

# NY-511 Continuum of Care: New Project RFP 2022 (Reallocation and/or Bonus Projects)

APPLICATION MUST NOT EXCEED FIVE (5) PAGES

**Please note: if you project is selected to move forward in applying for CoC funding, you will need to submit an application in Esnaps. Being selected through the Rank & Review process does not guarantee funding; rather it allows the project to apply for CoC funding to HUD, which is a competitive process.**

1. Applicant/Agency Name: \_\_\_\_\_
2. Agency Point of Contact: \_\_\_\_\_
3. Proposed Project Name: \_\_\_\_\_
4. Which of the below eligible project types are you applying for?
  - a. Permanent Supportive Housing (must be DedicatedPlus or 100% dedicated to chronically homeless)
  - b. Rapid Rehousing
  - c. Joint Transitional Housing-Rapid Rehousing
  - d. HMIS (Lead Agency Only)
  - e. Coordinated Entry (Lead Agency Only)
5. Is the project you are applying for an expansion project? Yes \_\_\_\_ No \_\_\_\_  
Is the project you are applying for a new project? Yes \_\_\_\_ No \_\_\_\_
6. Is the applicant a current member of NY-511 Continuum of Care (CoC)?  
 Yes – 10 points  No – 0 points
  - a. If no, what is the agency's current involvement with NY-511 Continuum of Care?
7. Is the agency applying a current CoC funded grantee?  
 Yes – 5 points  No – 0 points

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

Yes – 0 points  No – 5 points

8. **For Agencies Currently CoC Funded:** Within the past 2-years have any of the CoC funded projects for which your agency administers given money back to HUD. **Please attach your last 2-years eLOCCS closeouts. Please only consider projects that are the same project type you are applying for.**

Yes – 0 points  No – 5 points

9. Does your agency currently report in the CoC's HMIS system?

Yes – 1 point  No – 0 points

- a. If not, how will you implement HMIS for this project? For more information on the HMIS requirements please refer to STHC Written Standards. **(0- 3 pts if agency details how HMIS implementation will be accomplished).**

*Note: Participation in HMIS is required for CoC Funded Projects.*

10. Is your agency an active participant in the NY-511 Coordinated Entry (CE)?

Yes – 3 pts  No - 0 pts

- a. If not, how will you implement CE Participation for this project? For more information on the Coordinated Entry requirements please refer to STHC Written Standards. **(0- 3 pts if agency details how CE implementation will be accomplished).**

*Note: Participation in CE is required for CoC Funded Projects.*

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11. Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population (i.e. your target population). Please specify the name of current or past programs and note the funding sources. **(Up to 10 points)**

- 4 points for detailing past experience serving an underserved population
- 2 points for explaining how you have connected clients to supportive services
- 2 points for providing an example of how your agency has moved clients from assisted housing to housing they could sustain—and how the agency will address housing stability after the housing subsidy ends
- 2 points for describing how you prioritize program participant choice

12. Priority Populations

Does your project designate 100% of beds to Mental Health, Substance Abuse, CH, Co-Occurring Conditions, and/or Families?

Yes – 5 points  No – 0 points

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12. a. If your project is not serving 100% of the above listed priority populations, please describe how your project is addressing an unmet need for the population your project will serve. **(Up to 3 points)**

**13. Housing First (0-25 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? For more information on Housing First please refer to STHC Written Standards.

**Any Yes - 0 All No - 25 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	<input type="checkbox"/>	<input type="checkbox"/>

13a. If your agency is not willing to implement a Housing First Model, please explain why. (0 pts)

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14. 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. **(Up to 25 points)**

5 points if you outline a detailed strategy that will be used to help participants regain and maintain housing stability.

6 points if the budget notes at least 80 percent of the requested funds are dedicated to housing or explain the need for more support service funding because your project will be serving the hardest to serve.

5 points if Youth/Parenting Youth and/or Families are mentioned

4 points if an outreach plan is noted and specifies how the project will conduct targeted outreach to persons least likely to apply and/or traditionally underserved populations (i.e. BIPOC, LGBTQ+ community)

2 points if a specific priority population mentioned in the [HUD Fiscal Year 2022-2026 Strategic Plan](#) is noted

3 points if the project clearly states the number of units/beds requested

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15. Please describe how the need for this project within this geographic area was identified.

**Up to 5 points for referencing *local quantitative data*.**

16. Does your agency have a policy focused on ensuring equitable services and program outcomes across participants of all races and ethnicities? **Please attach the policy to this application.**

**Yes – 5 points**  **No – 0 points**

17. 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. **(Up to 3 pts)**

18. Does your agency have relationships/partnerships with any of the below? **Check all that apply. (1 pt for each checked box)**

Public/Private Healthcare Organizations

PHAs, local housing organizations, or other non-CoC/ESG funding streams

Local Workforce Development Sectors

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18a. If you checked Public/Private Healthcare Organizations, does your agency have a written commitment from a health care organization with the value of the commitment and the date(s) the healthcare resources will be provided, or can you procure one by September 1<sup>st</sup> if your project is chosen to move forward\*?

Yes – 10 points  No – 0 points

*\*Please note, this commitment will be submitted with the CoC's full CoC Application so the CoC is awarded additional points.*

18b. If you checked PHAs, local housing organizations, or other non-CoC/ESG funding streams, will your project utilize housing subsidies or subsidized housing unites not funded through the CoC or ESG by: **providing at least 25 percent of the units** included in the project; or in the case of a rapid re-housing project, **serve at least 25 percent of the program participants** anticipated to be served by the project\*? Provide documentation by September 1<sup>st</sup>

Yes – 10 points  No – 0 points

*\*Please note, this commitment will be submitted with the CoC's full CoC Application so the CoC is awarded additional points.*

18c. If you checked Local Workforce Development Sectors, do you have a written commitment or other document demonstrating your partnership, or could you procure one if your project is chosen to move forward?

Yes – 5 points  No – 0 points

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19. 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. **(Up to 4 points)**

- 4pts if applicant has racially and ethnically diverse stakeholder decisionmakers
- 3pts if applicant can identify a plan for incorporating diverse stakeholder views in the future

20. Describe the support services your agency has tailored to serve persons coming from an unsheltered situation. **(Up to 2 points)**

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21. Will the project be able to begin within 12-18 months?

Yes – 5 points  No – 0 points

22. Please provide a 12-month Budget Proposal and attach a copy of your organization's most recent financial audit. (Required for review):

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