

NY-511 STHC Continuum of Care

CE-HMIS RFP 2024

(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.

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-511 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. Racial Equity and Barriers to Participation

MAX 5 Points

Has your project identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population? What steps have you taken or will take to eliminate the identified barriers?

Some Barriers might include: language barriers, consistent access to transportation, access to the Coordinated Entry process, lack of consistent communication from provider agencies, etc.

- **2 pts** if the applicant describes barriers to participation faced by those over-represented in the homelessness population
- **3 pts** if the applicant describes tangible actions taken at the agency and/or project level to eliminate identified barriers

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11. Diversity and Inclusion:

MAX 5 Points

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 pt for participating in outside committees or workgroups that promote DEI in the CoC.*

12. Feedback from Program Participants/Persons with Lived Experience & Decision-Making

MAX 5 Points

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.

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- 2 pts if agency describes how **employees** with lived experience are involved in decision-making and/or policy creation.

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 0 pts

CE Assessment Element Yes No

CE Event Element Yes No

Current Living Situation Element Yes No

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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)**

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)**

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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

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

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

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	\$	

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F. Total Project Costs	\$	
MATCH	AMOUNT	SOURCE
G. 25% Match Requirement	\$	