

Rockland County Continuum of Care (RCCC) New Project RFP 2023 (Reallocation and/or Bonus Projects)

Applicant/Agency Name: _____

Agency Point of Contact: _____

Proposed Project Name: _____

Agency/Employer Tax Identification number: _____

UEI Number: _____

Physical Agency Address: _____

Address of proposed project (if applicable): _____

Is your agency a faith-based organization? Yes ____ No ____

Total number of units and beds being applied for (if applicable): _____

Total number of households/clients project proposes to serve: _____

Has your agency ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes ____ No ____

1. Which of the below eligible project types are you applying for?
 - Permanent Supportive Housing (must be DedicatedPlus or 100% dedicated to chronically homeless)
 - Rapid Rehousing
 - Joint Transitional Housing-Rapid Rehousing
 - HMIS
 - Coordinated Entry

2. Is the project you are applying for?
 - New project
 - Expansion of an existing project

3. Will the project be able to begin within 12 months? Yes No

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4. Is the applicant a current member of the Rockland County Continuum of Care? Continuum of Care (CoC)? **Yes – 10 points** **No – 0 points**
5. Is the Agency a currently funded CoC grantee?
 Yes – 0 points **No – 10 points**
6. **For Current HUD Funded Agencies Only:**
- a. Are there any unresolved monitoring or audit findings from HUD or the CoC?
 Yes – 0 points **No – 5 points**
- b. Has the agency drawn down all HUD Contracted funds over the two previous contract years? Only consider the same project type that is being applied for.
 Yes - 0 points **No - 5 points**
7. Is your agency an active participant in the RCCC Coordinated Entry?
 Yes – 5 points **No - 0 points**
- 8a. Does your agency currently report in the CoC's HMIS system?
 Yes – 5 pts **No - 0 pts**
- 8b. If not, provide a short description on how the agency will complete data entry in HMIS for this project? **(0-3pts)** if agency details how HMIS implementation will be accomplished?

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9. 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. All CoC funded projects are required to follow the Housing First Model. ***Will your new project screen out or terminate consumers based on any the following?***

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"/> |

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10. Project Description (0-15pts)

Please provide a project description that includes the target population that will be served.

- 10 points if you outline a detailed strategy that will be used to help participants regain and maintain housing stability.
- 5 points if agency demonstrates how existing program can provide evidence of success with working with the targeted population.
- 1 point if the project clearly states the number of units/beds requested
- 4 points if the project describes how targeted outreach to persons least likely to apply and/or traditionally underserved populations (i.e. BIPOC, LGBTQ+ community)

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11. Agency Experience (0-10 pts)

Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population (i.e. your target population).

- 4 pts 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.

12. Priority Population (0-8 pts)

12a. Does your project designate 100% of beds to Mental Health, Substance Abuse, Chronic Homeless, Co-Occurring Conditions, and/or Families?

_____ Yes- 5 pts _____ No-0 pts

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12b. 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. **(0-3 points)**

13. Community Need (0-10pts)

What gap in services or need in the community will this project address or fill? Please provide any anecdotal or quantitative evidence of this gap and how your project would address it.

- 2 points for identifying HUD/local priority populations served through proposed project;
- 2 points for identifying the service gap or need in the community;
- 2 points for detailing data/evidence of the service gap or need in the community;
- 4 points for explaining how the proposed project will address the need.

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HUD NOFO Priorities 2023

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

Yes- 1 points **No – 0 points**

15a. 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**

15b. 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)

- 3pts if applicant can identify a plan for incorporating diverse stakeholder views in the future

16. 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 what services will be provided to clients

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17. System Performance

How will this project reduce the average length of time homeless for project participants?
(0-2pts)

- 2pts if applicant describes how their project will serve those with the longest lengths of time homeless and strategies for reducing length of time homeless.

18. Unsheltered Services

Describe the support services your agency has tailored to serve persons coming from an unsheltered situation. (0-2pts)

19. 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

19a. 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 before the submission of this year's CoC application?

Yes- 10 points No - 0 points

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19b. 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*?

Yes- 10 points No – 0 points

19c. 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

19d. The CoC will receive bonus points for successfully demonstrating that agencies are leveraging Healthcare and Housing partnerships to bolster CoC programs. If your project application moves forward, can you confirm that you will be able to provide a contract, MOU, or other formal documentation that demonstrates your partnership with a healthcare organization or housing funding?

Yes No

Unscored but required.

Please feel free to utilize any relevant narratives from other parts of the application or other applications to respond to questions in this section.

- Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

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Please provide a 12-month Budget Proposal (required for review):

| ACTIVITY | CoC FUNDS REQUESTED | NOTES |
|--|---------------------|--------|
| A. Rental Assistance | \$ | |
| B. Support Services | \$ | |
| 1. Salaries | \$ | |
| 2. Benefits | \$ | |
| 3. Other | \$ | |
| C. VAWA (New eligible activity) | \$ | |
| D. Rural Costs (New eligible activity) | \$ | |
| E. Operating | \$ | |
| F. Admin (up to 10%) | \$ | |
| G. Total Project Costs | \$ | |
| MATCH | AMOUNT | SOURCE |
| H. 25% Match Requirement | \$ | |

For each of the below supportive services, please indicate who will provide them and how often they will be provided.

| Supportive Services | | Provider (Recipient, Non-Partner, or Partner) | Frequency (Monthly, Daily, Weekly, or As-needed) |
|------------------------------|--|--|---|
| Assessment of Service Needs | | | |
| Assistance with Moving Costs | | | |
| Case Management | | | |

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| | | |
|--|--|--|
| Child Care | | |
| Education Services | | |
| Employment Assistance and Job Training | | |
| Food | | |
| Housing Search and Counseling Services | | |
| Legal Services | | |
| Life Skills Training | | |
| Mental Health Services | | |
| Outpatient Health Services | | |
| Outreach Services | | |
| Substance Abuse Treatment Services | | |
| Transportation | | |
| Utility Deposits | | |

Please complete the below table with estimated clients served.

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------|--|-----------------------------------|-------------------------------|-------|
| Number of Households | | | | |

| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Persons over age 24 | | | | |
| Persons ages 18-24 | | | | |
| Accompanied Children under age 18 | | | | |
| Unaccompanied Children under age 18 | | | | |
| Total Persons | | | | |

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Will the project include: Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?

Yes No

Will the project include: Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?

Yes No

Will the project include: program participants have access to SSI/SSDI technical assistance provided by this project, the applicant, a subrecipient, or partner agency?

Yes No

Will the project include: A staff person who has completed SOAR training in the past 24 months and can provide technical assistance?

Yes No

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.)