

NY-512 RCHSC Continuum of Care

CE-HMIS 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 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.

***Please note, for Ranking & Tiering purposes, the point value for this tool will be made proportional to the New/Bonus tool.**

1. Applicant/Agency Name: _____
2. Agency Point of Contact: _____
3. Proposed Project Name: _____
4. Please select the project type you are applying for: HMIS _____ CE _____
5. Is the project you are applying for a new or expansion project?
 New Expansion
6. Is the applicant a current member of the NY-512 Continuum of Care (CoC)?
 Yes=10 pts No=0 pts
7. Will the project be able to begin within 12 months? Yes=5 pts No=0 pts
8. Please explain the need for this project within your CoC. (0-15 pts.)

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9. Do you have the proper staffing to administer this program if funded?

Yes=10 pts No=0 pts

10. Does your agency have a diverse group of stakeholders, representative of your community (i.e. minority populations including BIPOC and LGBTQ+) 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 (0-5 pts).

- 5 pts if applicant has racially and ethnically diverse stakeholder decisionmakers
- 3 pts if applicant can identify a plan for incorporating diverse stakeholder views in the future

11. Describe how your agency ensures equitable services and program outcomes across participants of all races, ethnicities, gender identities and sexual orientations. Applicants should give 3-4 examples of how their agency provides equitable services. (0-5 pts)

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

Yes- 5 points No - 0 points

Coordinated Entry Projects Only Please Complete This Section

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

0%=30 pts. .1%-1%=20 pts. 1.1%-2%=10 pts. 2.1%-3%=5 pts. >3%=0 pts.

14. 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 Q14a.)

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

CE Assessment Element

Yes No

CE Event Element

Yes No

Current Living Situation Element

Yes No

14a. 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)

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15. 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)

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

HMIS Projects Only Please Complete This Section

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

0%=30 pts. .1%-1%=20 pts. 1.1%-2%=10 pts. 2.1%-4%=5 pts. >4%=0 pts.

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

NY-512 RCHSC Continuum of Care
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18a. If your HMIS does not currently have 100% required participation what is your plan for engagement? Please explain. **(0-10 pts.)**

18b. Do any non-required projects participate in your HMIS? **Yes=5 pts** **No=0 pts**

19. 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**

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

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21. 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. VAWA		
C. Rural		
D. HMIS	\$	
E. Admin	\$	
F. Total Project Costs	\$	
MATCH	AMOUNT	SOURCE
G. 25% Match Requirement	\$	