

FRANKLIN ESSEX HOUSING COALITION (FEHC) CE-HMIS RFP 2023 (Expansion and/or Bonus Projects)

Please note: 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. Agency/Employer Tax Identification number:
5. UEI Number:
6. Physical Agency Address:
7. Address of proposed project (if applicable):
8. Is your agency a faith-based organization? Yes ____ No ____
9. Total number of units and beds being applied for (if applicable):
10. Total number of households/clients project proposes to serve:
11. Has your agency ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes ____ No ____
12. Which of the below eligible project types are you applying for?
 - HMIS
 - CE
13. What type of project are you applying for?
 - New project - 5pts
 - Expansion of an existing project- 0pts
14. Will the project be able to begin within 12 months? Yes No
15. Is the applicant a current member of the Franklin Essex Housing Coalition (FEHC) Continuum of Care (CoC)? Yes - 10 points No - 0 points
16. Is the agency applying a current CoC funded grantee?
 - Yes - 0 points No - 5 points
17. Does your agency have any unresolved monitoring or audit findings from HUD or the CoC? Yes - 0 points No - 3 points
If yes, please explain (2 points)
18. Please explain the need for this project within your CoC. **(0-25 pts.)**

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CE-HMIS RFP 2023
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19. Do you have the proper staffing to administer this program if funded? **Yes=8 pts** **No=0 pts**

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 (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*

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

Yes- 4 points No – 0 points

22. 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*

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Coordinated Entry Projects Only Please Complete This Section

22. 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.

23. 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 Q23a.)**

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

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

23a. 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)**

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24. 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)**

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

HMIS Projects Only Please Complete This Section

26. 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.

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

27a. If your HMIS does not currently have 100% required participation what is your plan for engagement? Please explain. **(0-5 pts.)**

27b. Do any non-required projects participate in your HMIS? **Yes=2 pts** **No=0 pts**

28. 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**

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

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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. VAWA (New eligible activity)	\$	
D. Rural Costs (New eligible activity)	\$	
E. Admin	\$	
F. Total Project Costs	\$	
MATCH	AMOUNT	SOURCE
G. 25% Match Requirement	\$	