC](#)

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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.

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

Columbia-Greene Housing Coalition (CGHC):

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:**

A) Permanent Supportive Housing that is either Dedicated PLUS OR has 100% of beds dedicated to persons experiencing chronic homelessness.

B) Permanent Housing-Rapid Rehousing

C) Joint TH and PH-RRH (project must be housing first)

D) HMIS (HMIS Lead Only)

E) Support Services Only-Coordinated Entry Project

5. Is the project you are applying for a new or expansion project? **Yes** ___ **No** ___

6. Is the applicant a current member of the CGHC Continuum of Care (CoC)?

Yes ___ **10 points** **No** ___ **0 points**

7. Is the agency applying a current CoC funded grantee? No – 5 points

a. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC?

Yes ___ **0 points** **No** ___ **3 points**

8a. Does your Agency prioritize referrals from Coordinated Entry? **Yes** ___ **3 pts** **No** ___ **0 pts**

8b. Will your agency only accept clients from Coordinated Entry? **Yes** ___ **3 pts** **No** ___ **0 pts**

9. Does your agency currently report in the CoC's HMIS system? If not, how will you implement HMIS for this project? **(0-5 pts)**

Columbia-Greene Housing Coalition (CGHC): New Project RFP 2021 (Reallocation and/or Bonus Projects)

10. 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 – 20 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
- 2 points if the budget notes at least 80 percent of the requested funds are dedicated to housing
- 5 points if the narrative details how the project will implement the housing first model

11. 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.

12. 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.

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.

Columbia-Greene Housing Coalition (CGHC): New Project RFP 2021 (Reallocation and/or Bonus Projects)

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. Will the project be able to begin within 12 months? **Yes__ 5 points No__ 0 points**

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

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

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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.
 - i) Email announcement and screen shot of public comment period for NY-519's draft Rank & Review **DV Bonus Tool**

Kathy Germain

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Sent: Monday, August 30, 2021 4:53 PM
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Please send all comments to kgermain@caresny.org before **Friday, September 3, 2021**.

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

Kathy Germain

Planning Associate – CARES of NY, Inc.

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View Rank & Review Archives

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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.

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.

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

Columbia Greene Housing Coalition

DV Bonus Project RFP 2021

Application may not exceed three (3) pages

1. Applicant/Agency Name: _____
2. Agency Point of Contact: _____
3. Proposed Project Name: _____
4. **Please circle the project type you are applying for:**
 - A. Permanent Housing-Rapid Rehousing *(project must be housing first)
 - B. Joint TH and PH-RRH-Must be housing first *(project must be housing first)
 - C. Support Services Only-Coordinated Entry Project – if CoC already has a CE project the application must be an expansion.
5. Is the project you are applying for a new or expansion project? **Yes ___ No ___**
6. Is the applicant a current member of the CGHC Continuum of Care (CoC)?
Yes___ 20 points No___ 0 points
 - a. If no, what is the agency's current involvement with the CGHC CoC?
7. Is the agency applying as a current CoC funded grantee? **Yes__ 5 pts No___ 10 pts**
 - b. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC? **Yes___ 0 points No___ 3 points**
8. Please provide a detailed description of the agency's experience in administering projects dedicated to serving survivors of domestic violence, dating violence and stalking. Please specify the name of current or past programs and note the funding sources **(10 points)**
 - 3 points for past experience serving a domestic violence survivor population
 - 3 points for four or more years serving a domestic violence survivor population
 - 3 points for serving more than 25 households in a calendar year (CY)
 - 1 point for listing funding sources

Columbia Greene Housing Coalition

DV Bonus Project RFP 2021

9. Please provide a description addressing the entire scope of your project. Please include an outreach plan to the targeted population. Specify whether the project will be a Rapid Rehousing (PH-RRH) project, Joint TH and PH-RRH component project or a SSO project for Coordinated Entry (SSO-CE) designed to implement policies, procedures and practices to equip the CoC's Coordinated Entry system to better meet the needs of survivors of domestic violence, dating violence, sexual assault or stalking (e.g., policies and procedures that are trauma informed, client centered or to improve the referral process between the CoC's Coordinated Entry and victim service providers Coordinated Entry systems where they are different). Please provide details about Housing First aspects of the project. **(0 - 25 points)**
- 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
 - 5 pts if the project clearly states the number of units/beds requested
 - 2 pts if applying for an SSO-CE project
7. Please describe how the need for this project within this geographic area was identified. Please quantify the need using an HMIS comparable database and/or a local data source? **Agency will receive full points if they have demonstrated the need.**
Yes__ 10 points No__ 0 points
8. Does your agency have a policy focused on ensuring equitable services and program outcomes across participants of all races and ethnicities? **Yes __ 5 points No __0 points**
9. How will the agency ensure program participants have the resources they need to prevent transmission of COVID-19? **(0-3 points)**
- 1 point if the agency has/will have a partnership with a healthcare agency that provides regular health screenings
 - 1 point if the agency will provide PPE/sanitation supplies to staff/program participants as needed
 - 1 point if the agency describes how it will build COVID-19 vaccine confidence
- N/A for applications for Coordinated Entry; these questions will be weighted.*
10. Please detail the steps your agency takes to ensure the safety of program participants. **(0-5 points)**
- 1 point if agency uses de-identified aggregate data from a comparable database.
 - 2 points if agency has safety, planning, and confidentiality protocols in place for DV project participants.
 - 2 points if agency uses a trauma-informed, victim-centered approach to their project.

Columbia Greene Housing Coalition

DV Bonus Project RFP 2021

11. Will the project be able to start within 12 months? **Yes___ 10 pts** **No___ 0 pts**

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

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

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

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

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

This attachment details the Rank & Review process for **NY-519** 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-519'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) NY-519's Rank and Review Written Process

COLUMBIA GREENE HOUSING COALITION: 2021 RANK AND REVIEW PROCESS

Background

HUD's Continuum of Care (CoC) homeless assistance programs serve as a source of funding for homeless services in the Counties of Columbia and Greene, which together form the Columbia Greene Housing Coalition (CGHC). Working with the CoC (ACCH) and providing support and technical assistance is CARES of NY, Inc., the Collaborative Applicant.

In 2020, the Columbia Greene CoC received \$553,340 from HUD to support eight projects for homeless individuals and families. Through the CoC, HUD awards homeless assistance grants through an annual application process known as the CoC Program Competition.

HUD requires that the CoC prioritize programs that most effectively serve the community at the local level. To reach this goal, a Rank and Review Process has been implemented for applicants who wish to renew their project/s and for new and/or bonus projects (if bonus funding is available).. This process of ranking and reviewing projects is designed to help the CoC gain knowledge of project performance and effectiveness within the full CoC system.

