4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of TH/RRH/PS...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pr...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competitio...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Certific...	09/30/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

Document Description: Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Certification for Opportunity Zone Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment.

This attachment provides charts of On-site Substance Use Treatment Availability for TH, RRH, & PSH Projects in NY-507, including the Project Name and Treatment Providers

(a) Total percentage of NY-507 Projects with On-site Substance Use Treatment Availability

Number of all TH, RRH & PSH Projects	Number of projects that Provide On-site SUD services	Percentage
17	9	53%
Agency	**Project**	**Treatment Provider**
New Choices Recovery Center	STEP	New Choices Recovery Center
New Choices Recovery Center	Shelter Plus Care	New Choices Recovery Center
YMCA	YMCA Schenectady Shelter Plus Care 10 Bed	New Choices Recovery Center
YMCA	YMCA Schenectady Shelter Plus Care 20 bed	New Choices Recovery Center
Bethesda House	Liberty House	New Choices Recovery Center
Bethesda House	Pathways to the Future	New Choices Recovery Center
Bethesda House	Cornerstone	New Choices Recovery Center
Bethesda House	PathForward	New Choices Recovery Center
Bethesda House	SafeHarbor	New Choices Recovery Center

1C-1f. List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment

This attachment provides charts of CoC Program Projects and the Number of Units that require program participation in substance abuse treatment within NY-507, including the number of persons reporting chronic substance use in the 2026 PIT count.

a) Chart of existing or proposed CoC Projects and the units with a Substance Treatment Requirement

b) HDX 2026 PIT Count Report: Number of persons reporting chronic substance use

1C-1f. List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment.

a) Chart of existing or proposed CoC Projects and the units with Substance Treatment Requirement

Agency	Project	Number of Units
Bethesda House of Schenectady	Cornerstone TH 2026	7
Bethesda House of Schenectady	PathForward TH 2026	8
Bethesda House of Schenectady	SafeHabor TH 2026	6
New Choices Recovery Center	Supportive Transitional Engagement Program	9
	Total number of Units	30
	Number of Chronic SUD on 2026 PIT Count	55

1C-1f. List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment

b) HDX 2026 PIT Count Report: Number of persons reporting chronic substance use

PIT Summary Report

NY-507: Schenectady City & County CoC
Date of PIT Count: 1/22/26
PIT Count Type: Sheltered and Unsheltered Count

Additional Homeless Populations

Persons (Adults Only)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Adults with a Serious Mental Illness	72	4	0	2	78
Adults with a Substance Use Disorder	38	12	0	5	55
Adults with HIV/AIDS	0	0	0	0	0
Adult Survivors of Domestic Violence (optional)	24	7	0	0	31

1C-3. Participation Requirements for Supportive Services.

This attachment includes documentation for NY-507 CoC Projects with supportive service agreements that demonstrate the requirement of program participants to take part in support services. 100% of NY-507's housing projects require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h).

The attachment contains the following:

1. Bethesda House's Support Service Agreements for:
   - **PSH Projects**
     - **Pathways to the Future Project**
     - **Liberty Project**
   - **TH Projects**
     - **Cornerstone Project**
     - **PathForward Project**
     - **SafeHarbor Project**

2. New Choices: **Shelter Plus Care Project** Support Service Agreement

3. New Choices: **Supportive Transitional Engagement Program (STEP) Project** Support Service Agreement

4. SAFE Inc.: **Life Skills Renewal Project** Support Service Agreement

5. SCAP's Support Service Agreement for:
   - **PSHP 16 Project**
   - **Sojourn House Renewal Project**
   - **Sojourn House Expansion Project**
   - **TH – 30 Project**
   - **TH – 18 Project**

6. City of Schenectady/YMCA's Support Service Agreement for:
   - **S PLUS C DUP09A 10 Unit Project**
   - **S PLUS C DUP09A 20 Unit Project**

7. YWCA's Support Service Agreement for:
   - **Stepping Stones 2026 - Reallocated Project**
   - **Stepping Stones 2026 - DV Bonus Project**

1C-3. Participation Requirements for Supportive Services.

8. SMHA: **Shelter Care Plus PSH Project** Support Service Agreement

1C-3. Participation Requirements for Supportive Services.

1. Bethesda House's Support Service Agreements for:
    - **PSH Projects**
        - **Pathways to the Future Project**
        - **Liberty Project**
    - **TH Projects**
        - **Cornerstone Project**
        - **PathForward Project**
        - **SafeHarbor Project**

SUPPORT SERVICES AGREEMENT

I agree to accept the services provided by the agency or agencies listed below, at the frequency and for the length of time indicated.

1. **Service Provider(s)**:

   _____

   Service(s):

   _____

   _____

   _____

2. **Service Provider(s)**:

   _____

   Service(s):

   _____

   _____

   _____

3. **Service Provider(s)**:

   _____

   Service(s):

   _____

   _____

   _____

Use a second page for additional services and goals.

I understand that Bethesda House of Schenectady, Inc. has agreed to provide me with housing assistance, and I agree to participate in the individualized supportive service plan noted above as a condition of receiving this assistance. I further understand that the purpose of this program is to connect homeless individuals and families with housing assistance and supportive services to promote long-term housing stability.

Recognizing the importance of supportive services in achieving housing stability, I certify that the individualized service plan referenced above was developed through a coordinated effort between myself and Bethesda House of Schenectady, Inc. I understand that this agreement will be reviewed—and, if necessary, revised—no later than six months from the date it is signed, or sooner if there are significant changes in my health or support-service needs.

SUPPORT SERVICES AGREEMENT

In consideration of the housing assistance and other services I will receive from Bethesda House of Schenectady, Inc. and its partner service providers, I agree to cooperate with these providers and follow their recommendations. This includes participating in any supportive services deemed appropriate for me during my housing assistance.

I understand that if I do not comply with the agreed-upon service plan, my participation in the housing program, _____, and my continued housing assistance may be terminated.

_____	_____	_____
Client Name (Printed)	Signature	Date
_____	_____	_____
Residential Leadership Name (Printed)	Signature	Date

SUPPORT SERVICES AGREEMENT FOR TH

I agree to accept the following services from the agencies listed below at least as often and for as long as it is stated:

1. _____
_____

2. _____
_____

3. _____
_____

I understand that Bethesda House of Schenectady, Inc. has agreed to provide me with housing assistance, and I agree to participate in the above noted individualized planning that includes a necessary 20 hour per week supportive service plan and/or employment as needed as a condition of my receipt of housing assistance. Program participants are required to engage in up to 20 hours per week of individualized services based on their service plan. Participation is a core component of the program model and is necessary to support housing stability and self-sufficiency outcomes. If a participant is not engaging in services, staff will implement progressive engagement strategies, including outreach, re- engagement planning, and barrier reduction. Continued lack of engagement may result in reassessment of program fit and transition planning to more appropriate housing or service settings. I understand that continued noncompliance can result with corrective action steps.

- **The First corrective actions steps**:
  - ✓ The Case Manager will meet with the participant within five (5) business days to discuss the reason(s) for noncompliance.
  - ✓ Barriers to participation will be identified, and referrals or additional support will be offered as appropriate.
  - ✓ Program expectations will be reviewed.
  - ✓ The discussion and intervention will be documented in the participant's case file.

- **The Second corrective actions steps**:
  - ✓ The participant will receive a Written Warning describing the specific areas of noncompliance.
  - ✓ The participant and Case Manager will develop a Corrective Action Plan (CAP) that includes:
    - Specific goals for meeting the 20-hour weekly requirement.

- A timeline for improvement (30 days).
- Any additional supportive services or referrals needed to address barriers.

✓ Progress will be reviewed weekly during the corrective action period.

- **The Final corrective actions steps**:
  - ✓ The participant will be scheduled for a meeting with Residential Leadership and Case Manager.
  - ✓ Continued noncompliance will be reviewed, along with previous interventions and the participant's progress.
  - ✓ The participant may be placed on **Final Program Warning** with a final opportunity to demonstrate compliance within a specified timeframe (e.g., 14–30 days).
  - ✓ Failure to comply after the Final Program Warning may result in **program discharge**, in accordance with agency policies, HUD requirements, and due process procedures.

I further understand that the purpose of this program is to link housing assistance to supportive services for homeless persons and their families to achieve long-term housing stability. In recognizing the importance of receiving supportive services to achieve housing stability, I certify that the above individualized services plan was developed in a coordinated effort between myself and Bethesda House of Schenectady, Inc. I understand that this agreement will be reviewed, and if necessary, revised no later than six months from the date it is signed, or sooner if there are serious changes in my health or support services needs.

In consideration of the housing assistance and other services I will be receiving from Bethesda House of Schenectady, Inc. and other service providers, I agree to cooperate with such services providers and follow their recommendations. This includes receiving supportive services deemed appropriate for me by such services during the duration of my housing assistance. I understand that in the event I do not comply with the agreed upon service plan and corrective action steps, my participation in Bethesda House of Schenectady, Inc. and continued housing assistance will be terminated.

Participant Signature: _____
Participant Name (Print): _____
Date: _____

Bethesda House of Schenectady, Inc.

Authorized Signature: _____

Representative Name & Title (Print): _____

Date: _____

1C-3. Participation Requirements for Supportive Services.

2. New Choices: **Shelter Plus Care Project** Support Service Agreement

Life on Solid Ground
New Choices
RECOVERY CENTER

Shelter Plus Care Housing Program: Occupancy Agreement

I understand that New Choices will provide me with housing and support services if the following conditions are agreed to.

I agree to cooperate with all program expectations including developing and implementing a supportive service plan and/or employment as needed as a condition of my receipt of housing assistance.

I understand that the purpose of this program is to link housing assistance to supportive services with the goal being for me/my family to achieve long-term housing stability. In recognizing the importance of receiving supportive services to achieve housing stability. I agree to follow all of the following requirements and to cooperate with all support services providers and follow their recommendations. I understand that in the event I do not comply my housing assistance will be terminated.

***Directions:* Please initial each item.**

Income:

_____ **I understand I and all members of my household over 18 are responsible for providing documentation of all my sources of income, or lack thereof, to my case manager upon request.**

_____I understand anyone with $0 income must sign a $0 Income Affidavit and actively work to increase the household income.

_____ I understand that I am not able to work 'off the books' or 'under the table' as this is not permitted while receiving federal and state benefits and failure to report or withhold any household income is considered fraud which this agency would be obligated to report.

Case Management:

_____ **I agree to meet with my Case Manager as requested by the program. understand that home visits and apartment walk-throughs are required.**

_____ I agree to develop an Individualized Service Plan with my Case Manager and agree to p**articipate in all supportive services** indicated in my plan. I will review this plan with my case manager regularly. I agree to cooperate my services providers and follow their recommendations. I understand that in the event I do not comply with the agreed upon service plan continued housing assistance may be terminated.

