

NY-511 Continuum of Care:

New Project RFP 2023 (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 Esnap. 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
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?

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7. Is the agency applying a current CoC funded grantee?
 Yes – 5 points **No – 0 points**
- 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 contract years what percentage of funds have you returned to HUD for all CoC funded projects. **Please attach your last 2-years of eLOCCS closeouts.**
- % of funds returned: _____
- 0% = 5pts; >20% = 3pts; >50% = 0pts
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.

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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.

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). **(Up to 10 points)**

- 4 points for detailing past experience serving an underserved population
- 3 points for explaining how you have connected clients to supportive services
- 3 points for detailing other funding sources the agency uses/has used in the past to serve HUD-Defined Homeless populations

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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**

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)**

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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 **(0-15 points)**
- 10 points if you outline a detailed strategy that will be used to help participants regain and maintain housing stability.
 - 2 points if you identify at least one HUD priority (Chronically Homeless, LGBTQ+, Unsheltered Homeless)
 - 2 points for identifying at least one community priority (Chronically homeless individuals, Veterans experiencing homelessness, Families, Youth or Children at-risk for homelessness and experiencing homelessness)
 - 1 point if the project clearly states the number of units/beds requested

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15. How will this project reduce the average length of time homeless for project participants? **(0-2pts)**
2 pts if the applicant describes how their project will serve those with the longest lengths of time homeless and strategies for reducing length of time homeless
16. What gap in services or need in the community will this project address or fill?
Please provide anecdotal or quantitative evidence of this gap and how your project would address it. **(0-12pts)**
2 pts for identifying HUD/local priority populations served through the proposed project
2 pts if the applicant describes how their project will serve those with the longest lengths of time homeless and strategies for reducing length of time homeless
2 pts for identifying the service gap or need in the community
2 pts for detailing data/evidence of the service gap or need in this community
4 pts for explaining how the proposed project will address the need

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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

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 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.*

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18b. If you checked PHAs, local housing organizations, or other non-CoC/ESG funding streams, will your project utilize housing subsidies or subsidized housing units 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.

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

19. Describe the specific plan to coordinate and integrate with other mainstream health, social services and employment programs for which participants are eligible **(5 Pts)**

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20. 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

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

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22. Describe how program participants will be assisted to obtain and remain in permanent housing **(up to 2 points)**

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

Yes – 5 points **No – 0 points**

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24. 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
A. Rental Assistance (80% total budget less Admin)	\$	
B. Support Services (20% total budget less Admin)	\$	
1. Salaries	\$	
2. Benefits	\$	
3. Other	\$	
C. VAWA (New Eligible Activity)	\$	
D. Rural Costs (New Eligible Activity)	\$	
E. Operating	\$	
F. Admin	\$	
G. Total Project Costs	\$	
MATCH	AMOUNT	SOURCE
H. 25% Match Requirement	\$	

Please attach:

- 501c3 documentation
- If applicable: Formal Housing leveraging commitments (contracts, MOU with PHA, etc.)
- If applicable: Formal Healthcare leveraging commitments (MOUs, service agreements, etc.)