The Rank & Monitoring Committee of the CGHC, is charged with overseeing the Rank and Review process. The Rank & Monitoring Committee is responsible for the design, operation, and implementation of a collaborative process for the development of funding applications, including funding priorities. Each year the Rank & Monitoring Committee reviews the Rank and Review Process and Application and makes any changes necessary to reflect changing priorities. The Rank & Monitoring Committee is also responsible for establishing a Review Team for project applications. The Written Process, the Application Tools (Renewal and New/Bonus) and Review Team are posted for public comment and Board approval.

CoC Transparency

The Rank and Review process is conducted by the CoC in a transparent manner in order to ensure a fair and consistent process for prioritizing projects. Each year, feedback on the process is solicited. The process is publicly announced by the CoC, distributed in writing to the full CoC membership, and posted publicly on the CARES website for all community members to review and comment.

FY2020 Rank and Review Application

The CGHC 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 & 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 CoC Consolidated Application is submitted to HUD by the Collaborative Applicant, the Rank & Monitoring Committee reviews the prior year's Rank & Review application and process, including reviewer feedback and CG CoC members.

In phases, the Rank & Monitoring Committee presents the Written Process, Application Tools, and list of proposed Review Team members to the ACCH Board and Membership for two-week public comment periods. Any comments received from Membership are then considered by the committee for final decisions regarding further revisions. The Committee updates the CGHC Board on any edits, incorporates any additional changes from the Board, and secures a vote for approval. Finally, the Written Process, Application Tools, and list of Review Team members are shared with Membership.

Project Participation

Each renewal project completes a Rank & Review Application. The 2021 Rank and Review Application process will occur in three (3) phases, with the intent to allow agencies adequate time to complete the full Rank and Review application. Completed applications (including required attachments) for each CoC project must be submitted to CARES of NY, Inc. by the stated deadline to be considered complete and sent to the Review Team.

- **Phase 1** focuses on project and system outcomes, using the Federal Fiscal year (October 1st – September 30th) project APR and HMIS System Performance data to “rate” projects. Agencies will have one 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** consists of narratives, which allow agencies to explain unique circumstances that may affect project performance. and answer questions related to local priorities. Late submissions of Applications will automatically have a 5-point penalty. After submission, each agency/project is assigned an interview time with the Review Team.
- **Phase 3** of the Rank and Review Process includes project interviews with the Review Team. After the NOFA is released, the Rank & Monitoring Committee will draft questions based on specific criteria included in the NOFA to be asked during project interviews. Projects will receive these questions prior to the interview. Additionally, reviewers may choose to award additional points for Phase 2.

Debriefings

At the end of each phase renewal projects will receive a scorecard and have the opportunity to request a debriefing of their scores with the Collaborative Applicant.

Review Team

Reviewers must be individuals from the community who are not CoC-funded or from neighboring communities and knowledgeable about the CoC process, services and providers. Reviewers are

considered by the Rank & Monitoring Committee and invited by the Collaborative Applicant to participate. After reviewers agree to participate, one to two days are scheduled to conduct project interviews and scoring to take place. Interviews will be scheduled for a date after the NOFA is released to allow for any HUD specific criteria to be incorporated into the interview process. Reviewers are provided each project's full application for review and score forms to complete. The Review Team has the authority to 1) allot additional points to questions in Part 1 and Part 2 based on responses given by agencies during the interview; and 2) allot points based on responses given by agencies to Part 3 interview questions. After conducting interviews with each agency, the Review Team discusses and finalizes scores for each project application. In the event project applications initially receive the same score, it is the responsibility of the Review Team to reconsider scoring in order to break the tie. The Review Team also considers any submitted appeals (see Appeals Process outlined below) and provides any final comments to be shared with agencies. Final scores result in the ranking.

Project Ranking

The NOFA requires that the CoC conduct a transparent and objective process to review and rank all applications for Renewal and New/Bonus projects. Using CoC-approved Rank & Review Tool, all Renewal projects seeking funding are scored and placed in numerical order by scores. New/Bonus projects are scored and placed in numerical order beneath Renewal Projects. All agencies receive their project scores and are offered the opportunity to debrief with the Collaborative Applicant. Debriefing allows agencies the opportunity to request clarification regarding how/why Application question/s received certain scores. Debriefings are required if agencies are considering an appeal. Agencies may choose to appeal project score/s within the allotted time frame (see the Appeals Process outlined below). After all debriefings with the Collaborative Applicant are completed and appeals considered by the Review Team, the project ranking is then presented to the Board for review/approval then shared with Membership.

Appeal Process

1. Who May Appeal?

An agency may appeal a decision concerning a Renewal or New/Bonus 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 applies to project scoring and ranking ***only***. *There is no appeal for project tiering.* An appeal may ***not*** be based on the following:

- Failure to answer any question/s on the application
- Failure to submit required attachments to the application
- Failure to submit the application by the required deadline

Any mathematical errors found by an applicant will be corrected by the Collaborative Applicant.

3. Timing of an Appeal

Formal appeals may be submitted by a project within **three (3 business days)** of debriefing. Appeals must be submitted in writing to the Collaborative Applicant (MWatson@caresny.org).

who will then forward to the Review Team. The written appeal must consist of a short statement (no longer than one page) and can be in the form of a letter, memo or email.

4. Appeals Decisions

The Review Team for the Rank & Review also serves as the Appeal Team. Appeals are decided by majority vote of the Appeal Team. Once decided, all appeals are final and may not be overturned by the Rank & Monitoring Committee, Board or Membership.

Project Tiering

HUD requires that the CoC ranks projects into two tiers based on the funding allocation released in the NOFA. Tiering prioritizes projects for funding. Using the project ranking, the Collaborative Applicant tiers projects (New/Bonus projects are always placed at bottom of Tier 2) and presents the results to the Board. When the NOFA is released, priorities outlined in the application may be strategically applied by the CoC to the project tiering. Final tiering results are presented to the Board for approval, then to Membership for a vote. Membership votes on the full application, including tiering.

New Projects

A separate application is required for Bonus and Reallocated project proposals. 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 efforts to utilize all available funding. Applications submitted during the second application process will automatically be ranked below projects from the first round.

Bonus Projects

Each year, HUD may offer bonus funding and the NOFA outlines how the funds may be spent. Bonus projects must fill an unmet need as noted within the CoC's Action Plan or locally determined priorities. The application for a bonus project is a separate RFP from the renewal applications. The reviewers will score and rank the bonus projects; however, there are no interviews for bonus projects. Bonus applications will be ranked and approved by the Board and presented to Membership. The community's goal is to apply for the maximum amount of available funding. The same appeals process that applies to renewal applications also applies to bonus project applications.

