



# NY-512 RCHSC Continuum of Care

## CE-HMIS RFP 2022

### (Reallocation and/or Bonus Projects)

11. Does your agency have a racially and ethnically diverse group of stakeholders who are responsible for making programmatic and funding decisions? If not, how does your agency plan to incorporate the views of a diverse set of stakeholders into reviewing your policies, procedures, and funding decisions? Provide your response below (0-5 pts).

- *5 pts if applicant has racially and ethnically diverse stakeholder decisionmakers*
- *3 pts if applicant can identify a plan for incorporating diverse stakeholder views in the future*

12. Describe how your agency ensures equitable services and program outcomes across participants of all races and ethnicities. Applicants should give 3-4 examples of how their agency provides equitable services. (0-5 pts)

13. Does your agency have someone with lived experience of homelessness within its Leadership, who are involved with programmatic and funding decisions?

Yes- 5 points  No – 0 points

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### (Reallocation and/or Bonus Projects)

#### Coordinated Entry Projects Only Please Complete This Section

11. What % of ARD funds are already dedicated to CE? (CARES will answer this question on your behalf) \_\_\_\_\_

**0%=30 pts. .1%-1%=20 pts. 1.1%-2%=10 pts. 2.1%-3%=5 pts. >3%=0 pts.**

12. Does your currently funded CE project ensure the following required data elements are entered into HMIS or a comparable database: (if not currently funded skip to Q12a.)

All Yes=10 pts  Any No's=0 pts

CE Assessment Element	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CE Event Element	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Living Situation Element	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12a. If your agency is not a currently funded CE project, please explain the staffing plan and training your agency will provide to accomplish the above required data elements are entered into HMIS or a comparable database? (up to 10 pts)

13. Please list the following entities for your project's CE system:

Policy Oversight Entity: \_\_\_\_\_

Management Entity: \_\_\_\_\_

Evaluation Entity: \_\_\_\_\_

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In 3-5 sentences please describe how your program will work with each to ensure program compliance. **(0-10 pts)**

14. Does your CE System have a data privacy policy?  **Yes=5 pts**  **No=0 pts**

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#### **HMIS Projects Only Please Complete This Section**

15. What % of ARD funds are already dedicated to HMIS? (**CARES will answer this question on your behalf**) \_\_\_\_\_

**0%=30 pts. .1%-1%=20 pts. 1.1%-2%=10 pts. 2.1%-4%=5 pts. >4%=0 pts.**

16. Do 100% of required projects participate in your HMIS project?  **Yes=10 pts**  **No=0 pts**

16a. If your HMIS does not currently have 100% required participation what is your plan for engagement? Please explain. **(0-10 pts.)**

16b. Do any non-required projects participate in your HMIS?  **Yes=5 pts**  **No=0 pts**

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17. Has your HMIS project submitted all required reports on time within the last fiscal year?  
(ex: LSA, SPM and HMIS Grantee APR)  Yes=5 pts  No=0 pts
18. Does your HMIS System have a data privacy policy?  Yes=5 pts  No=0 pts

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**CE & HMIS Projects-Please provide a 12-month budget proposal (required for review)**

ACTIVITY	CoC FUNDS REQUESTED	NOTES
<b>A. Support Services</b>	\$	
1. Salaries	\$	
2. Benefits	\$	
3. Other	\$	
<b>B. HMIS</b>	\$	
<b>C. Admin</b>	\$	
<b>D. Total Project Costs</b>	\$	
MATCH	AMOUNT	SOURCE
<b>E. 25% Match Requirement</b>	\$	