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**CoC NY-511: Binghamton/Uniontown, Binghamton, Chenango, Cortland, Delaware, Otsego, & Tioga Counties**

## **Care Compass Funding Policy**

### **Purpose**

The Care Compass funding – donated in December 2021 – is dedicated for personal supplies or motel rooms to serve those most in need and those in rural communities within CoC NY-511. Care Compass Network recognizes the impacts of homelessness on the health and well-being of community members, and the goal of the funding is to provide \$2,500 in financial assistance for Broome, Chenango, Cortland, Delaware, and Tioga Counties to meet the needs of individuals and families who are experiencing homelessness. Each county receives \$500. Participating agencies can provide temporary housing assistance through motels and strive to address other unmet needs such as food, clothing, hygiene, or other personal supplies with this funding.

This policy describes how CoC NY-511 may support member agencies through the *Care Compass Donation* by approving financial assistance requests.

### **Scope**

- This policy applies to Broome, Chenango, Cortland, Delaware, and Tioga Counties. Otsego County is not included in the Care Compass service area and not eligible for funds.
- This funding can be requested to provide temporary housing assistance in motels and address other needs such as food, clothing, hygiene, or other personal supplies.
- The *Care Compass* Funding may be accessed by CoC Member or Key Partner agencies as evidenced by a current signed *STHC Membership-Key Partner Registration Form*.
- The *Care Compass* Funding may be accessed on behalf of program participants who meet the criteria of HUD's *Homeless* definitions (Categories 1,2, or 4) per [24 CFR Part 578.3](#)
- The *Care Compass* Funding may be used to support activities not otherwise eligible or available within existing procurement streams.

### **Responsibilities and Requirements**

#### **Participating Agencies**

- Verify *Homeless* status of the household for whom assistance is being requested in accordance with agency policies and program requirements
- Verify resources are not otherwise available within CoC NY-511 to support the presenting need for which assistance is being requested



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- Send requests for assistance using the application on page 3 of this policy to the Treasurer and Secretary of the Board by the 5<sup>th</sup> of the month. Submittals will be reviewed by the Board of Directors during monthly meetings. If approved, payment will be prepared and issued within five business days. A receipt of purchase should be submitted to the Treasurer of the Board by the 5<sup>th</sup> of the following month.

All submittals must include the following information:

- Name and location of participating agency
- Statement of the presenting need and amount of financial assistance requested
- Statement demonstrating efforts to access available resources and the presenting need's ineligibility/unavailability within existing procurement streams

### **Board of Directors**

- Announce availability and requirements of Care Compass Funding assistance
- Review requests from participating agencies, ensuring CoC Member/Key Partner status, ineligibility/unavailability of resources within CoC NY-511 to support presenting needs, demonstrated effort, and reasonableness of requests
- Report approved assistance at monthly CoC meetings



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## Care Compass Funding Application

Date: \_\_\_\_\_ Agency Name: \_\_\_\_\_

CoC NY-511 Member/Key Partner? \_\_\_\_ Yes \_\_\_\_ No

Amount of Financial Assistance Requested (Less than \$500): \_\_\_\_\_

Statement of Presenting Need: \_\_\_\_\_

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Effort(s) Made to Access Available Resources & Outcome(s): \_\_\_\_\_

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Date Reviewed by STHC Board of Directors: \_\_\_\_\_ Approved? \_\_\_\_ Yes \_\_\_\_ No

If "No" – Board Reasoning for Request Rejection: \_\_\_\_\_

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