Reallocation

Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to create new projects that fill an unmet need within the community. Reallocation is one of the most important tools by which communities can make strategic improvements to their homeless services system.

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.

Threshold Review

In addition to the scoring criteria, all projects must meet a minimum threshold, which includes participation in Coordinated Entry, participation in Point-in-Time, and participation within HMIS. If the pre-determined threshold is not met, the Review Team may recommend the ACCH Board consider the possibility of reallocation or amendments to the project application/s with said agency.

F E N D A L

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

COLUMBIA GREENE HOUSING COALITION (CGHC)
RANK & REVIEW APPLICATION 2021
PART I: DATA-RELATED QUESTIONS
DEADLINE TO SUBMIT: JULY 29, 2021

1. Utilization Rate: Using the FY19 Project Application and Federal Fiscal Year 2020 (FY20)* APR, complete the chart below to calculate utilization rate (round up to closest whole number). Please attach relevant pages of Application and APR to this application.

	Projected number served during average PIT (Project Application Question 5A)	Actual number served during PIT (APR Questions 7 and 8)	
		Persons	Households
January	Persons: _____ Households: _____		
April			
July			
October			
		Average:	

Persons: Average Actual _____ / Projected _____ = **Utilization** _____%

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

1a. Did your project meet its projected number of households *and/or* persons served** during the year (100% or more utilization)? **Yes - 20 points** **No - 0 point**

1b. The Continuum prioritizes projects best utilizing their resources. Did your project have a utilization rate of more than 100% in *both* households *and* persons?
 Yes - 5 points **No - 0 points**

* *Federal Fiscal Year 2020: 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.*

2. Data Quality & Completeness: Based on FY20 APR Q6:

Yes No

- 2a.** Is there an error rate of more than 5% of project participants' PII?
- 2b.** Error rate of more than 5% of project's Universal Data elements?
- 2c.** Error rate of more than 5% of project participants' Income and Housing data?
- 2d.** Error rate of more than 5% of project's Chronic Homelessness data?
- ANY Yes - 0 points** **ALL No - 4 points**

3. Dedicated Chronic Homeless

Refer to **Attachment 1** to note:

3a. Number of beds in the project dedicated to serving chronically homeless (CH): _____
15-10 = 5 pts; 9-5 = 4 pts; 5-1 = 3pt; 0 = 0 pts

3b. The percentage of CH beds the project contributes to the CoC (i.e., the impact of your project on ending chronic homelessness in Columbia Greene).
50-100% = 5 pts; 31-40% = 4 pts; 21-30% = 3 pts; 10-20% = 2 pts; 0-10% = 0 pts

4. Effect on Chronic Homeless:

During FY20, the CoC's PSH projects served XXX chronically homeless (CH) individuals. To show project impact towards goal of ending CH, refer to **Attachment 2** to note:

4a. Total number of CH persons this project served in FY20: _____

4b. Of the total CH served by the CoC, note the % this project served in FY20: _____%
31-100% = 10 pts; 10-30% = 8 pts; 9-1% = 5 pts; 0% = 0 pts

5. Positive Outcomes

During FY20, there were 48 persons with positive outcomes noted across all CoC PSH projects. *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 3**: ____%

31-100% = 20 pts; 21-30% = 15pts; 11-20% = 10pts; 1-10% = 5; 0%= 0 pts

6. Exits to Homelessness

To show the impact of this project on ending homelessness, refer to **Attachment 4** showing all project leavers and note the percentage of those who exited to the shelter or the street: ____%

0-49% = 15 pts; 48-100% = 0 pts

7. Income Growth – System Impact

Refer to **Attachment 5** (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: ____%

31-100% = 10pts; 10-30% = 8pts; 9-1% =5pts; 0% = 0 pts

8. Income Growth – Project Performance

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

8a. What percentage of **stayers** gained/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% = X pts; 50-74% = X pts; 25-49% = X pts; 15-24% = X pts; 1-14% = X pts; 0% = 0

8b. 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% = X pts; 50-74% = X pts; 25-49% = X pts; 15-24% = X pts; 1-14% = X pts; 0% = 0

8c. 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% = X pts; 50-74% = X pts; 25-49% = X pts; 15-24% = X pts; 1-14% = X pts; 0% = 0

8d. What percentage of **leavers** 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% = X pts; 50-74% = X pts; 25-49% = X pts; 15-24% = X pts; 1-14% = X pts; 0% = 0

9. Priority Population

What percentage of beds are **dedicated** to a priority population? *Please attach Project Application Q5A and Q5B.*

- 100% Chronically Homeless (CH), Youth, Veteran, or Victims of DV = 10 pts**
- ≥ 50% CH, Youth, Veteran or Victims of DV = 5 pts**
- No priority population = 0 pts**

10. Funding

10a. Total Funds Awarded. What percentage of total funds were spent on the most recently completed contract? ____
100% = 15; 99-90% = 13; 89-86% = 11; 85-80% = 9; 77-75% = 7; >75% = 0

10b. Does the project drawdown CoC funds from eLoccs at least quarterly? Please attach the last 3 drawdowns. **Yes = 5 pts** **No = 0 pts**

Housing First (0-5 pts)

Housing First is a recovery-oriented approach to end homelessness by rapidly housing individuals **without** screening out or terminating consumers based on any of the criteria below. Does your project screen out or terminate consumers based on any the following?

Any Yes - 0 All No - 5 pts

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

Coordinated Entry (0-10 pts) [CoC CE Lead will verify all responses]

2a. Does your project receive referrals through the Coordinated Entry (CE) process ONLY?
Yes 5 pts No 0 pts

2b. Do you dedicate staff to attend the monthly CE meetings? Yes 5 pts No 0 pts

COLUMBIA GREENE HOUSING COALITION
RANK AND REVIEW APPLICATION
PART 2: WRITTEN QUESTIONS

PROJECT INFORMATION

Organization Name: _____

Project Name: _____

Application Contact Person: _____

Project Type: PSH RRH

FY19 Funding Request: \$ _____

Leasing \$ _____

Rental Assistance \$ _____

Supportive Services \$ _____

Operations \$ _____

Admin \$ _____

PROJECT DESCRIPTION

Provide a brief project overview clearly describing the project’s unique characteristics. Include the target population/s, number of participants served, number of contracted beds/units/vouchers and cost per bed, how participants access the project, services provided and project goals and achievements. Response must be 300 words or less.

- 1. Utilization Rate (0-20 pts):** This question should be answered *only* by projects which scored zero points on Question 1 of the 2021 Rank & Review (RR21) Part 1. If your project did not achieve 100% utilization (i.e., number of projected/contracted households and/or persons served) during Federal Fiscal Year 2020 (10/1/19 – 9/30/20), please explain why in 250 words or less.