_____ I agree to sign release forms for all of my service providers.

_____ I agree to address any issues with my Case Manager that may put my housing stability at risk such as financial difficulties, substance use, mental health issues, et.

_____I agree not to engage in any illegal activities while participating in the PSH program.

_____ I agree to comply with random urine drug testing with an understanding that a positive drug screening will not necessarily lead to being discharged from the program but will assist my Case Manager and me to discuss issues that might put my stability and housing in jeopardy and how to address them.

Apartment:

_____ I understand that I am responsible for the utilities not included in my rent and that the utility bill must be in my name upon signing the lease and maintained throughout my participation in the SPC Program.

_____ I understand my apartment will receive a complete Housing Quality Standards (HQS) inspection annually and I will report all needed repairs to my landlord and Case Manager as needed.

_____ I understand that the Landlord/Property Manager/Owner cannot request or accept additional money 'on the side' above the listed tenant rent amount in the contract/lease. If the landlord attempts to make any 'side arrangements' I will notify my case manager immediately.

_____ I understand that drugs and alcohol (other prescription/OTC medication) are not allowed in my apartment while enrolled in the shelter plus care housing program.

_____I understand that no one not on the agreement can spend more than 2 night in the apartment and use my address to receive mail.

_____ I understand that if my landlord chooses to evict me my agreement with Shelter Plus Care Housing may not be continued.

Family Expectations: (If applicable)

_____ I understand that a plan must be in place for all family members living with me in case of emergency. New Choices is not responsible for the placement of children or dependents if the head of household becomes unable to manage the household, nor is the rental assistance transferable to another family member.

_____ I agree that any child under 18 years of age residing in my SPC apartment under my guardianship is required to be enrolled in and regularly attend school. I understand this program is mandated to track the education and welfare of children and dependents. I will submit proof of my children's educational enrollment at least twice per year.

Moving on from the Program:

_____ I agree that before terminating my occupancy of the apartment, I will give New Choices at least 30 days written notice and that NCRC will give me at least 30 days written notice should termination of my participation become necessary. I understand that I have the right to appeal my discharge.

_____ I understand my right to participate in a final apartment inspection with my landlord and my Case Manager at the time of my discharge to determine any damages that my family members or I may have caused to the apartment. I understand that I am financially responsible for any damages that exceed the amount of the security deposit.

_____ I understand that if I am in Transitional Housing I will only receive rent assistance as long as funds are available for no longer than 24 months.

_____ I understand that failure to comply with any of the terms in this Occupancy Agreement or my lease will result in my termination from the SPC program. I have initialed each item to signify my understanding of and consent to each condition.

S+C Participant: _____ Date: _____

Case Manager: _____ Date: _____

Life on Solid Ground
New Choices
RECOVERY CENTER

728 State Street
Schenectady, NY 12307
Phone 518-346-4436
Fax 518-346-3522

Shelter Plus Care Support Services Sheet

Month, Year:
Name:
Phone:
Children (names and ages):

Date of Service	Frequency	Agency	Services Provided

Please list all appointments for every member of your household every month.

Substance abuse treatment	Parole/Probation/Drug Court	Educational/Vocational
Mental health treatment	Child care/CPS	Work training
Medication management	DSS/SSI/SSD meetings	Food pantries
Medical/Dental	Case management (ex: SPC)	Donations received (clothing, furniture, etc)

1C-3. Participation Requirements for Supportive Services.

3. New Choices: **Supportive Transitional Engagement Program (STEP) Project** Support Service Agreement

SUPPORT SERVICES AGREEMENT FOR Supportive Transitional Engagement Program (STEP)

I agree' to accept the following services from the agencies listed below at least as often and for as long as is stated:

1. _____

_____

2._____

_____

3. _____

_____

I understand that New Choices Recovery Center has agreed to provide me with housing assistance, and I agree to participate in the above noted individualized planning that includes a necessary 20 hour per week supportive service plan and/or employment as needed as a condition of my receipt of housing assistance. Program participants are required to engage in up to 20 hours per week of individualized services based on their service plan. Participation is a core component of the program model and is necessary to support housing stability and self-sufficiency outcomes. If a participant is not engaging in services, staff will implement progressive engagement strategies, including outreach, re-engagement planning, and barrier reduction. Continued lack of engagement may result in reassessment of program fit and transition planning to more appropriate housing or service settings. I understand that continued noncompliance can result with corrective action steps.

- The First corrective actions steps would be a written warning from my case manager.
- The Second corrective actions steps would be placing me on an improvement contract.
- The Final corrective actions steps would be a discharge letter to both me and my landlord.

I further understand that the purpose of this program is to link housing assistance to supportive services for homeless individuals and their families to achieve long-term housing stability. In recognizing the importance of receiving supportive services to achieve housing stability, I certify that the above individualized services plan was developed in a coordinated effort between myself and New Choices Recovery Center. I understand that this agreement will be reviewed, and if necessary, revised no later than six months from the

date it is signed, or sooner if there are serious changes in my health or support service's needs.

In consideration of the housing assistance and other services I will be receiving from New Choices Recovery Center and other service providers, I agree to cooperate with such services providers and follow their recommendations. This includes receiving supportive services deemed appropriate for me by such services during the duration of my housing assistance. I understand that in the event I do not comply with the agreed upon service plan and corrective action steps, my participation in the Supportive Transitional Engagement Program (STEP) and continued housing assistance will be terminated.

Participant Signature: _____

Participant Name (Print): _____ Date:_____

Staff Signature: _____

Representative Name & Title (Print): _____

Date: _____

1C-3. Participation Requirements for Supportive Services.

4. SAFE Inc.: **Life Skills Renewal Project** Support Service Agreement



LIFE SKILLS PROGRAM
90 DAY EVALUATION SERVICE CONTRACT

I, _____, hereby authorize the staff of Project Safe to conduct a treatment plan to counsel and advise me, for a period of at least three months, or more if needed. I understand that I am entering into an agreement with Safe's staff to take on mutual responsibilities in order to meet mutually agreed upon goals in the treatment plan. I also understand that my participation in this program is voluntary and that I am entitled to end it at any time. I am also aware that I do not to be in Safe House to be eligible for Project Safe.

Executed this _____ day of _____, 20_____.

_____
Signature of Client

_____
Signature of Executive Director

_____
Signature of Project Safe Staff

1C-3. Participation Requirements for Supportive Services.

5. SCAP's Support Service Agreement for:
    - **PSHP 16 Project**
    - **Sojourn House Renewal Project**
    - **Sojourn House Expansion Project**
    - **TH – 30 Project**
    - **TH – 18 Project**

Schenectady Community Action Program

Creating Opportunity in Partnership

SCAP's Supportive Services Agreement

- I agree to actively participate in case management and meet with my assigned Case Manager at least once per month, or more frequently as outlined in my Individualized Service Plan.
- I agree to work toward the goals I develop with my Case Manager and to participate in all supportive services recommended in my Service Plan, including but not limited to employment services, benefits coordination, behavioral health treatment, substance use services, life-skills training, and tenancy support.
- I agree to sign all necessary releases of information to allow my Case Manager and service providers to coordinate care and ensure access to needed supports.
- I agree to accept the supportive services from the providers listed below, at the frequency and duration specified.
- I will follow treatment recommendations from my provider team, including medical, mental health, and substance use treatment as applicable.
- I will not misuse alcohol or other substances and will take prescribed medications only as directed. If a relapse occurs, I agree to follow all treatment recommendations.
- If inpatient treatment or hospitalization is required, I understand that my apartment may be held for up to 90 days, provided my portion of rent continues to be paid and circumstances permit.
- I understand that SCAP has agreed to provide me with housing assistance, and I agree to participate in individualized planning that includes a necessary Supportive Service Plan and/or employment services as needed, as a condition of receiving housing assistance.
- I understand that this program links housing assistance with supportive services to help individuals and families experiencing homelessness achieve long-term housing stability. I certify that the above individualized service plan was developed collaboratively between myself and SCAP.
- I further understand that this Support Services Agreement will be reviewed and updated at least every six (6) months, or sooner if there are significant changes in my health, functioning, or service needs.
- In consideration of the housing assistance and supportive services provided by SCAP and partnering service providers, I agree to cooperate with those providers and follow service recommendations throughout my participation in the program. I understand that failure to comply with my agreed-upon service plan may result in termination from the housing program and loss of housing assistance.
- I will keep my Case Manager updated with accurate contact information and participate in required in-person check-ins.

Participant Signature: _____ Date: _____

SCAP Staff Signature: _____ Date: _____

Schenectady Community Action Program

Creating Opportunity in Partnership

SCAP's Occupancy Agreement

- I agree to comply with all terms and conditions of my lease, including rules regarding noise, guests, pets (if applicable), and property maintenance.
- I understand that long-term guests are not permitted without written approval from the landlord or housing provider. Long-term guests are defined as individuals staying more than two consecutive nights.
- I will maintain my apartment in a clean, safe, and sanitary manner and comply with all building safety codes. I will not store hazardous or dangerous items in my unit.
- I will communicate respectfully with neighbors, staff, and other tenants and express concerns in a peaceful, non-aggressive manner.
- I agree to pay my portion of rent in full and on time each month.
- I agree to report changes in household income, household composition, or contact information within ten (10) days to SCAP.
- I understand that I am required to participate in an annual income review and that changes may affect the amount of subsidy I receive.
- I understand that if 30% of my adjusted income exceeds the unit rent or if I no longer meet eligibility criteria, my subsidy may be terminated according to HUD regulations.
- I agree not to engage in illegal activities, including but not limited to possession or sale of drugs, violent or threatening behavior, possession of weapons, sexual offenses, property destruction, or any behavior that jeopardizes safety.
- I will not keep hazardous materials or items that pose risk to myself or others.
- If I choose to move, I will provide at least thirty (30) days' written notice to the landlord and SCAP.
- I understand that failure to comply with this Agreement may result in termination from the program. I understand I will receive written notice at least 30 days prior to termination, including a clear explanation of the reasons. I understand I have the right to appeal any termination. During the appeal, I may submit written or verbal objections to an impartial reviewer. I will receive written notice of the final decision.

Participant Signature: _____ Date: _____

SCAP Staff Signature: _____ Date: _____

Lisa Weber, President Adelaide Haberbush, Chief Executive Officer

913 Albany Street, Schenectady, NY 12307 ♦ Phone 518-374-9181 ♦ Fax 518-688-0571♦ www.scapny.org
Early Childhood Education: 100 Bigelow Avenue, Schenectady, NY 12304 ♦ Phone 518-377-8539 ♦ Fax 518-377-8553

1C-3. Participation Requirements for Supportive Services.

