

# Albany County Coalition on Homelessness (NY-503) CE-HMIS RFP 2024 (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. Physical Agency Address:
5. Address of proposed project (if applicable):
6. Which of the below eligible project types are you applying for?

Coordinated Entry

Coordinated Entry- DV

HMIS

7. What type of project are you applying for?

New project

Expansion of an existing project

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

9. Proposed project start date (month/year):

10. Is the agency applying a current CoC-funded grantee?

Yes      No

11. Is the applicant a current member of the ACCH Continuum of Care (CoC)?

Yes – 10 points      No – 0 points

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12. Does your agency have any unresolved monitoring or audit findings from HUD or the CoC?                      Yes – 0 points              No – 6 points  
If yes, please explain

13. Please explain the need for this project within your CoC. **(0-20 pts.)**

14. Do you have the proper staffing to administer this program if funded?  
Yes- 8 pts              No- 0 pts

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## 15. Racial Equity and Barriers to Participation (0-5 pts)

Identify barriers to participation within your agency/projects and how you ensure that your services are available to any eligible participants.

- *2 pts if the applicant describes tangible actions taken at the agency and/or project level to eliminate identified barriers;*
- *3 pts for describing how the agency advertises their services to community members and/or partners with other agencies to ensure that all eligible people in need of services are aware of supports that may exist for them.*

## 16. Diversity and Inclusion: (0-5 pts)

Please tell us what your agency has done over the last year to promote Diversity, Equity, and Inclusion (DEI) at the program and agency level. Check out the [HUD Fair Housing Toolkit](#) as a resource.

- *3 pts for providing a specific example of an action or initiative taken to promote DEI and/or a specific example of an action or initiative taken to support the LGBTQIA+ Community.*
- *2 pts for participating in outside committees or workgroups that promote DEI in the CoC.*

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17. **Feedback from Program Participants/Persons with Lived Experience & Decision-Making (0-5 pts)**

What proactive processes does your agency have to receive and incorporate feedback from persons with lived experience?

- 3 pts if applicant specifies how often **participants** will be asked for feedback about their programs and services and explains how feedback will be used to implement programmatic changes.
- 2 pts if agency describes how **employees** with lived experience are involved in decisionmaking and/or policy creation.

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**Coordinated Entry Projects Only Please Complete This Section**

18. 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.

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19. 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 Q19a.)**  
All Yes-5 pts      Any No's-0 pts

CE Assessment Element  
CE Event Element  
Current Living Situation Element

- 19a. 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 3 pts)**

20. 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)**

21. Does your CE System have a data privacy policy?      **Yes-5 pts**      **No-0 pts**

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**HMIS Projects Only Please Complete This Section**

22. What % of ARD funds are already dedicated to HMIS? **(CARES will answer this question on your behalf)** \_\_\_\_\_

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**0%-2%=26 pts. 2.1%-3%=20 pts. 3.1%-4%=10 pts. 4.1%-5%= 5 pts >5%=0 pts.**

**23. Do 100% of required projects participate in your HMIS project? Yes=5 pts No=0 pts**

**23a. If your HMIS does not currently have 100% required participation what is your plan for engagement? Please explain. (0-3 pts.)**

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24. 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
25. Does your HMIS System have a data privacy policy?    Yes-5 pts    No-0 pts

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

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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