- 2. Coordinated Entry (0-5 pts)** *[CoC CE Lead will verify all responses]*
If your project is dedicated to DV (or you otherwise answered 'No' to RR21 Part 1 Q2a explain barriers to direct participation in CE and how you engage with partners involved in CE in 250 words or less. **0-5 pts**

- 3. Coordination of Services During COVID (0-10 pts)**
COVID affected coordination of services and expanded types of partnerships and collaborations. Explain how your organization worked with new partners (e.g., DOH, Health Providers/Pharmacies) to meet the health care needs of clients. How did your service delivery model to help clients during the pandemic? (250 words or less)
 - Up to 5 points for additional partnerships that were made to meet the health care needs of persons in the program and the partnerships that will continue.
 - Up to 5 points for describing changes in the programs service delivery model that were needed to continue to support residents in your programs.

- 4. Racial Diversity and Inclusion (0-5points)**
What is your agency doing to forward racial diversity, equity and inclusion work within your agency and/or CoC-funded program/s? (250 words or less)

- 5. Domestic Violence Providers Only (0-5 points)**
Outcomes considered positive for DV programs may not be the same as positive outcomes for Permanent Supportive Housing programs. How does your agency contribute to housing stability across the CoC? (250 words or less)
 - *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.*

- 6. Dedicated Youth Projects Only (0-5 points):**
Permanent supportive and transitional housing programs dedicated to youth generally struggle with increasing income for participants. How does your agency support youth in achieving income growth? Please note barriers encountered in 250 words or less.
 - *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 contributed to positive housing stability across the CoC.*

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.

(c) Blank New Project Application Tool

Columbia-Greene Housing Coalition (CGHC):

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:**

A) Permanent Supportive Housing that is either Dedicated PLUS OR has 100% of beds dedicated to persons experiencing chronic homelessness.

B) Permanent Housing-Rapid Rehousing

C) Joint TH and PH-RRH (project must be housing first)

D) HMIS (HMIS Lead Only)

E) Support Services Only-Coordinated Entry Project

5. Is the project you are applying for a new or expansion project? **Yes** ___ **No** ___

6. Is the applicant a current member of the CGHC Continuum of Care (CoC)?

Yes ___ **10 points** **No** ___ **0 points**

7. Is the agency applying a current CoC funded grantee? No – 5 points

a. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC?

Yes ___ **0 points** **No** ___ **3 points**

8a. Does your Agency prioritize referrals from Coordinated Entry? **Yes** ___ **3 pts** **No** ___ **0 pts**

8b. Will your agency only accept clients from Coordinated Entry? **Yes** ___ **3 pts** **No** ___ **0 pts**

9. Does your agency currently report in the CoC's HMIS system? If not, how will you implement HMIS for this project? **(0-5 pts)**

Columbia-Greene Housing Coalition (CGHC): New Project RFP 2021 (Reallocation and/or Bonus Projects)

10. 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 – 20 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
- 2 points if the budget notes at least 80 percent of the requested funds are dedicated to housing
- 5 points if the narrative details how the project will implement the housing first model

11. 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.

12. 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.

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.

Columbia-Greene Housing Coalition (CGHC): New Project RFP 2021 (Reallocation and/or Bonus Projects)

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. Will the project be able to begin within 12 months? **Yes__ 5 points No__ 0 points**

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

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

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

Columbia Greene Housing Coalition

DV Bonus Project RFP 2021

Application may not exceed three (3) pages

1. Applicant/Agency Name: _____
2. Agency Point of Contact: _____
3. Proposed Project Name: _____
4. **Please circle the project type you are applying for:**
 - A. Permanent Housing-Rapid Rehousing *(project must be housing first)
 - B. Joint TH and PH-RRH-Must be housing first *(project must be housing first)
 - C. Support Services Only-Coordinated Entry Project – if CoC already has a CE project the application must be an expansion.
5. Is the project you are applying for a new or expansion project? **Yes ___ No ___**
6. Is the applicant a current member of the CGHC Continuum of Care (CoC)?
Yes___ 20 points No___ 0 points
 - a. If no, what is the agency's current involvement with the CGHC CoC?
7. Is the agency applying as a current CoC funded grantee? **Yes__ 5 pts No___ 10 pts**
 - b. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC? **Yes___ 0 points No___ 3 points**
8. Please provide a detailed description of the agency's experience in administering projects dedicated to serving survivors of domestic violence, dating violence and stalking. Please specify the name of current or past programs and note the funding sources **(10 points)**
 - 3 points for past experience serving a domestic violence survivor population
 - 3 points for four or more years serving a domestic violence survivor population
 - 3 points for serving more than 25 households in a calendar year (CY)
 - 1 point for listing funding sources

Columbia Greene Housing Coalition

DV Bonus Project RFP 2021

9. Please provide a description addressing the entire scope of your project. Please include an outreach plan to the targeted population. Specify whether the project will be a Rapid Rehousing (PH-RRH) project, Joint TH and PH-RRH component project or a SSO project for Coordinated Entry (SSO-CE) designed to implement policies, procedures and practices to equip the CoC's Coordinated Entry system to better meet the needs of survivors of domestic violence, dating violence, sexual assault or stalking (e.g., policies and procedures that are trauma informed, client centered or to improve the referral process between the CoC's Coordinated Entry and victim service providers Coordinated Entry systems where they are different). Please provide details about Housing First aspects of the project. **(0 - 25 points)**
- 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
 - 5 pts if the project clearly states the number of units/beds requested
 - 2 pts if applying for an SSO-CE project
7. Please describe how the need for this project within this geographic area was identified. Please quantify the need using an HMIS comparable database and/or a local data source? **Agency will receive full points if they have demonstrated the need.**
Yes __ 10 points No __ 0 points
8. Does your agency have a policy focused on ensuring equitable services and program outcomes across participants of all races and ethnicities? **Yes __ 5 points No __ 0 points**
9. How will the agency ensure program participants have the resources they need to prevent transmission of COVID-19? **(0-3 points)**
- 1 point if the agency has/will have a partnership with a healthcare agency that provides regular health screenings
 - 1 point if the agency will provide PPE/sanitation supplies to staff/program participants as needed
 - 1 point if the agency describes how it will build COVID-19 vaccine confidence
- N/A for applications for Coordinated Entry; these questions will be weighted.*
10. Please detail the steps your agency takes to ensure the safety of program participants. **(0-5 points)**
- 1 point if agency uses de-identified aggregate data from a comparable database.
 - 2 points if agency has safety, planning, and confidentiality protocols in place for DV project participants.
 - 2 points if agency uses a trauma-informed, victim-centered approach to their project.