6. City of Schenectady/YMCA's Support Service Agreement for:
    - **S PLUS C DUP09A 10 Unit Project**
    - **S PLUS C DUP09A 20 Unit Project**

A 5

845 Commons
A Residence program operated by the CDYMCA
845 Broadway, Schenectady, NY 12305
(518) 374-9136 ph
(518) 280-3578 fax

the YMCA Residence Program

SUPPORT SERVICES AGREEMENT

I agree' to accept the following services from the agencies listed below at least as often and for as long as is stated:

1. _____

_____

2._____

_____

3. _____

_____ I understand that the CDYMCA has agreed to provide me with housing assistance, and I agree to participate in the above noted individualized planning that includes a necessary supportive service plan and/or employment as needed as a condition of my receipt of housing assistance. I further understand that the purpose of this program is to link housing assistance to supportive services for homeless persons and their families to achieve long-term housing stability. In recognizing the importance of receiving supportive services to achieve housing stability, I certify that the above individualized services plan was developed in a coordinated effort between myself and the CDYMCA. I understand that this agreement will be reviewed, and if necessary, revised no later than six months from the date it is signed, or sooner if there are serious changes in my health or support service's needs. In consideration of the housing assistance and other services I will be receiving from the CDYMCA and other service providers, I agree to cooperate with such services providers and follow their recommendations. This includes receiving supportive services deemed appropriate for me by such services during the duration of my housing assistance. I understand that in the event I do not comply with the agreed upon service plan, my participation in the CDYMCA Residence Program and continued housing assistance may be terminated.

Tenant Name:_____ APT_____

Tenant Date:_____

1C-3. Participation Requirements for Supportive Services.

7. YWCA's Support Service Agreement for:
    - **Stepping Stones 2026 - Reallocated Project**
    - **Stepping Stones 2026 - DV Bonus Project**

eliminating racism
empowering women
ywca

STEPPING STONES SUPPORT SERVICES AGREEMENT

I agree to accept the following services from the agencies listed below at least as often and for as long as is stated:

Service Type/Goal	Provider Agency	Frequency & Duration
1.		
2.		
3.		

I understand that YWCA of Schenectady has agreed to provide me with housing assistance, and I agree to participate in the above noted individualized planning that includes a necessary 20 hour per week supportive service plan and/or employment as needed as a condition of my receipt of housing assistance. Program participants are required to engage in up to 20 hours per week of individualized services based on their service plan.

Participation is a core component of the program model and is necessary to support housing stability and self-sufficiency outcomes. If a participant is not engaging in services, staff will implement progressive engagement strategies, including outreach, re-engagement planning, and barrier reduction. Continued lack of engagement may result in reassessment of program fit and transition planning to more appropriate housing or service settings. I understand that continued non-compliance can result with corrective action steps.

- The **First** corrective action step would be a collaborative success planning meeting with your case manager to identify and reduce barriers to participation.
- The **Second** corrective action step would be a formal written warning and documented discussion of why the requirement was missed again.
- The **Final** corrective action step would be to discharge you to an alternate, more appropriate housing or service setting/program.

I further understand that the purpose of this program is to link housing assistance to supportive services for homeless persons and their families to achieve long-term housing stability. In recognizing the importance of receiving supportive services to achieve housing stability, I certify that the above individualized services plan was developed in a coordinated effort between myself and YWCA of Schenectady. I understand that this agreement will be reviewed, and if necessary, revised no later than six months from the date it is signed, or sooner if there are serious changes in my health or support services needs.

I understand that Stepping Stones is a temporary, transitional housing program where the maximum time I can participate and receive housing assistance is 24 months, and that I must exit the program into independent housing within the allotted time.

In consideration of the housing assistance and other services I will be receiving from YWCA of Schenectady and other service providers, I agree to cooperate with such services providers and follow their recommendations. This includes receiving supportive services deemed appropriate for me by such services during the duration of my housing assistance.

I understand that in the event I do not comply with the agreed upon service plan and corrective action steps, my participation in YWCA of Schenectady and continued housing assistance will be terminated.

RESIDENT ACKNOWLEDGEMENT

_____ _____

Resident Signature Date Signed

_____

Full Resident Name (Print)

PROGRAM CERTIFICATION

_____ _____

Program Representative Signature Date Signed

_____

Program Representative Name & Title (Print)

1C-3. Participation Requirements for Supportive Services.

8. SMHA: **Shelter Care Plus PSH** Project Support Service Agreement

Question 5 pgs. 1-2

Shelter Plus Care
Supportive Services Plan

Participant: ___ Case Manager: Shelter Plus Care

Print Name

I understand that, in order to participate in the Shelter Plus Care Program, I must participate in supportive services that are equal to or greater in value to the yearly costs of the rental subsidy I receive. I am aware that the overall goals of the Shelter Plus Care Program are: 1) to increase housing stability, 2) to increase skills and/ or income, and 3) to gain greater self-sufficiency.

I would like to set the following goals for myself for the next one year period:
[goals must be specific, realistic, measurable, and related to the overall goals of Shelter Plus Care]

1. Be with family
2. Stay in treatment
3. Maintain Housing

In order to achieve these goals, I agree to participate in the following supportive services from the agencies listed below for at least as often and for as long as stated:

Type of Service (i.e.Mental Health Counseling	Provider Ellis PROS	Frequency/Duration 2x per month/45 min)
Case Management	S.C.A.P.	Monthly
~~Brandon Place~~		
Therapy - MH	Brandon Place - CTC	Monthly

I understand that I may change my supportive services plan by completing a new Supportive Services Plan with my Treatment Counselor. However, I realize that unless the Plan is changed in writing, I must continue to receive the above supportive services and work toward the goals I have set for myself in order to continue to receive a Shelter Plus Care subsidy. I agree to cooperate with service providers and follow their recommendations throughout the duration of my rental subsidy. I understand that if I do not cooperate with Schenectady Municipal Housing Authority (SMHA) or other service providers, or decide not to follow treatment recommendations, my participation in the Shelter Plus Care Program and continued Rental Assistance may be terminated. I further understand that SMHA has the right under Federal regulations to terminate my rental assistance in the event that I seriously violate the Shelter Plus Care Program requirements and procedures.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Shelter Plus Care
Participant Occupancy Agreement

1. I agree to work on achieving the goals that I have set and to participate in all supportive services indicated in my Supportive Services Plan.

2. I agree to meet with my Treatment Counselor as often as indicated in my Supportive Service Plan.

3. I understand that if my need for ongoing treatment is reduced to the point that the value of the services I receive monthly is less that the amount of my rental subsidy, I will no longer be eligible for a rental subsidy and will be discharged from the Shelter Plus Care Program.

4. I will not abuse alcohol or other substances and will only take prescribed drugs as recommended by my physician. I will follow all treatment recommendations made in response to relapse.

5. I understand that if my treatment provider recommends inpatient care, my apartment will be held for a maximum of 90 days, provided that my portion of the rent is paid, and if circumstances permit.

6. I agree not to engage in any illegal activities while participating in the Shelter Plus Care program.

7. I agree to abide by all terms of the lease for the apartment in which I reside.

8. I agree that no long-term guests will be allowed to stay in my apartment without the prior written permission of SMHA. Long-term guests are defined as anyone except a tenant staying overnight more than two nights.

9. I agree to pay my portion of the rent in full and on time.

10. I agree to report any changes in my household income promptly to Schenectady Municipal Housing Authority (SMHA) and SCAP and agree to participate in an annual income review.

11. I understand that if 30% of my household income exceeds my total rent, I will become ineligible to receive a rental subsidy and I will be discharged from the Shelter Plus Care Program.

12. I agree to report any changes in contact information (address & phone) to SCAP and agree to participate in an annual face-to-face check in.

13. I agree to sign all appropriate release forms.

14. I agree that, before terminating my occupancy of the apartment, I will give SMHA and the landlord 30 days written notice.

15. I understand that failure to comply with any of the terms in this agreement may result in my termination from the Shelter Plus Care program.

16. I understand that the Shelter Plus Care Committee will give me 30 days written notice -- containing a clear statement of reasons for termination -- before they terminate the agreement. The Committee's decision to terminate this agreement can be appealed. During the review process, I will have an opportunity to present written or verbal objections before a person other than the person (or subordinate thereof) that made or approved the termination decision. Prompt written notice following the final decision will be provided to me.

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

This attachment includes a letter from local Law Enforcement within NY-507 to prove evidence of coordination and non-interference with local efforts to advance protecting public safety.

Schenectady Police Department

531 Liberty Street, Schenectady, NY 12305
Phone: (518) 382-5201 Fax: (518) 382-5299
https://www.cityofschenectady.gov
Brian J. Whipple, Chief of Police

Daryl R. Mallard
Deputy Chief of Police
Field Services Bureau

Adam M. Nowicki
Assistant Chief of Police
Administrative Services Bureau

Patrick Leguire
Assistant Chief of Police
Investigative Services Bureau

September 22, 2026

To whom it may concern,

I am writing in support of the Schenectady County Continuum of Care (CoC), NY-507, and to affirm the CoC's ongoing coordination with local government, public safety agencies, first responders, and community partners serving individuals and families experiencing homelessness. The Schenectady County CoC actively collaborates with local law enforcement, emergency medical services, behavioral health providers, healthcare systems, outreach teams, and other community stakeholders to address homelessness while advancing public safety objectives. Through coordinated partnerships, communication, referral processes, and participation in community planning efforts, the CoC assists first responders in connecting individuals experiencing homelessness to shelter, housing, treatment, and supportive services.

The CoC does not interfere with or impede local efforts to advance public safety or address homelessness in the community. The CoC supports collaborative approaches that help communities respond effectively to unsheltered homelessness, encampments, behavioral health crises, substance use disorders, and other challenges impacting vulnerable individuals and public spaces. The CoC's practices and governance structure promote cooperation among service providers, local governments, public safety agencies, and community organizations to improve outcomes for individuals experiencing homelessness while enhancing community safety and wellbeing.

Additionally, the CoC maintains a coordinated and person-centered response system that facilitates access to emergency shelter, permanent housing, healthcare, behavioral health services, and recovery supports. These efforts help ensure that first responders have viable service options available when assisting individuals experiencing homelessness and support coordinated community responses to complex needs.

Based on our experience working with the Schenectady County CoC, we affirm that the CoC is a valued partner in addressing homelessness and advancing public safety objectives through collaboration, communication, and coordinated service delivery.

Sincerely,

Brian J. Whipple
Chief of Police
Schenectady Police Department

1D-1. Project Review and Ranking Process Your CoC Used in Its Local Competition.

This attachment details the Rank & Review process for NY-507 as noted in their Written Process. Blank tools have been attached for the Renewal & New Applications.

