

**Ulster County Continuum of Care (UCCC)  
Coordinated Entry (CE)-Homeless Management  
Information System (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.**

Applicant/Agency Name: \_\_\_\_\_

Agency Point of Contact: \_\_\_\_\_

Proposed Project Name: \_\_\_\_\_

Please select the project type you are applying for: HMIS \_\_\_\_\_ CE \_\_\_\_\_

Is the project you are applying for a new or expansion project?

**New-20 pts**  **Expansion-5 pts**

1. Is the applicant a current member of the Ulster County Continuum of Care (UCCC)?  
 **Yes-10 pts**  **No-0 pts**
2. Will the project be able to begin within 12 months?  **Yes-5 pts**  **No-0 pts**
3. Please explain the need for this project within your CoC? **(0-5 pts.)**
4. Do you have the proper staffing to administer this program if funded?  **Yes-5 pts**  **No-0 pts**

**HUD NOFO Priorities 2022**

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

**Yes- 2 points**  **No – 0 points**

6. Does your agency have a racially and ethnically diverse group of stakeholders who are responsible for making programmatic and funding decisions?

**Yes- 4 points**  **No – 0 points**

6a. 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? **(0-3 points)**

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## 7. Coordination with LGBTQ Population

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?

- 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

8. What % of ARD funds are already dedicated to CE? (**CARES will answer this question on your behalf**)      2.91% ARD

**0%=20 pts.   .1%-1%=15 pts.   1.1%-2%=10 pts.   2.1%-3%=5 pts.   >3%=0 pts.**

9. 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 Q9a.**)

All Yes-15 pts    Any No's-0 pts

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

9a. 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**)

10. 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. (**0-10 pts**)

11. Does your CE System have a data privacy policy?    Yes-5 pts    No-0 pts

# Ulster County Continuum of Care (UCCC) Coordinated Entry (CE)-Homeless Management Information System (HMIS) RFP 2022 (Reallocation and/or Bonus Projects)

**Homeless Management Information System (HMIS) Projects Only Please Complete This Section**

12. What % of ARD funds are already dedicated to HMIS? **(CARES will answer this question on your behalf)** 4.66% ARD

**0%=20 pts. .1%-1%=15 pts. 1.1%-2%=10 pts. 2.1%-4%=5 pts. >4%=0 pts.**

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

13a. If your HMIS does not currently have 100% required participation what is your plan for engagement? Please explain. **(0-5 pts.)**

13b. Do any non-required projects participate in your HMIS?  **Yes-5 pts**  **No-0 pts**

14. Has your HMIS project submitted all required reports on time within the last fiscal year? (ex: LSA, SPM and HMIS Grantee APR)  **Yes-10 pts**  **No-0 pts**

15. Does your HMIS System have a data privacy policy?  **Yes-5 pts**  **No-0 pts**

**16. 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>	\$	