Columbia Greene Housing Coalition

DV Bonus Project RFP 2021

11. Will the project be able to start within 12 months? **Yes___ 10 pts** **No___ 0 pts**

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

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

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

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

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-519

Objective Criteria Used to Review and Rank Projects for Funding	
Specific Criteria	Question Addressing Criteria
Utilization Rate	Renewal Application: Part I: Q1a-1b, Part II: Q1
Data Quality & Completeness	Renewal Application: Part I: Q2a-sd
Performance Data (PSH only) Dedicated Chronic Homeless/DedicatedPLUS	Renewal Application: Part I: Q3a-3b
Funding	Renewal Application: Part 1: Q10-10b
Population Served	New Bonus Application: Q10
Coordinated Entry Participation	Renewal Application: Part I: Q12a-12b New Bonus Application: Q8a-8b DV Bonus Application: Q12a-12b
Type of housing/Type of housing proposed	New Bonus Application: Q4 DV Bonus Application: Q4
Match	New Bonus Application: Q16 DV Bonus Application: Q14
Objective Criteria Related to Improving System Performance	
Specific Criteria	Question Addressing Criteria
Length of Time Homeless (prior to entry) Dedicated CH/DedicatedPLUS (PSH only) Effect on Chronic Homelessness (PSH/RRH/TH)	Renewal Application: Part 1: Q3a-3b Renewal Application: Part 1: Q3a-3b, HMIS Attachment 1 Renewal Application: Part 1: Q4a-4b, HMIS Attachment 2
Positive Outcomes	Renewal Application: Part 1: Q5, HMIS Attachment 3
Exits to Homelessness	Renewal Application: Part 1: Q6, HMIS Attachment 4
Effect on Income Growth	Renewal Application: Part 1: Q7, HMIS Attachment 5
Coordinated Entry	Renewal Application: Part I: Q12a-12b New Bonus Application: Q8a-8b DV Bonus Application: Q12a-12b
Specific Method for Evaluating Projects Submitted by Victim Service Providers	
Specific Criteria	Question Addressing Criteria
Data Attachments 1-5	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 II: Q5
Specific Method for Evaluating Projects Submitted by Youth Service Providers	
Youth Service Providers Only Positive Outcomes based on Increase of Income	Renewal Application: Part II: Q6

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)

Columbia Greene

Agency Name:	MHA of Columbia Greene County, Inc.			Final Score: 133
Project Name:	CG P16			
	Submitted by Deadline w/Required Docs		Yes	
		Total Possible Points	Points Awarded	

Part I: Data-Related Questions (150)				
25 pts max	1a. Utilization Rate 100%	CARES	20	20
	1b. Exceeded 100% in Persons & Households	CARES	5	5
4 pts max	2. Data Quality and Completeness	CARES	4	4
10 pts max	3a. Dedicated CH Beds	CARES	5	0
	3b. Dedicated CH percentage	CARES	5	0
10 pts max	4. Effect on Chronic Homeless	CARES	10	0
20 pts max	5. Positive Outcomes	CARES	20	10
15 pts max	6. Exits to Homelessness	CARES	15	15
10 pts max	7. Effect on Income Growth	CARES	10	8
5 pts max	8a. Income Growth Project Performance	CARES	5	4
5 pts max	8b. Income Growth	CARES	5	5
5pts max	8c. Income Growth	CARES	5	0
5 pts max	8d. Income Growth	CARES	5	0
10 pts max	9. Priority Populations	CARES	10	10
15 pts max	10a. Funding	CARES	15	13
5 pts max	10b. Funding	CARES	5	0
5 pts max	11. Housing First	CARES	5	5
5 pts max	12a. Coordinated Entry	CARES	5	5
5 pts max	12b. Coordinated Entry	CARES	5	5
	Total		159	109

Part II: Written Questions				
20 pts max	1. Utilization	Reviewers	20	NA
5 pts max	2. Coordinate Entry- DV	Reviewers	5	5
10 pts max	3. COVID Coordination	Reviewers	10	10
5 pts max	4. Racial Diversity and Equity	Reviewers	5	4
5 pts max	DV Projects Only	Reviewers	5	N/A
5 pts max	Dedicate Youth Programs Only	Reviewers	5	N/A
	Total			19

Part III: Interview questions (TBD)				
1 pt max		Reviewers	1	1
1 pt max		Reviewers	1	1
1pt max			2	2
1 pt max		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

2021 Columbia Greene Ranking and Tiering

Rank	Score	Applicant Name	Project Name	Final Funding Amount
1	149.5	Mental Health Association of Columbia- Greene Counties	MHA Columbia Greene P16	\$258,473
2	132	Mental Health Association of Columbia- Greene Counties	MHA Columbia Greene P2S	\$34,705
4	131.5	St Catherines Center for Children	CG PSH	\$87,450
3	126	Community Action of Greene County	Supportive Housing for Homeless Famiies	\$54,688
5	110.5	Columbia Opportunities Incorporated	COI Chronic Homeless Project	\$18,654
6	107	Community Action of Greene County	PSH Chronic	\$19,438
7	N/A	Community Action of Greene County	RR for Victims of Domestic Violence	\$52,736
8	N/A	Corporation for AIDS Research, Education and Services, Inc.	HMIS	\$12,068
B1	68	Columbia Opportunities Incorporated	COI Chronically Homeles Project 2	\$9,000
B2	65.3	Corporation for AIDS Research, Education and Services, Inc.	NY-519 Columbia & Greene Coordinated Entry	\$17,911

Annual Renewal Demand	\$538,212
Tier 1	\$538,212
Tier 2	\$26,911
Planning	\$16,146
CoC Bonus	\$26,911
DV Bonus	\$77,619 (note: not applied for)

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

This attachment details the examples of 15 Day Notification of Projects Rejected or Reduced for NY-519

It contains the following:

1. Example Rejection Letters
 - i. *Note: no projects were rejected through the FY2021 CoC Local Rank & Review Competition*
2. Example Reduction Letter
 - i. *Note: no projects were reduced through the FY2021 CoC Local Rank & Review Competition*

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

1. Example Rejection Letter

- i. *Note: no projects were rejected 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 FY2021 Renewal Project Application

Dear Nancy:

On behalf of the Columbia-Greene Housing Coalition (CGHC), we would like to thank you for your application for funding through the FY21 Continuum of Care competition. Unfortunately, through the Rank and Review process for Renewal Projects, your application was not selected to apply. Although the project was eligible and strong, your project was ranked outside of the eligible funding amount after the combined total of accepted application.