1. **Scoring tool used in NY-507's local competition to score new and renewal applications - for all project application types.**
   (a) NY-507's Rank and Review Written Process
   (b) Blank Renewal Application Tool
   (c) Blank New TH Project Application Tool
   (d) Blank New SSO Project Application Tool
   (e) Blank New PH Project Application Tool
   (f) Objective Criteria & System Performance Criteria Chart
      - This document showcases the maximum points on:
         - **Objective criteria** for the project applications
         - **System performance** criteria for the project applications
         - Returns to homelessness performance, employment income performance, and supportive services participation requirements

   (g) Ranking and Tiering
      - This document showcases the total points available for each project applicant and their score

   (h) System Performance Data Attachment
      - This document is an attachment to the Rank and Review Renewal Application Tool and provides applicants with data to answer the tool's data-based questions.

   (i) Compliance Policy
      - NY-507 implemented the Policy in July 2026
      - The purpose of this policy is to ensure that all recipients of federal funding under the Continuum of Care (CoC) Program comply with the Project Eligibility Threshold Requirements and applicable federal regulations

1D-1: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool used in NY-507 local competition to score new and renewal application and for all project application types.

(a) NY-507's Rank and Review Written Process

SCHENECTADY HOMELESS SERVICES PLANNING BOARD:

2026 RANK AND REVIEW PROCESS

Rationale

HUD's CoC (CoC) homeless assistance programs serve as a source of funding for homeless services in the County and City of Schenectady. HUD awards homeless assistance grants through an annual application process known as the CoC Program Competition.

In order for the CoC to prioritize programs which most effectively serve the community at the local level, the community has implemented a Rank and Review Process for renewal and new projects. This process helps the CoC gain knowledge of project performance and effectiveness within the full CoC system.

The Schenectady Homeless Services Planning Board (HSPB) has charged the CoC Committee with overseeing the Rank and Review process. As described in the HSPB Bylaws, the CoC Committee has the responsibility to prepare and carry out plans related to the design, operation, and implementation of a collaborative process for the development of funding applications, including funding priorities. Each year the Rank and Review Written Process, Application and a Review Team are established by the CoC Committee, submitted to the Membership for public comment and then Board for approval.

CoC Transparency

The CoC conducts this Rank and Review Process in a transparent manner to ensure fairness. Each year, the process is publicly announced by the CoC Committee, shared in writing with the Board and Membership, and posted on the CARES website for the community to access, review and comment.

Rank and Review Application

The HSPB emphasizes the importance and impact of using the Rank & Review Application as the primary basis for determining the Project Listing submitted as part of the CoC Consolidated Application. The Rank and Review Application is thoughtfully revised each year to include both HUD and CoC standards, incorporating both national and local priorities, balancing objective performance measures with subjective narrative description of project operations.

Review and Approval of the Rank & Review Renewal Application

After the annual CoC Consolidated Application is submitted to HUD by the Collaborative Applicant, the CoC Committee reviews that prior year's Rank & Review Application, Written Process, and

feedback from reviewers and full Membership. With this feedback, the Committee proposes revisions to the Rank and Review Application and Written Process. In addition, the committee develops a list of Review Team members, considering the previous reviewers and potential new members. The CoC Committee presents the Written Process, Application Tools, and list of proposed Review Team members to the HSPB Board and Membership for one-week public comment periods. Any comments received from Membership are then considered by the committee. The Rank & Review Application and review team are then finalized by the Board and shared with Membership for projects to complete.

Project Participation

Renewal Projects are required to complete a Rank & Review Renewal Application. An application must include responses to all questions as well as required data and/or attachments from the most recent project application and FY25 APR in order to be considered complete. All completed applications will be shared with and reviewed by the Review Team. Late submissions, including incomplete submissions, will receive a 5-point penalty.

* Please Note: Coordinated Entry, Planning, and HMIS projects are not required to fill out a renewal application.

*Renewal projects should have one federal fiscal years' worth of data (10/1-9/30) so should be in operation for one full federal fiscal year.

The 2026 Renewal Rank & Review Application process will occur in 2 parts. Parts 1 & 2 are distributed at the same time as one tool.

- **Part 1** focuses on project and system outcomes, using project data entered in HMIS and objective questions to "rate" projects. The HMIS data used in Part 1 is from the previous HUD Fiscal Year (Oct 1 - Sep 30). This HMIS data used in Part 1 has been cleaned and reviewed for data quality errors when submitted to HUD for the Longitudinal Systems Analysis (LSA) report. The tool will indicate where agencies can find data for relevant questions. Agencies will also receive a data attachment to assist in completing their application. Data on this attachment will be based on APRs submitted by agencies earlier in the year.
  If errors are identified on the Data Attachment, the agency must contact CARES by the deadline noted when the data attachment is released. If the request is a calculation error, CARES staff will correct the error and resubmit the Data Attachments for the agency's review.
- **Part 2** focuses on qualitative project and system outcome data, which allows the project to explain unique circumstances that may affect project performance. Part 2 includes narrative questions to further evaluate the efficacy of each renewal project. Questions are derived from the CoC committee based on HUD priorities. Questions in part 2 are scored by the external review team. Scores will be determined by averaging the scores provided by all of the reviewers.

- **An optional Part 3 form** may be released following the release of the annual NOFO for the CoC to demonstrate the incorporation of HUD priorities into our annual Rank & Review process. If there are no significant HUD priorities identified or all major priorities are addressed in Part 1 and Part 2, this form will not be released.

New & Bonus Projects

New Projects: New projects are created through bonus funds or reallocated funds. A separate RFP will be completed for new projects. If, after the ranking process, additional money becomes available through reallocation, and if all new projects have been approved and there is additional money, the new project RFP will re-open for submission in an effort to use all available funds. RFPs submitted during the second application process will automatically be ranked below the round 1 projects in Tier 2. The Review Team reviews and scores all new project applications submitted. New project applications will be integrated into the ranking according to project type and the PH-TH-SSO rotational sequence (described below), then approved by the Board, and presented to Membership. The same appeals process that applies to Renewal applications applies to new project applications.

In the event project applications initially receive the same score, it is the responsibility of the Review Team to reconsider scoring to break the tie.

Bonus Projects: Bonus funds may be available each year. The CoC is permitted to apply for Bonus Projects which will compete nationally against other Bonus Project Applications based on a HUD scoring system set forth in the NOFO. HUD notifies the CoC's if Bonus Funds are available annually and what they may be used for. Proposed Bonus Projects must complement and fulfill unmet need/s in the community. The CoC will create a separate application for new projects proposals (separate RFP), and new proposals will be scored and ranked against other new project proposals. The CoC will issue public notification of the amount of Bonus funding available, if any, along with a deadline to respond to the Request for Proposals. . Bonus applications will be ranked by the review team, approved by the Board, and presented to Membership. The community's goal is to apply for the maximum amount of available funds. The same appeals process that applies to Renewal applications applies to Bonus project applications.

Reallocated Projects: Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grant(s) in order to create new projects which will meet unmet local need/s, such as balancing the types of projects available throughout the continuum. Project types that can be developed through reallocation are decided annually by HUD. The CoC will create a separate application for new projects proposals (separate RFP), and new proposals will be scored and ranked against each other.

Projects that can be flagged for reallocation consideration include those which have demonstrated inadequate financial management, a history of expending funds on ineligible activities, a lack of full expenditure of funds, and those which consistently score low on the Rank & Review. Reallocation is recommended for any project *not* participating in Coordinated Entry, HMIS or the annual Point-in-Time. The Board may determine reallocation of a particular project as in the best interest of the CoC and essential to maintaining full funding. Further, agencies may voluntarily choose to reallocate funds from their own projects. New project proposals developed by agencies through reallocation of their own funds will be prioritized during the ranking process. Reallocated and Bonus applications will be evaluated alongside Renewal Projects within a unified competitive ranking process. Each project will be scored using the appropriate tool and placed in the overall PH–TH–SSO rotational sequence. Reallocated projects will receive additional points to support HUD's intent to incentivize reallocation.

Review Team

Members of the review team are individuals from non-CoC funded agencies in the community or neighboring communities who are knowledgeable about the CoC and its providers. Review team members are approached by either the Collaborative Applicant or members of the CoC Committee and asked to participate in the CoC's Rank & Review process. Once reviewers have agreed to participate and are approved by the Board, reviewers are provided a copy of project applications, project addendums and score forms. The review team provides any final comments to be shared with projects. It is also expected that the Review Team will remain available after the scoring is complete in the event of an appeal.

Project Ranking

Using the CoC approved Rank and Review tool, all projects: Renewal, Reallocated, and Bonus, will be scored within a unified competitive ranking process, using tools with the same total possible points. After scoring, projects will be grouped and ranked within their project type (PH, TH, SSO). These ranked lists will then be combined into the final ranking using a rotational sequence (PH – TH – SSO – Infrastructure) starting with renewal projects. Infrastructure grants – Coordinated Entry, HMIS and DV Coordinated Entry projects will be placed into the overall ranking (in that order) according to the rotational sequence, following each PH, TH, and SSO grouping. This is referred to as the "ranking". Ranking places an applicant in either Tier 1 or Tier 2. At that time, each project receives a copy of their individual scores and is given the opportunity to meet with the Collaborative Applicant to debrief. If during this debriefing, a mathematical error is found by the project, the error can be corrected. Projects that fall into the bottom of the ranking, Tier 2, are contacted and notified of their ranking and offered the opportunity to go over the project's scores. The project ranking is then shared with the CoC Committee. Afterwards, the ranking is approved by the Board and shared with Membership.

When the NOFO is released, priorities outlined in the application may be strategically applied by the CoC to project tiering. Final tiring results are presented to the Board for approval, and membership is informed of the results. If the Board determines that changes to project ranking should be made on behalf of the CoC, the board must make those determinations unanimously and inform all agencies whose ranking may be impacted by the changes.

Threshold Review

In order to ensure CoC projects are high performing, all project applications must also meet a minimum scoring threshold of 33% of total possible application points. The Threshold Review will be conducted by the Review Team after the Rank and Review process is complete and final project scores determined. If the pre-determined threshold is not met, the Review Team may recommend the HSPB Board consider the possibility of reallocation or amendments to the project application/s with said agency.

Project Tiering

The NOFO requires that the CoC conduct a transparent and objective process to review and rank all Renewal and New/Bonus projects. Tiering prioritizes projects for funding. Tier 1 is considered "safe" for continued funding, and HUD specifies the percentage of the ARD amount that will make up Tier 1 each year when the NOFO is released. Tier 2 is the percentage of CoC funding that is at risk each year, per HUD's announcement in the NOFO. Being in Tier 2 does not guarantee that funding will be lost, but it does place projects at risk if the CoC is low performing in the national competition. HMIS and CE projects are placed at the bottom of Tier 1.

