

**SARATOGA NORTH COUNTRY (SNC)**  
**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. Which of the below eligible project types are you applying for?
    - HMIS
    - CE
  5. What type of project are you applying for?
    - New project - 5pts
    - Expansion of an existing project- 0 pts
  6. Will the project be able to begin within 12 months?  Yes  No
  7. Is the applicant a current member of the Saratoga North Country (SNC) Continuum of Care (CoC)?  Yes - 10 points  No - 0 points
  8. Is the agency applying a current CoC funded grantee?
    - Yes - 0 points  No - 5 points
  9. 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)
  10. Please explain the need for this project within your CoC. **(0-25 pts.)**
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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.

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

Yes  No

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?

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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**

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**HMIS Projects Only Please Complete This Section**

26. What % of ARD funds are already dedicated to HMIS? \_\_\_\_\_

**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**

**CE & HMIS Projects-Please provide a 12-month budget proposal (required for review)**

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ACTIVITY	CoC FUNDS REQUESTED	NOTES
<b>A. Support Services</b>	\$	
1. Salaries	\$	
2. Benefits	\$	
3. Other	\$	
<b>B. HMIS</b>	\$	
<b>C. VAWA (New eligible activity)</b>	\$	
<b>D. Rural Costs (New eligible activity)</b>	\$	
<b>E. Admin</b>	\$	
<b>F. Total Project Costs</b>	\$	
MATCH	AMOUNT	SOURCE
<b>G. 25% Match Requirement</b>	\$	

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