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

Thank you,

Kelsey Addy
Planning Unit Director, CARES, Inc.
Collaborative Applicant
Columbia-Greene Housing Coalition (CGHC)

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 Columbia-Greene Housing Coalition (CGHC), 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.

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, Inc.

Collaborative Applicant

Columbia-Greene Housing Coalition (CGHC)

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

This attachment details the 15 Day Notification of Projects Accepted and Tiered for NY-519. It contains the following:

1. October 22, 2021 Email notification of Projects Accepted:
 - a. **CARES of NY, Inc.**
 - i. NY-519 Columbia & Greene Coordinated Entry - *New Project Application*
 - ii. HMIS – *Renewal Project Application*
 - b. **Community Action of Greene County**
 - i. Supportive Housing for Homeless Families– *Renewal Project Application*
 - ii. PSH Chronic– *Renewal Project Application*
 - iii. RR for Victims of Domestic Violence – *Renewal Project Application*
 - c. **Columbia Opportunities Inc.**
 - i. COI Chronic Homeless Project – *Renewal Project Application*
 - ii. COI Chronically Homeless Project 2 – *New Project Application*
 - d. **Mental Health Association of Columbia-Greene Counties**
 - i. MHA Columbia Greene P16 - *Renewal Project Application*
 - ii. MHA Columbia Greene P25 - *Renewal Project Application*
 - e. **St. Catherine’s Center for Children**
 - i. CG PSH - *Renewal Project Application*
2. October 22, 2021 Email Notification of Ranking & Tiering for NY-519 Accepted Projects publicly posted on website
3. October 22, 2021 Website screenshot showing posted Ranking & Tiering for NY-519 Accepted Projects

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

1. October 22, 2021 Emails notifying of Projects Accepted:
 - a. **CARES of NY, Inc. (two separate emails)**
 - i. NY-519 Columbia & Greene Coordinated Entry - *New Project Application*
 - ii. HMIS – *Renewal Project Application*

Kathy Germain

From: Kathy Germain
Sent: Friday, October 22, 2021 12:47 PM
To: Denise Brodt
Subject: 2021 NOFO Application Acceptance Notification

As the Collaborative Applicant for the NY-519 Columbia-Greene CoC, we would like to congratulate CARES of NY Inc. on having your project accepted within the 2021 NY-519 CoC NOFO Application. Below is a detailed list of your agency's accepted project, funding request, and ranked position:

10	CARES of NY Inc.	NY-519 Columbia & Greene Coordinated Entry	\$17,911
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Kathy Germain

Planning Associate – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, NY 12210

518-489-4130 ext. 728

<http://www.caresny.org>



Kathy Germain

From: Kathy Germain
Sent: Friday, October 22, 2021 12:44 PM
To: Allyson Thiessen
Subject: 2021 NOFO Application Acceptance Notification

As the Collaborative Applicant for the NY-519 Columbia-Greene CoC, we would like to congratulate CARES of NY Inc. on having your project accepted within the 2021 NY-519 CoC NOFO Application. Below is a detailed list of your agency's accepted project, funding request, and ranked position:

8	CARES of NY Inc.	HMIS	\$12,068
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Kathy Germain

Planning Associate – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, NY 12210

518-489-4130 ext. 728

<http://www.caresny.org>



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

1. October 22, 2021 Email notification of Projects Accepted:

b. Community Action of Greene County

- i. Supportive Housing for Homeless Families– *Renewal Project Application*
- ii. PSH Chronic– *Renewal Project Application*
- iii. RR for Victims of Domestic Violence – *Renewal Project Application*

Kathy Germain

From: Kathy Germain
Sent: Friday, October 22, 2021 12:36 PM
To: Florence Ohle
Subject: 2021 NOFO Application Acceptance Notification

As the Collaborative Applicant for the NY-519 Columbia-Greene CoC, CARES would like to congratulate Community Action of Greene County on having your projects accepted within the 2021 NY-519 CoC NOFO Application. Below is a detailed list of your agency's accepted projects, funding requests, and ranked position:

3	Community Action of Greene County	Supportive Housing for Homeless Families		\$54,688
6	Community Action of Greene County	PSH Chronic		\$19,438
7	Community Action of Greene County	RR for Victims of Domestic Violence		\$52,738

Kathy Germain

Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 728
<http://www.caresny.org>



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

1. October 22, 2021 Email notification of Projects Accepted:

c. Columbia Opportunities Inc.

- i. COI Chronic Homeless Project – *Renewal Project Application*
- ii. COI Chronically Homeless Project 2 – *New Project Application*

Kathy Germain

From: Kathy Germain
Sent: Friday, October 22, 2021 12:42 PM
To: Tina Sharpe
Subject: 2021 NOFO Application Acceptance Notification

As the Collaborative Applicant for the NY-519 Columbia-Greene CoC, CARES would like to congratulate Columbia Opportunities Inc. on having your projects accepted within the 2021 NY-519 CoC NOFO Application. Below is a detailed list of your agency's accepted projects, funding requests, and ranked position:

5	Columbia Opportunities Incorporated	COI Chronic Homeless Project		\$18,654
B1	Columbia Opportunities Incorporated	COI Chronically Homeles Project 2		\$9,000

Kathy Germain

Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 728
<http://www.caresny.org>



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

1. October 22, 2021 Email notification of Projects Accepted:

d. Mental Health Association of Columbia-Greene Counties

- i. MHA Columbia Greene P16 - *Renewal Project Application*
- ii. MHA Columbia Greene P25 - *Renewal Project Application*

Kathy Germain

From: Kathy Germain
Sent: Friday, October 22, 2021 12:33 PM
To: Susan Cody
Subject: 2021 NOFO Application Acceptance Notification

As the Collaborative Applicant for the NY-519 Columbia-Greene CoC, CARES would like to congratulate Mental Health Association of Columbia-Greene Counties on having your projects accepted within the 2021 NY-519 CoC NOFO Application. Below is a detailed list of your agency's accepted projects, funding requests, and ranked position:

1	Mental Health Association of Columbia- Greene Counties	MHA Columbia Greene P16		\$258,473
2	Mental Health Association of Columbia- Greene Counties	MHA Columbia Greene P2S		\$34,705

Kathy Germain
Planning Associate – CARES of NY, Inc.
200 Henry Johnson Blvd., Albany, NY 12210
518-489-4130 ext. 728
<http://www.caresny.org>



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

1. October 22, 2021 Email notification of Projects Accepted:
 - e. St. Catherine's Center for Children**
 - i. *CG PSH - Renewal Project Application*

Kathy Germain

From: Kathy Germain
Sent: Friday, October 22, 2021 12:39 PM
To: Louisa Marra ; Kylie Proper (kproper@st-cath.org)
Subject: 2021 NOFO Application Acceptance Notification

As the Collaborative Applicant for the NY-519 Columbia-Greene CoC, CARES would like to congratulate St. Catherine's Center for Children on having your project accepted within the 2021 NY-519 CoC NOFO Application. Below is a detailed list of your agency's accepted project, funding request, and ranked position:

4	St Catherines Center for Children	CG PSH	\$87,450
---	-----------------------------------	--------	----------

Kathy Germain

Planning Associate – CARES of NY, Inc.