Debriefings

All agencies receive their project scores and are offered the opportunity to debrief with the Collaborative Applicant. Debriefing allows agencies the opportunity to request clarification regarding how/why Application question/s received certain scores. Debriefings are required if agencies are considering an appeal. Agencies may choose to appeal project score/s within the allotted time frame (see the **Appeals Process** outlined below). After all debriefings with the Collaborative Applicant are completed and appeals considered by the Review Team, renewal project applicants that fall into Tier 2 will be notified and then the project ranking is presented to the Board for review/approval and final Tier 1 and Tier 2 project ranking, then shared with Membership.

Appeal Process

1. Who May Appeal?
   An agency may formally appeal a decision concerning a project application submitted by that agency. If a project was submitted by a collaboration of agencies, only one joint appeal may be made.

2. What May Be Appealed?
   The Appeals Process only applies to project scoring and ranking. There is no appeal for project tiering. An appeal may NOT be submitted if the basis of the appeal is one of the following: the applicant did not answer all the questions on the application, the applicant did not submit the application with all required attachments, or the applicant did not submit by the required deadline. The appeals process applies only to project ranking. Any mathematical errors found by an applicant will be corrected by the Collaborative Applicant.

3. Timing of an Appeal
   Formal appeals can be submitted by a project only after a debriefing has been completed. Projects have one week from their debriefing with the Collaborative Applicant to request an appeal in writing. Written appeals should be sent to the following entities: HSPB Co-Chairs, CoC Committee Chair, and Collaborative Applicant. The written appeal must consist of a short statement, no longer than 1 page, of the agency's appeal. The written appeal can be in the form of a letter, memo or email. The Review Team will also serve as the Appeals Committee. Agencies will be notified of the outcome of their appeal within two (2) days of the Appeal Committee's decision. The Appeals Committee decision is final.

1D-1: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool used in NY-507 local competition to score new and renewal application and for all project application types.

(b) Blank Renewal Application Tool

HSPB
Homeless Services Planning Board of Schenectady County

FY2026 Rank & Review Renewal Application
Part 1: Data & Objective Measures Section

Note: this section of the application is based on Federal Fiscal Year 25 APR reports (10/1/2024-9/30/2025). The data that has been submitted to HUD via Longitudinal Systems Analysis (LSAs) is used to Evaluate Projects*.

**Only persons/household that have an entry (i.e., intake, admission, and move-in date) in HMIS in FFY25 are captured in the data assessed.*

Organization Name:_____

Project Name:_____

Application Contact Person:_____

Project Type:_ ☐PSH ☐RRH ☐TH ☐SSO

What is your HUD PIN for this Grant: _____

Objective Criteria:

This section must be worth 50% of the total points available on this application. In this Tool, objective criteria makes up 50% of the points available in this application

1. Utilization Rate: **Max 20 Pts**

Using the FY25 Project Application and Federal Fiscal Year 2025 (FFY25) APR, complete the chart below to calculate utilization rate (round up to closest whole number).

Projected number served during average PIT (Esnaps Project Application Question 5A)	**Actual number served during PIT** (APR Questions 7b and 8b)		
		Persons	**Households**
Persons: _____ **Households: _____**	**January**		
	April		
	July		
	October		
	Average:		

Persons: Average of Actual _____ / Projected _____ = **Utilization _____%**

Households: Average of Actual _____ / Projected _____ = **Utilization _____%**

What was your project utilization of households *or* persons served during the year? (use the higher of the two percentages)

20pts= 90-100%; 10 pts =70-89%; 5 pts = 0-69%

Points Earned: _____

2. Spending Down Funding **Max 10 Pts**

What *percentage* of funding from your most recently ended contract was unspent and returned to HUD? *To receive full points, please attach a copy of the last drawdown from the most recently ended contract.*

%_____

0%= 10 pts; 1%-10%= 8pts; 11%-20%= 5 pts; 21%-40%= 2 pts; 40%≤=0 pts

Points Earned: _____

3. Service Agreements and MOUs **Max 30 Pts.**

Does your agency have Service Agreements or MOU's with any of the following service programs? HUD encourages supportive service agreements that meet individual needs and advance individual progress towards self-sufficiency and independent living goals. You will receive 5 points for each selected. *You will need to submit a copy of this agreement or verification of in-house services with your completed application to receive points.*

- ☐ Healthcare organizations
- ☐ Mental Health Service Providers
- ☐ Substance Use Providers
- ☐ Childcare Organizations (Headstart, Public Pre-K, Federal Home Visiting Programs, etc.)
- ☐ Workforce Development Programs
- ☐ Employers

Points Earned:_____

HSPB
Homeless Services Planning Board of Schenectady County

4. On-Site Services **Max 15 Pts.**

Does your project provide on-site services for any of the following? You will receive five points for each service checked.

- ☐ Mental Health – 5pts
- ☐ Substance Abuse – 5 pts
- ☐ Peer Recovery Specialists or Peer Support and Recovery Navigation – 5 pts

Points Earned:_____

5. Individual Service Plans **Max 10 Pts.**

Will your project require an individual service plan and require participation agreements with support services as part of your program? Please include a copy of your participation agreement to receive full points.

Yes – 10 pts (service agreement must be attached)
No - 0 pts

Points Earned:_____

6. Partnerships for Increased Employment: **Max 10 pts.**

Do you partner with any of the following to help participants increase employment and employment-based income? You will need to attach a copy of the agreement(s) to receive full points. (You can only choose one).

- ☐ Workforce Development
- ☐ Childcare Organizations
- ☐ Local Employers

Points Earned:_____

7. CoC Participation **Max 10 Pts**

In the last twelve months (May 2024-May 2025, has the agency staff actively participated in any CoC committees? *Participation will be confirmed by the Collaborative Applicant using Membership and Committee Rosters/Attendance Lists.*

□ **2 Committees and 50% Membership attendance (10 pts)**
□ **1 Committees and 50% Membership attendance (8 pts)**
□ **0 Committees (0 pts)**

□ HSPB Board	□ Governance Committee	□ CoC/Applications Committee
□ Data Committee	□ HMIS Advisory	□ Regional DV Committee
□ RSAC	□ Regional Youth Committee	

Points Earned:_____

8. Monitoring *(Responses will be verified by Collaborative Applicant staff, utilizing monitoring reports)* **Max 10 Pts**

a. Did your agency participate in the most recent CoC Program Monitoring and provide all required documentation by the specified due date **with no findings?**
□ **Yes 10 pts** □ **No 0 pts**

OR (answer only a or b)

b. Did your agency participate in the most recent CoC Program Monitoring and provide all required documentation by the specified due date **with any findings addressed by the deadline provided?**
□ **Yes 6 pts** □ **No 0 pts** **Points Earned: _____**

9. Priority Population **Max 10 Pts**

Check the corresponding box if your project is dedicated to serving the following priority populations per section 3B (#2) of your last Esnaps application.

To receive available points, please attach a copy of section 3B from your project's most recent Esnaps application. **Only choose one.**

- ☐ Youth – 10 pts
- ☐ Individuals over the age of 55+ – 10 pts
- ☐ Families – 10 pts
- ☐ Survivors of Domestic Violence (DV) – 10 pts
- ☐ No priority population – 0 pts

Points Earned:_____

SYSTEMS PERFORMANCE DATA:

This section must be worth at minimum 25% of the total points available in this application. In this tool, systems performance makes up 25% of the total points available.

10. Length of Time between Project Start Date and Residential Move-in Date **Max 4 Pts**
(Attachment 1)

This question measures the average time it takes for a client who is entered into your project to move into a permanent housing destination. *This question will be weighted in the final score for site-based/TH/SSO projects.*

On FFY25 APR Q22c, refer to the column "Average length of time to housing".

14 days or less= 4 pts; Greater than 14 days = 0 pts

Points Earned: _____

11. Positive Outcomes (Attachment 2) **Max 15 Pts**

For PSH, RRH, and TH programs, an outcome is positive if a client is a stayer or exited to a PH destination that does not have a subsidy attached. Use **Attachment 4** to see project score.
This question will be weighted in the final score for SSO projects.

Scoring ranges created based on a standard deviation.

Points Earned: _____

<72% = 0 pts; 72% - 86% = 7.5 pts; 87% - 100% = 15 pts

12. Positive Outcomes (Attachment 3) **Max 5 Pts**

Has at least 20% of your participants exited to a positive housing destination that does not have a subsidy attached?

- ☐ Yes – 5 pts
- ☐ No – 0 pts

Points Earned: _____

13. Exits to Homelessness (Attachment 4) **Max 10 Pts**

Please use **Attachment 5** showing all project leavers and note the project score based on those who exited to the shelter or the street. *This question will be weighted in the final score for SSO projects.*

Scoring ranges created based on a standard deviation.

Points Earned: _____

>0% = 0 pts; 0% = 10 pts

14. Returns to Homelessness (Attachment 5) **Max 5 Pts**

Was your projects returns to homelessness less than 8% after 24 months?

- ☐ Yes – 5 pts
- ☐ No – 0 pts

Points Earned: _____

15. Income Growth (Attachment 6a and 6b) **Max 20 Pts**

Source: FFY24 APR Q19. Cash Income – Changes over Time
Scoring ranges created based on a standard deviation.

15a. What percentage of **clients (leavers)** gained or increased **employment income at program exit?** Use attachment 6a. to see project score. (10 points)

******This question will be weighted in the final score if your project had no leavers in the year*

analyzed or is an SSO project.

Points Earned: _____

15b. What percentage of **clients (stayers)** gained or increased **employment income between start and annual assessment?** Use attachment 6b. to see project score. (10 points)

**This question will be weighted in the final score if your project had no stayers with annual assessments.*

Points Earned: _____

16. Increase in Employment Income **Max 8 Pts**

Did at least 20% of your program participants show an increase in employment-based income at annual assessment? This will be confirmed with your HMIS administrator

- ☐ Yes – 8 pts
- ☐ No – 0 pts

Points Earned: _____

17. Increase Employment Income Leavers **Max 8 Pts**

Did at least 25% of your program leavers have an increase in employment-based income? - This will be confirmed with your HMIS administrator.

- ☐ Yes – 8 pts
- ☐ No – 0 pts

Points Earned: _____

18. Tracking Participant Outcomes (Attachment 7) **Max 5 Pts**

When tracking participant outcomes in HMIS and Comparable Databases: Is your projects unknown exit destinations in HMIS less than 10%?

- ☐ Yes – 5 pts
- ☐ No – 0 pts

Points Earned: _____

OTHER PART 1 QUESTIONS:

19. Coordinated Entry: **Max 5 Pts**

Responses will be verified with the CE lead.
This question will be weighted in the final score for SSO projects.

19a. Does your project comply with HUD requirements and ONLY admit clients who have been referred through the Coordinated Entry (CE) process?

□ **Yes - 1.5 pts** □ **No - 0 pts**

19b. Has your agency attended at least 75% of the bi-weekly CE meetings in the last year?

