

**Homeless Services Planning Board (HSPB)  
CE-HMIS RFP 2022  
(Reallocation and/or Bonus Projects)**

**Application not to exceed five (5) pages.**

**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=10 pts**  **Expansion=5 pts**
7. Is the applicant a current member of the Homeless Services Planning Board (HSPB) 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=5 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)**.

- **4 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. 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 pts  No=0 pts

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

14. 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.**

15. 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 Q10a.)

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

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

15a. 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 5 pts)

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16. 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)**

17. 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**

14. 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.**

15. Do 100% of required projects participate in your HMIS project?  Yes=5 pts  No=0 pts

15a. If your HMIS does not currently have 100% required participation what is your plan for engagement? Please explain. **(0-3 pts.)**

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- 15b. Do any non-required projects participate in your HMIS?  Yes=5 pts  No=0 pts
16. 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
17. 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
<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>	\$	