200 Henry Johnson Blvd., Albany, NY 12210

518-489-4130 ext. 728

<http://www.caresny.org>



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

2. October 22, 2021 Email Notification of Ranking & Tiering for NY-519 Accepted Projects publicly posted on website

From: [CARES Planning Team](#)
To: [Allison Smith](#); [Amanda Pierro](#); [Ashley Almonte](#); [Barbara Palmateer](#); [Dan Kent](#); fohle@cagcny.org; [Jared Camacho](#); jfredenberg@discovergreene.com; [Kathy Applegate](#); [Kathy Germain](#); [Kelli Clark](#); [Kylie Proper](#); [Lindsay Arp](#); [Louisa Marra](#); [Maureen Corbett \(Maureen.corbett@va.gov\)](mailto:Maureen.corbett@va.gov); mdebaise@galvanfdn.org; [Melissa Scheriff \(melissa.scheriff@columbiacountyny.com\)](mailto:Melissa.Scheriff@columbiacountyny.com); [Rebecca Newton](#); [Renee Pine](#); [Robert Romaker](#); [Sue Paolino](#); scody@mhacg.org; [Tammy Hall](#); [Tara Lehmann](#); [Tina Sharpe](#); [William Brown](#)
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: CGHC Public Posting of FY21 CoC Application (Draft #5)
Date: Friday, October 22, 2021 5:44:44 PM
Attachments: [image001.png](#)
[image002.png](#)

Good Afternoon Columbia Greene 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](#)



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

3. October 22, 2021 Website screenshot showing posted Ranking & Tiering for NY-519 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

Columbia Greene Housing Coalition (CGHC)

CoC Project Applications

[CGHC Home Page](#)

2021 Funding Snapshot

NY-519 Columbia-Greene						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$538,212	\$538,212	\$104,530	\$26,911	\$77,619	\$16,146	-
	<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: 10.22.2021

DRAFT: [NY 519 CoC Consolidated Application – Narrative](#)
DRAFT: [NY 519 CoC Consolidated Application – Attachments](#)

2021 CoC Priority Listing

Public Posting Date: 10.22.2021

FINAL: [NY 519 CoC Priority Listing](#)
FINAL: [NY 519 CoC Project Descriptions](#)
FINAL: [NY 519 Project Ranking and Tiering](#)

2021 CoC Planning Project

Public Posting Date: 10.22.2021

FINAL: [NY 519 CoC Planning Project](#)

1E-6: Web Posting CoC-Approved Consolidated Application for CoC.

This attachment details the correspondence to NY-519'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. Draft Postings: 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. Draft Postings: 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

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

Columbia Greene Housing Coalition (CGHC) CoC Project Applications

CGHC Home Page

2021 Funding Snapshot

NY-519 Columbia-Greene						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$538,212	\$538,212	\$104,530	\$26,911	\$77,619	\$16,146	-
	<small>(100% of the amounts for all renewal projects)</small>	<small>(amount for Bonus + DV Bonus) *note: a portion of Tier 2 is solely for DV Bonus</small>				

2021 CoC Consolidated Application

- Final Public Posting Date: 11.05.2021**
- DRAFT: NY 519 CoC Consolidated Application - Narrative
 - DRAFT: NY 519 CoC Consolidated Application - Attachments

2021 CoC Priority Listing

- Final Public Posting Date: 11.05.2021**
- FINAL: NY 519 CoC Priority Listing
 - FINAL: NY 519 CoC Project Descriptions
 - FINAL: NY 519 Project Ranking and Tiering

2021 CoC Planning Project

- Final Public Posting Date: 11.05.2021**
- FINAL: NY 519 CoC Planning Project

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 Posting
 - ii. Draft Postings: 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

Columbia Greene Housing Coalition (CGHC) CoC Project Applications

[CGHC Home Page](#)

2021 Funding Snapshot

NY-519 Columbia-Greene						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$538,212	\$538,212	\$104,530	\$26,911	\$77,619	\$16,146	-
	<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: 9.24.2021

- DRAFT: NY 519 CoC Consolidated Application - Narrative
- DRAFT: NY 519 CoC Consolidated Application - Attachments

View Public Posting Archives

2019 Public Postings: CGHC

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

Columbia Greene Housing Coalition (CGHC)

CoC Project Applications

[CGHC Home Page](#)

2021 Funding Snapshot

NY-519 Columbia-Greene

ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$538,212	\$538,212	\$104,530	\$26,911	\$77,619	\$16,146	-
	<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: 10.1.2021

DRAFT:  NY 519 CoC Consolidated Application - Narrative

DRAFT:  NY 519 CoC Consolidated Application - Attachments

View Public Posting Archives

+ 2019 Public Postings: CGHC

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

Columbia Greene Housing Coalition (CGHC)

CoC Project Applications

[CGHC Home Page](#)

2021 Funding Snapshot

NY-519 Columbia-Greene

ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$538,212	\$538,212	\$104,530	\$26,911	\$77,619	\$16,146	-
	<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: 10.8.2021

DRAFT:  NY 519 CoC Consolidated Application – Narrative

DRAFT:  NY 519 CoC Consolidated Application – Attachments

View Public Posting Archives

+ 2019 Public Postings: CGHC

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

Columbia Greene Housing Coalition (CGHC)

CoC Project Applications

[CGHC Home Page](#)

2021 Funding Snapshot

NY-519 Columbia-Greene

ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$538,212	\$538,212	\$104,530	\$26,911	\$77,619	\$16,146	-
	<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: 10.15.2021

DRAFT: NY 519 CoC Consolidated Application - Narrative

DRAFT: NY 519 CoC Consolidated Application - Attachments

2021 CoC Priority Listing

Public Posting Date: 10.15.2021

DRAFT: NY 519 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

Columbia Greene Housing Coalition (CGHC)

CoC Project Applications

[CGHC Home Page](#)

2021 Funding Snapshot

NY-519 Columbia-Greene

ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$538,212	\$538,212	\$104,530	\$26,911	\$77,619	\$16,146	-
	<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: 10.22.2021