□ **Yes - 1 pt** □ **No - 0 pts**

19c. Have all agency staff participating in the Coordinated Entry process received the required CE and HMIS/CE in HMIS training? (For Victim Service Providers, do you have staff trained to participate in the comparable Coordinated Entry system and HMIS-comparable database?)

□ **Yes - 1.5 pts** □ **No - 0 pts**

19d. Has your agency signed and returned to the CE lead agency the Coordinated Entry MOU?

□ **Yes - 1 pt** □ **No - 0 pts** **Points Earned_____**

HSPB
Homeless Services Planning Board of Schenectady County

FY2026 Rank & Review Renewal Application
Part II – Project / System Performance Narratives

PROJECT INFORMATION

Organization Name:_____

Project Name:_____

The below information is provided to give reviewers an idea of your project. It is not scored.

FY26 Funding Request: _____

Leasing	$_____
Rental Assistance	$_____
Supportive Services	$_____
Operations	$_____
Admin	$_____

Number of beds as listed in Esnaps: _____

PROJECT DESCRIPTION

Please provide a brief project overview.

Please include:

- The target population/s and number of participants served
- Number of contracted beds/units/vouchers
- Project goals and achievements

Please explain:

- The primary services provided to participants and how this will remove barriers to stable housing and increase participant self sufficiency
- Supplementary services available to participants and how this will remove barriers to stable housing and increase participant self sufficiency
- How you formulate an individualized service plan for each participant and how you effectively communicate the need for participants to engage in supportive services
- How your project coordinates services with other funded and non-funded providers to leverage services (if applicable.).

20. Cooperation with Local Law Enforcement/ First Responders **Max 5 Pts**

How does your agency cooperate with local law enforcement and first responders to help reduce encampments and enhance public safety?

21. System Performance- Housing Stability & Reducing Returns to Homelessness

Max 5 Pts

What strategies does your program use to ensure clients who exit to a permanent housing destination remain stably housed? (250 words or less)

- Up to 2.5 points awarded if the narrative clearly states the strategy your program uses.
- Up to 2.5 points awarded if the narrative clearly state(s) examples.

22. Connection to Services **Max 5 Pts**

Describe how your project identifies individuals experiencing serious mental illness and connects them with the services necessary to promote stability.

Partnerships with programs such as Assertive Community Treatment Teams or other models that combine intensive care coordination, assertive outreach and comprehensive treatment are highly encouraged.

23. Substance Abuse Service Connections **Max 5 Pts.**

Does your project currently partner with Drug Court or other specialty courts serving individuals with mental and substance use disorders? Please describe how your project coordinates with these providers to support stability and movement towards independence, including leveraging court orders.

24. Supporting Self-Sufficiency **Max 10 Pts**

One of the goals of CoC-funded programs is to provide services that result in self-sufficiency and independence of participants to the extent possible. Provide specific examples of accomplishments offered through your program that demonstrate participants' ability to live more independently. Examples will vary by program (i.e. housing stability, attaining or sustaining mainstream benefits, connecting participants to health, behavioral health or substance use disorder treatment, etc.).

25. Dedicated Domestic Violence Projects *Only*- Positive Outcomes/Safety Max 5 Pts

Outcomes considered positive for DV programs may not be the same as positive outcomes for Permanent Supportive Housing programs. How does your agency contribute to housing stability and ensure safety for survivors of domestic violence across the CoC?

- Up to 2.5 points awarded if the narrative clearly describes positive outcomes through the DV provider lens.
- Up to 2.5 points awarded if the narrative clearly describes how the agency contributed to positive housing stability and ensure safety for survivors of domestic violence across the CoC.

26. Dedicated Youth Projects *Only*- Positive Outcomes **Max 5 Pts**

Outcomes considered positive for youth programs may not be the same as positive outcomes for Permanent Supportive Housing programs. How does your agency contribute to housing stability across the CoC?

- Up to 2.5 points awarded if the narrative clearly describes positive outcomes through the Youth provider lens.
- Up to 2.5 points awarded if the narrative clearly describes how the agency contributed to positive housing stability across the CoC.

HSPB
Homeless Services Planning Board of Schenectady County

CoC NY-507: Schenectady County Homeless Services Planning Board (HSPB)

Please provide a 12-month Budget Proposal (required for review):

ACTIVITY	CoC FUNDS REQUESTED	NOTES
A. Leasing	$	
B. Rental Assistance	$	
C. Support Services	$	
1. Salaries	$	
2. Benefits	$	
3. Other	$	
D. VAWA (New eligible activity)	$	
E. Rural Costs (New eligible activity)	$	
F. Operating	$	
G. Admin (up to 10%)	$	
H. Total Project Costs	$	
MATCH	**AMOUNT**	**SOURCE**
I. 25% Match Requirement	$	

FY26 Continuum of Care Competition – Rank & Review Certification
Project Threshold Review

Instructions:

All agencies applying for CoC funding must review and sign off on the below Project Eligibility Threshold, Project Quality Threshold (broken down by New Projects and Renewal Projects), and Post Award Requirements as part of the Rank & Review process. Please return to CARES with your Rank & Review applications.

Project Eligibility Threshold (pg. 59-61 of the FY26 CoC NOFO)

Applicants who fail to meet the following threshold eligibility requirements are ineligible to apply for funds during this competition. Please review the following requirements and sign off at the end of the document to verify your project eligibility.

(1) Project applicants and potential subrecipients must meet the eligibility requirements of the CoC Program as described in the Act and the Rule and provide evidence of eligibility required in the application (e.g., nonprofit documentation).

(2) Project applicants and subrecipients must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds. Demonstrating capacity may include a description of the applicant and subrecipient experience with similar projects and with successful administration of SHP, S+C, or CoC Program funds or other federal, state, local, or private resources.

(3) Project applicants must submit the required certifications specified in this NOFO.

(4) The population to be served must meet program eligibility requirements as described in the Act, the Rule, and section III.G.10 of this NOFO.

(5) Project applicants, except Collaborative Applicants that only receive awards for CoC Planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that meets the needs of the local HMIS.

(6) Project applicants must certify affirmatively to the following:

- The project applicant will not engage in racial preferences or other forms of illegal discrimination.
- The project applicant will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of "harm reduction."

I Certify that my project is eligible to apply for HUD CoC funding under the above criteria:

Signature of applicant: _____

FY26 Continuum of Care Competition – Rank & Review Certification
Project Threshold Review

RENEWAL Projects: Project Renewal Threshold (pg. 61-62):

CoCs must consider the need to continue funding for projects expiring in CY 2026 (January 1, 2026 to December 31, 2026) when applying for FY 2026 CoC and YHDP funding. Renewal projects must meet the minimum project eligibility, capacity, timeliness, and performance standards identified in this NOFO or they will be rejected from consideration for funding:

(1) When considering renewal projects for award; HUD will review information in eLOCCS, APRs, and information provided from the local HUD CPD field office; including monitoring reports and audit reports as applicable, and performance standards on prior grants, and will assess projects using the following criteria on a pass/fail basis:

(a) whether the project applicant's performance met the plans and goals established in the initial application, or grant as amended;
(b) whether the project applicant demonstrated all timeliness standards for grants being renewed have been met, including those standards for the expenditure of grant funds;
(c) the project applicant's performance in assisting program participants to achieve and maintain self-sufficiency and independent living and records of success, except dedicated HMIS projects are not required to meet this standard; and
(d) evidence of unwillingness of project applicants to accept technical assistance, a history of inadequate financial accounting practices, indications of project mismanagement, a drastic reduction in the population served, program changes have been made without prior HUD approval, or the loss of project site control.

(2) HUD reserves the right to reduce or reject a project application submitted during the CoC Program Competition for the following reasons:

(a) outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
(b) audit finding(s) for which a response is overdue or unsatisfactory;
(c) history of inadequate financial management accounting practices;
(d) evidence of untimely expenditures on prior award;
(e) history of other major capacity issues that have significantly affected the operation of the project and its performance;
(f) history of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and
(g) history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.
(h) evidence that the project has previously or currently conducts activities that subsidize or facilitate racial preferences or other forms of illegal discrimination or conduct activities that rely on or otherwise use a definition of sex other than as binary in humans.
(i) evidence that the project operates drug injection sites or "safe consumption sites," knowingly distributes drug paraphernalia on or off of property under their control, permits the use or distribution of illicit drugs on property under their control, or conducts any of these activities under the pretext of "harm reduction."

I Certify that my RENEWAL project will pass quality threshold review to apply for HUD CoC funding under the above criteria:

Signature of applicant: _____

Post Award Requirements and Administration (pg. 107-109)

If your project is chosen for funding in this round of the competition you must agree to follow the applicable provisions in the Administrative, National & Departmental Policy Requirements and Terms for HUD Financial Assistance-2025. You must comply with these applicable provisions:

1. The Fair Housing Act (42 USC 3601-3619) and Civil Rights laws which encompass the Fair Housing Act and related authorities (24 CFR 5.105(a))
2. Affirmatively Furthering Fair Housing (AFFH) requirements, (42 USC § 3608(e)(5)) and implementing regulations at 24 CFR 5.150 et seq.as amended by 90 FR 11020.
3. Economic Opportunities for Low-and Very Low-income Persons (12 USC 1701u) requirements, including those listed at 24 CFR part 75
4. Compliance with Immigration Requirements (8 U.S.C. 1601-1646; Executive Order 14218)
5. Accessible Technology requirements, (29 USC § 794d, 29 USC 794, 42 USC 12131-12165) and implementing regulations at 36 CFR part 1194 (Section 508 regulations),24 CFR§ 8.6 (Section 504 effective communication regulations), 28 CFR part 35, subpart H (DOJ Web Access Rule), and 28 CFR part 35, subpart E (DOJ's Title II communications regulations)
6. Ensuring, when possible, small businesses, minority businesses, women's business enterprises, veteran-owned businesses, and labor surplus area firms receive consideration consistent with 2 CFR 200.321
7. Equal Participation of Faith-based Organizations in HUD Programs and Activities consistent with 42 U.S.C. 2000bb et seq.; 42 U.S.C. 2000d et seq.; 24 CFR 5.109; and Executive Orders 14202, *Eradicating Anti-Christian Bias* and EO 14205, *Establishment of the White House Faith Office*.
8. Uniform Relocation Assistance and Real Property Acquisition Policies Act (42 USC § 4601 et seq.) (URA) requirements, 49 CFR part 24, and applicable program regulations
9. Participation in HUD-Sponsored Program Evaluation (12 USC 1701z-1; 12 USC 1702z-2; 24 CFR part 60; and FR-6278-N-01)
10. OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR part 200)
11. Drug-Free Workplace requirements (2 CFR part 2429)
12.HUD requirements related to safeguarding resident/client files (e.g., 2 CFR 200.303(e))
13. The Federal Funding Accountability and Transparency Act of 2006 (2 CFR part 170) (FFATA), as amended
15. Accessibility for Persons with Disabilities requirements (29 USC § 794) and implementing regulations at 24 CFR parts 8 and 100; 28 CFR part 35
16. Applicable Violence Against Women Act requirements in the Housing Chapter of VAWA (34 USC § 12491-12496) 24 CFR part 5, subpart L, and program-specific regulations.
17. Conducting Business in Accordance with Ethical Standards/Code of Conduct, including 2 CFR 200.317, 2 CFR 200.318(c) and other applicable conflicts of interest requirements
18. Build America, Buy America (BABA) Act procurement purchase requirements
20. Environmental requirements that apply in accordance with 24 CFR part 50 or part 58
22. Unless prohibited by law and to the extent permitted under the Freedom of Information Act (FOIA), your application and post-award content may be released to the public in response to FOIA requests, except to the extent that certain information may be withheld under a FOIA exemption (5 USC § 552(b); 24 CFR 15.107(b)). HUD may also share your information within HUD or with other Federal agencies if HUD determines that sharing is relevant to the respective program's objectives.
23. Waste, Fraud, Abuse, and Whistleblower Protections. 41 USC § 4712, which includes informing your employees in writing of their rights and remedies, in the predominant native language of the workforce.

