

**ALBANY COUNTY COALITION ON
HOMELESSNESS (ACCH)
CE-HMIS RFP 2022
(Reallocation and/or Bonus Projects)**

Please note: if your 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 to HUD for CoC funding, which is a competitive process.

1. Applicant/Agency Name: _____
2. Agency Point of Contact: _____
3. Proposed Project Name: _____
4. Please select the project type you are applying for: HMIS _____ CE _____
6. Is the project you are applying for a new or expansion project?
 New=5 pts **Expansion=0 pts**
7. Is the applicant a current member of the Albany County Coalition On Homelessness (ACCH) Continuum of Care (CoC)? **Yes=10 pts** **No=0 pts**
8. Will the project be able to begin within 12 months? **Yes=6 pts** **No=0 pts**
9. Please explain the need for this project within your CoC. **(0-25 pts.)**

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10. Do you have the proper staffing to administer this program if funded? **Yes=8 pts** **No=0 pts**

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 (0-4 pts).

- *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*

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. Please include supporting documentation. (0-5 pts)

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

Yes- 4 points No – 0 points

14. Does your organization partner with other organizations with expertise in serving the LGBTQ+ population? If yes, how will you leverage those partnerships to serve your project participants? (4 pts)

- *2 points if applicant identifies specific organizations that they partner with*
- *2 points if applicant describes how they will leverage the partnership(s) for project clients*

Coordinated Entry Projects Only Please Complete This Section

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

0%-2%=26 pts. 2.1%-3%=20 pts. 3.1%-4%=10 pts. 4.1%-5%= 5 pts >5%=0 pts.

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16. 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 Q15a.)**

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

- CE Assessment Element
- CE Event Element
- Current Living Situation Element

16a. 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 8 pts)**

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

Policy Oversight Entity: _____

Management Entity: _____

Evaluation Entity: _____

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

18. Does your CE System have a data privacy policy? Yes=6 pts No=0 pts

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HMIS Projects Only Please Complete This Section

19. What % of ARD funds are already dedicated to HMIS? (CARES will answer this question on your behalf) _____

0%-2%=26 pts. 2.1%-3%=20 pts. 3.1%-4%=10 pts. 4.1%-5%= 5 pts >5%=0 pts.

20. Do 100% of required projects participate in your HMIS project? **Yes=8 pts** **No=0 pts**

20a. If your HMIS does not currently have 100% required participation what is your plan for engagement? Please explain. **(0-5 pts.)**

20b. Do any non-required projects participate in your HMIS? **Yes=2 pts** **No=0 pts**

21. 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**

22. Does your HMIS System have a data privacy policy? **Yes=6 pts** **No=0 pts**

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

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