DRAFT: NY 519 CoC Consolidated Application – Narrative

DRAFT: NY 519 CoC Consolidated Application – Attachments

2021 CoC Priority Listing

Public Posting Date: 10.22.2021

FINAL: NY 519 CoC Priority Listing

FINAL: NY 519 CoC Project Descriptions

FINAL: NY 519 Project Ranking and Tiering

2021 CoC Planning Project

Public Posting Date: 10.22.2021

FINAL: NY 519 CoC Planning Project

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

Columbia Greene Housing Coalition (CGHC) CoC Project Applications

[CGHC Home Page](#)

2021 Funding Snapshot

NY-519 Columbia-Greene						
ARD	Tier 1	Tier 2*	CoC Bonus	DV Bonus	CoC	UFA Grant
\$538,212	\$538,212	\$104,530	\$26,911	\$77,619	\$16,146	-
	<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 519 CoC Consolidated Application – Narrative
- DRAFT: NY 519 CoC Consolidated Application – Attachments

2021 CoC Priority Listing

Public Posting Date: 10.29.2021

- FINAL: NY 519 CoC Priority Listing
- FINAL: NY 519 CoC Project Descriptions
- FINAL: NY 519 Project Ranking and Tiering

2021 CoC Planning Project

Public Posting Date: 10.29.2021

- FINAL: NY 519 CoC Planning Project

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: [Allison Smith](#); [Amanda Pierro](#); [Ashley Almonte](#); [Barbara Palmateer](#); [Dan Kent](#); [Florence Ohle](#); [Jared Camacho](#); [Jason Fredenberg \(jfredenberg@discovergreene.com\)](#); [Kathy Applegate](#); [Kelli Clark](#); [Kylie Proper](#); [Lindsay Arp](#); [Louisa Marra](#); [Maureen Corbett \(Maureen.corbett@va.gov\)](#); [mdebaise@galvanfdn.org](#); [Melissa Scheriff \(melissa.scheriff@columbiacountyny.com\)](#); [Rebecca Newton](#); [Renee Pine](#); [Robert Romaker](#); [Sue Paolino](#); [Susan Cody](#); [Tammy Hall](#); [Tara Lehmann](#); [Tina Sharpe](#); [William Brown](#)
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 CGHC FY2021 CoC Consolidated Application
Date: Friday, November 5, 2021 2:12:00 PM
Attachments: [image001.png](#)

Dear Columbia Greene Housing Coalition,

As the end of the 2021 Continuum of Care competition season approaches, we have some important announcements:

- The final version of the CGHC 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 Public Postings
 - i. Draft Postings: 9/24/21; 10/1/21; 10/8/21; 10/15/21;
10/22/21; 10/29/21

From: [CARES Planning Team](#)
To: [Allison Smith](#); [Amanda Pierro](#); [Ashley Almonte](#); [Barbara Palmateer](#); [Dan Kent](#); [Florence Ohle](#); [Jared Camacho](#); [Jason Fredenberg \(jfredenberg@discovergreene.com\)](#); [Kathy Applegate](#); [Kathy Germain](#); [Kelli Clark](#); [Kylie Proper](#); [Lindsay Arp](#); [Louisa Marra](#); [Maureen Corbett \(Maureen.corbett@va.gov\)](#); [mdebaise@galvanfdn.org](#); [Melissa Scheriff \(melissa.scheriff@columbiacountyny.com\)](#); [Rebecca Newton](#); [Renee Pine](#); [Robert Romaker](#); [Sue Paolino](#); [Susan Cody](#); [Tammy Hall](#); [Tara Lehmann](#); [Tina Sharpe](#); [William Brown](#)
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Subject: CGHC Public Posting of FY21 Draft Consolidated Application
Date: Friday, September 24, 2021 4:47:00 PM
Attachments: [image002.png](#)

Good Afternoon Columbia Greene 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

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Cc: [Amy Lacey](#); [Erin Reale](#); [Genesis Matthey](#); [Haleigh Schmidhamer](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#); [Samantha Barnaby](#)
Subject: CGHC Public Posting of FY21 Draft #2 Consolidated Application
Date: Friday, October 1, 2021 3:06:23 PM
Attachments: [image002.png](#)

Good Afternoon Columbia Greene 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 Matthey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

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Cc: [Amy Lacey](#); [Erin Reale](#); [Haleigh Schmidhamer](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#); [Samantha Barnaby](#)
Subject: CGHC Public Posting of FY21 Draft #3 Consolidated Application
Date: Friday, October 8, 2021 1:43:00 PM
Attachments: [image001.png](#)

Good Afternoon Columbia Greene 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

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To: [CARES Planning Team](#); [Allison Smith](#); [Amanda Pierro](#); [Ashley Almonte](#); [Barbara Palmateer](#); [Dan Kent](#); [fohle@cagcny.org](#); [Jason Fredenberg \(jfredenberg@discovergreene.com\)](#); [Kathy Applegate](#); [Kathy Germain](#); [Kelli Clark](#); [Lindsay Arp](#); [Louisa Marra](#); [Maureen Corbett \(Maureen.corbett@va.gov\)](#); [mdebaise@galvanfdn.org](#); [Melissa Scheriff \(melissa.scheriff@columbiacountyny.com\)](#); [Rebecca Newton](#); [Renee Pine](#); [Robert Romaker](#); [Sue Paolino](#); [scody@mhacg.org](#); [Tammy Hall](#); [Tara Lehmann](#); [Tina Sharpe](#); [William Brown](#)
Cc: [Amy Lacey](#); [Erin Reale](#); [Haleigh Schmidhamer](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#); [Samantha Barnaby](#); [Genesis Matthey](#)
Subject: CGHC Public Posting of FY21 Draft #1 Priority Listing & Draft #4 Consolidated Application
Date: Friday, October 15, 2021 2:00:37 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)

Good Afternoon Columbia Greene 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

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Subject: CGHC Public Posting of FY21 CoC Application (Draft #5)
Date: Friday, October 22, 2021 5:44:44 PM
Attachments: [image001.png](#)
[image002.png](#)

Good Afternoon Columbia Greene 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

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Cc: [Nancy Harrington](#); [Michelle Sandoz-Dennis](#); [Kirstin Jones](#); [Denise Brodt](#); [Allyson Thiessen](#); [Amy Lacey](#); [Erin Reale](#); [Genesis Mattey](#); [Haleigh Schmidhamer](#); [Kelsey Addy](#); [Maureen Van Deusen](#); [Nicholas Cassaro](#); [Samantha Barnaby](#)
Subject: CGHC Public Posting of FY21 CoC Application (Draft #6)
Date: Friday, October 29, 2021 5:00:00 PM
Attachments: [image001.png](#)
[image002.png](#)

Good Afternoon Columbia Greene 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 Mattey](#).

If you have any questions or comments, please feel free to reach out.

Thank you,

Kelsey Addy, MPA

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