Under 41 U.S.C. § 4712, employees of a contractor, subcontractor, grantee, subgrantee, and personal services contractor may not be discharged, demoted, or otherwise discriminated against as a reprisal for disclosing information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract or grant, a gross waste of Federal funds, an abuse of authority relating to a Federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract) or grant. (See Federal Contractor or Grantee Protections | Office of Inspector General, Department of Housing and Urban Development (hudoig.gov))

24. Implementing Presidential Executive Actions affecting federal financial assistance programs, as advised by the Department, unless otherwise restricted by law: Executive Order (EO) 14219 (Ensuring Lawful Governance and Implementing the President's "Department of Government Efficiency" Deregulatory Initiative); 14218 (Ending Taxpayer Subsidization of Open Borders); guidance resulting from the White House Task Force established by 14202 (Eradicating Anti-Christian Bias) and the Senior Advisor to the White House Faith Office assigned by 14205 (Establishment of the White House Faith Office); 14182 (Enforcing the Hyde Amendment); 14173 (Ending Illegal Discrimination and Restoring Merit-Based Opportunity); 14168 (Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government); 14151 (Ending Radical and Wasteful Government DEI Programs and Preferencing); and 14148 (Initial Rescissions of HarmfulExecutive Orders and Actions)

In addition:

1. Awards made under this NOFO will not be used to conduct activities that subsidize or facilitate racial preferences or other forms of illegal discrimination, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; or conduct activities that rely on or otherwise use a definition of sex as other than binary in humans 14332 (Improving Oversight of Federal Grantmaking).
2. Awards made under this NOFO will not be used to fund, promote, encourage, subsidize or facilitate the use of illicit drugs.
3. Awards made under this NOFO will not be used to fund any project, service provider, or organization that operates drug injection sites or "safe consumption sites," knowingly distributes drug paraphernalia on or off of property under their control, permits the use or distribution of illicit drugs on property under their control, or conducts any of these activities under the pretext of "harm reduction." 14321 (Ending Crime and Disorder on America's Streets).
4. All agreements or contracts made with subrecipients under this NOFO must contain the identical terms and conditions as those in the grant agreement issued by HUD.

Any additional or conflicting terms and conditions must be approved by HUD.

I certify that if my project is awarded funding in the FY26 CoC NOFO Competition, I will comply with all of the above per the CoC Application requirements:

Signature of applicant: _____

1D-1: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool used in NY-507 local competition to score new and renewal application and for all project application types.

(c) Blank New Project TH Application Tool

HSPB
Homeless Services Planning Board of Schenectady County

CoC NY-507: Schenectady County Homeless Services Planning Board (HSPB)

New Project RFP 2026
(Expansion, Reallocation and/or Bonus Projects)
Transitional Housing 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 nationally competitive process.

Total Points Available: 250

1. Applicant/Agency Name:_____

2. Agency Point of Contact (Name & Email):_____
Note: Please make this unique (i.e. not – Bonus 2026, or TH 2026).

3. Proposed Project Name: _____

4. Total Number of units and beds being applied for (if applicable):_____

5. Total Number of households/clients projects proposes to serve:_____

6. Which of the below eligible project types are you applying for?
- ☐ DV Transitional Housing
- ☐ Transitional Housing
- ☐ Transitional Housing for Families – 10 pts

7. What type of project are you applying for:
- ☐ New Project
- ☐ Expansion Project
- ☐ Reallocation - 25 pts

Please list the project you will be expanding:_____
For Expansion projects please describe the part of the project that is being expanded and demonstrate the project is not replacing other funding sources.

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8. Timeliness of Project Start

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

***If you select no - your project will not be able to move forward in the application process**

9. Continuum of Care Participation **Max 10 pts**

Is the applicant a current member in good standing of the Continuum of Care (CoC)?

□ Yes – 10 points □ No – 0 points

10. Encouraging New Agencies to Apply **Max 15 pts**

Is the agency applying a current CoC funded grantee?

□ Yes – 0 points □ No – 15 points

10a. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC?

□ Yes – 0 points □ No – 5 points

11. Spent Funding **Max 4 pts**

***This question is weighted for those newly applying for CoC funding**

For Agencies Currently CoC Funded: Within the past 2 contract years, what percentage of funds have you returned to HUD for all CoC funded projects? Please attach your last 2-years of eLOCCS closeouts.

**Please note, this question will be weighted for projects that are not currently CoC-funded.*

% of funds returned: _____ **Points: _____**

0% = 4pts; 1-10% = 3pts; >10% = 0pts

CoC NY-507: Schenectady County Homeless Services Planning Board (HSPB)

New Project RFP 2026
(Expansion, Reallocation and/or Bonus Projects)
Transitional Housing Projects

12. Coordinated Entry **Max 10 pts**

Responses will be verified with the CE lead

***If you are applying as a newly funded CoC project please skip to 12d**

12a. Is your agency attending at least 75% of the bi-weekly CE meetings in the last year?

□ Yes – 3 pts □ No - 0 pts

12b. Does your project comply with HUD requirements and ONLY admits clients who have been referred through the Coordinated Entry (CE) process?

□ Yes – 4 pts □ No - 0 pts

12c. Have all agency staff participating in the Coordinated Enty process received the required CE and HMIS/CE in HMIS training? (for victim service providers, do you have staff trained to participate in the comparable Coordinated Entry system and HMIS-comparable database?)

□ Yes – 3 pts □ No - 0 pts

***If you are currently funded CoC project do not answer 12d**

12d. If not, how will you implement CE Participation for this project? For more information on the Coordinated Entry requirements please refer to CoC's Written Standards and CE Written Process. (**0 - 10 pts if agency details how CE implementation will be accomplished)**.

Note: Participation in CE is required for CoC Funded Projects.

13. HMIS Participation **Max 10 pts**

Does your agency currently report in the CoC's HMIS system or use a comparable database?
□ Yes – 10 pts □ No - 0 pts

***If you are currently funded CoC project do not answer 13a**

13a. If not, how will you implement HMIS or a comparable database for this project? For more information on the HMIS requirements please refer to the CoC's Written Standards. (**0 - 10 pts if agency details how HMIS or a comparable database implementation will be accomplished)**.

***Note: Participation in HMIS or a comparable database is required for all CoC funded projects**

14. Project Description **Max 25 pts**

Please provide a brief project description that addresses the scope of your project. Please include:

- The target population that will be served and how the project will assess the service needs of program participants
- How the project will provide and/or partner with other organizations to provide support services necessary to assist program participants to obtain and maintain housing in a manner that fits their needs (i.e. transportation, safety planning, enhanced case management)
- How participation in 20 hours of support services will be required.
- Please demonstrate how this project will be supplemented with other resources from public or private sources that may include mainstream health, social and employment programs such as Medicare, Medicaid, SSI and SNAP.

If you are applying to expand a current TH project, please describe how expanding support services to participants will include, where appropriate, on-site support services. For DV projects please include how you will implement victim centered practices and a plan to include survivors with lived expertise.

15. Agency Experience **Max 25 pts**

Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population (i.e. your target population).

- **5 points** for detailing past experience serving a similar population or a DV population and how you have successfully helped participants exit homelessness within 24-months;
- **5 points** for explaining how your program has or will partner with other organizations to provide eligible support services that are necessary to obtain and maintain stable housing;
- **5 points** for detailing other funding sources the agency uses/has used in the past to serve HUD-Defined Homeless populations.
- **5 points** for detailing how you have successfully helped homeless individuals and families exit within 24 months or have a plan in place to ensure that homeless individuals and families will exit within 24 months to a positive destination.
- **5 points** for describing how your agency will ensure that 50% of participants exit with employment income.

Ensuring Self Sufficiency to Move On from Subsidized Programing

16. Service Participation **Max 10 pts**

Please demonstrate how your project will create service plans for each program participant that includes what services will be provided, when, how often, and who will be providing the service. Please describe how your service plans will identify participant goals, the strategy for achieving those goals and target dates for achievement. Please address how you require program participants to take part in support services. **REQUIRED: Please attach your supportive service agreement (contract, occupancy agreement, lease, or equivalent).**

17. Customized Support Services **Max 10 pts**

Please demonstrate how your proposed project will provide 20 hours per week of customized services for each participant (e.g. case management, employment training, substance abuse treatment, etc.) **This question is weighted for those developing a TH project that will serve individuals 55+ or with physical and/or developmental disabilities.**

18. Meeting the Needs of Those on the CE Waitlist **Max 16 pts**

The CoC consistently has people with serious mental illness and substance use diagnoses on the Coordinated Entry waitlist for longer periods of time, on average, than other population types. Please check the support services that your program will provide in an effort to increase self-sufficiency and help clients move on to an unsubsidized permanent housing destination. **You will receive 2pts for each box checked.**

☐ Supporting and accompanying clients to apartment searches to attain housing;
☐ Providing dedicated case management that is offered 20 hours per week;
(please note case management participation can be reduced proportionately for those participants who are employed)
☐ Providing a connection to peer support services;
☐ Providing a connection to professional/clinical support services (i.e. 24/7 detox facility, SUD, Mental Health);
☐ Connections to workforce development and employment-based programs
☐ An MOU with a Workforce Development/Employment based agency to assist clients with job readiness and job placement - **Please Attach**
☐ Partner with Childcare providers to assist participants in gaining employment
☐ An MOU with Childcare providers -**Please Attach**

***Please note that in order to receive points for the MOU's you will need to attach them to your application.**

19. Increasing Site-Based Services **Max 10 pts**

Will your project provide on-site substance abuse and/or mental health services to program participants? Please describe.

20. Increasing Earned Income **Max 10 pts**

How will your project support clients in gaining and maintaining employment-based income?

21. Supporting Self-Sufficiency **Max 10 pts**

One of the goals of CoC-funded programs is to provide services that result in self-sufficiency and independence of participants to the extent possible. Please provide examples of how your projects will assist participants in moving towards self-sufficiency (i.e. housing stability, attaining or sustaining mainstream benefits, connecting participants to health, behavioral health, or substance use disorder treatment, gaining and maintaining employment, etc.)

22. **Self-Sufficiency Outcomes** **Max 10 pts**

Please describe how this project will ensure that at least 50% of program participants exit to permanent housing within 24-months and at least 50% of participants exit with employment income.

CoC NY-507: Schenectady County Homeless Services Planning Board (HSPB)

New Project RFP 2026
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23. Housing & Healthcare Leveraging MOUs **Max 30 pts**

The CoC will receive up to 4 points on the overall application for successfully demonstrating that agencies are leveraging Healthcare and Housing partnerships to bolster CoC programs. Does your agency have relationships/partnerships with any of the below? Check all that apply.

☐Public/Private Healthcare Organizations
☐PHAs, local housing organizations, or other non-CoC/ESG funding streams

23a. If you checked Public/Private Healthcare Organizations, does your agency have a written commitment from a health care organization with the value of the commitment and the date(s) the healthcare resources will be provided that meets the following criteria:

- In the case of a substance abuse partnership- the substance abuse treatment program will provide **access to all participants who qualify for those services.**
- In the case of behavioral health, the assistance being provided is equivalent to **25% of the funding being requested by the project.**

□ Yes- 15 points □ No – 0 points

***Please include this documentation and the completed healthcare leveraging checklist with your application to receive full points.**

23b. If you checked PHAs, local housing organizations, or other non-CoC/ESG funding streams, will your project utilize housing subsidies or subsidized housing units not funded through the CoC or ESG.

- For PSH the leveraged resources provide at least 25% of the **units** included in the project
- For RRH the leveraged resources provide at least 25% of the program **participants** included in the project

□ Yes- 15 points □ No – 0 points

***Please provide this documentation and completed housing leverage checklist with your application to receive full points.**

24. Minimizing Trauma **Max 10 pts**

Please describe how your program works to minimize the impact of trauma associated with homelessness and/or domestic violence, dating violence, and/or stalking.

- 5 Pts for describing your trauma informed approach
- 5 Pts for describing how your project ensures community safety

☐ I understand that if my project scores highly enough to advance in this year's application, that **does NOT mean that my project is guaranteed funding.** Projects that advance in the local process will compete for bonus funds from HUD in the national CoC competition and awards will be shared in early 2026.

☐ I certify that our project will not engage in racial discrimination. This is consistent with the requirements of 2 CFR 200.300(a)

☐ I certify that our project will not operate a drug injection site of "safe consumption site" in violation of 21 U.S.C 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under our control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863. This is consistent with the requirements of 2 CFR 200.300(a).

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New Project RFP 2026
(Expansion, Reallocation and/or Bonus Projects)
Transitional Housing Projects

Please provide a 12-month Budget Proposal (required for review):

ACTIVITY	CoC FUNDS REQUESTED	NOTES
A. Leasing	$	
B. Rental Assistance *Note: You may only receive rental assistance if you are a Public Housing Authority or another municipal entity*	$	
C. Support Services	$	
1. Salaries	$	
2. Benefits	$	
3. Other	$	
D. VAWA (New eligible activity)	$	
E. Rural Costs (New eligible activity)	$	
F. Operating	$	
G. Admin (up to 10%)	$	
H. Total Project Costs	$	
MATCH	**AMOUNT**	**SOURCE**
I. 25% Match Requirement	$	

Checklist for New CoC Project Applicants that are Leveraging Housing Resources

You have indicated that your proposed project will be able to **leverage housing resources**.

***You must submit to CARES (1) the below checklist and (2) a contract, letter of commitment, or other formal written documents from the funding body that includes:**

Project name should be listed in the commitment documentation

Project name:

Source of commitment should be listed in the commitment documentation (i.e. private organizations, state or local government, PHAs, faith-based organizations, federal programs other than CoC or ESG programs)

Source of Commitment:

Amount of funding committed per the following:

PSH & TH Projects: the number of housing units for a PSH and/or TH projects that are not funded through the CoC or ESG Programs. The number of units must be at least 25% of the total units to be provided by the proposed new CoC project application for full points.

OR

RRH: The number of program participants to be provided RRH that is not funded through the CoC or ESG Programs. The number of program participants to be served must be at least 25% of the total participants to be served in the proposed CoC new project application for full points.

Calculation showing the amount of non-CoC/ESG resources committed in the written commitment, and that this is at least 25% of units (for PSH and/or TH) or participants (for RRH) to be served through the proposed New CoC Project Application:

The date** that the funding (outside of CoC or ESG programs) will be available is on the written commitment (should run concurrently with the new project).
***Must dated between May 1, 2026 and September 30, 2027.*

Dates of housing commitment:

Checklist for New CoC Project Applicants that are Leveraging Healthcare Resources

You have indicated that your proposed project will be able to **leverage healthcare resources**.

*You must submit to CARES (1) the below checklist and (2) a contract, letter of commitment, or other formal commitment that includes the following:

The name of the project

Project name:

Amount of assistance to be provided by the healthcare organization:

☐ The value (dollar amount) of the healthcare commitment being provided (must be at least 25% of the total funding requested)

OR

If the partner agency is a substance abuse and/or recovery program, a guarantee that the services will be provided to all eligible participants of this project. Evaluation cost $200 per person

Calculation showing the amount of healthcare resources committed in the written commitment, and that this is at least 25% of funding requested through the proposed New CoC Project Application, OR confirm the substance abuse and/or recovery program will offer services to all eligible participants.

The date** that the services and/or committed funding will be available is on the written commitment (must run concurrently with the new project)
**Must be dated between May 1,2026 and September 30, 2027.
Date of healthcare commitment:

Affirmation that project eligibility for program participants in the new project will be based on CoC Program fair housing requirements and will not be restricted by the health care service provider.

FY26 Continuum of Care Competition – Rank & Review Certification
Project Threshold Review

Instructions:

All agencies applying for CoC funding must review and sign off on the below Project Eligibility Threshold, Project Quality Threshold (broken down by New Projects and Renewal Projects), and Post Award Requirements as part of the Rank & Review process. Please return to CARES with your Rank & Review applications.

Project Eligibility Threshold (pg. 59-61 of the FY26 CoC NOFO)

Applicants who fail to meet the following threshold eligibility requirements are ineligible to apply for funds during this competition. Please review the following requirements and sign off at the end of the document to verify your project eligibility.

(1) Project applicants and potential subrecipients must meet the eligibility requirements of the CoC Program as described in the Act and the Rule and provide evidence of eligibility required in the application (e.g., nonprofit documentation).

(2) Project applicants and subrecipients must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds. Demonstrating capacity may include a description of the applicant and subrecipient experience with similar projects and with successful administration of SHP, S+C, or CoC Program funds or other federal, state, local, or private resources.

(3) Project applicants must submit the required certifications specified in this NOFO.

(4) The population to be served must meet program eligibility requirements as described in the Act, the Rule, and section III.G.10 of this NOFO.

(5) Project applicants, except Collaborative Applicants that only receive awards for CoC Planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that meets the needs of the local HMIS.

(6) Project applicants must certify affirmatively to the following:

- The project applicant will not engage in racial preferences or other forms of illegal discrimination.
- The project applicant will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of "harm reduction."

I Certify that my project is eligible to apply for HUD CoC funding under the above criteria:

Signature of applicant: _____

NEW Projects: Project Quality Threshold (pg. 62 of the NOFO):

Please note: New Project Applications need to meet additional criteria to be eligible. Please see pg. 59-62 of the FY26 CoC NOFO.

HUD will review all new project applications to determine if they meet the following project quality threshold requirements HUD will not award funds to a new project unless the project was created through reallocation, or the CoC has demonstrated to HUD's satisfaction that projects are evaluated and ranked based on the degree to which they improve the CoC's system performance.

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(2) HUD will consider YHDP Replacement project applications including applications for new YHDP projects created through YHDP reallocation as having met project quality threshold requirements if the project application activities and costs are eligible under this NOFO. If a YHDP Replacement (including YHDP Reallocation) project application is not for activities and costs that are eligible under this NOFO, HUD will not reject the project under this project quality threshold, but HUD will require the project applicant to correct or revise information submitted after the final CoC Program award announcement but before executing the grant agreement.

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> **(b)** for expansion project applications, project applicants must describe the part of the project that is being expanded and demonstrate the project is not replacing other funding sources; and
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(6) Additionally, for HUD to consider new projects as meeting project quality threshold, each new project must meet the following criteria as applicable. If awarded, a recipient must meet all the criteria listed in the criteria column for its component.

I Certify that my NEW project will pass quality threshold review to apply for HUD CoC funding under the above criteria:

Signature of applicant: _____

Post Award Requirements and Administration (pg. 107-109)

If your project is chosen for funding in this round of the competition you must agree to follow the applicable provisions in the Administrative, National & Departmental Policy Requirements and Terms for HUD Financial Assistance-2025. You must comply with these applicable provisions:

1. The Fair Housing Act (42 USC 3601-3619) and Civil Rights laws which encompass the Fair Housing Act and related authorities (24 CFR 5.105(a))
2. Affirmatively Furthering Fair Housing (AFFH) requirements, (42 USC § 3608(e)(5)) and implementing regulations at 24 CFR 5.150 et seq.as amended by 90 FR 11020.
3. Economic Opportunities for Low-and Very Low-income Persons (12 USC 1701u) requirements, including those listed at 24 CFR part 75
4. Compliance with Immigration Requirements (8 U.S.C. 1601-1646; Executive Order 14218)
5. Accessible Technology requirements, (29 USC § 794d, 29 USC 794, 42 USC 12131-12165) and implementing regulations at 36 CFR part 1194 (Section 508 regulations),24 CFR§ 8.6 (Section 504 effective communication regulations), 28 CFR part 35, subpart H (DOJ Web Access Rule), and 28 CFR part 35, subpart E (DOJ's Title II communications regulations)
6. Ensuring, when possible, small businesses, minority businesses, women's business enterprises, veteran-owned businesses, and labor surplus area firms receive consideration consistent with 2 CFR 200.321
7. Equal Participation of Faith-based Organizations in HUD Programs and Activities consistent with 42 U.S.C. 2000bb et seq.; 42 U.S.C. 2000d et seq.; 24 CFR 5.109; and Executive Orders 14202, *Eradicating Anti-Christian Bias* and EO 14205, *Establishment of the White House Faith Office*.
8. Uniform Relocation Assistance and Real Property Acquisition Policies Act (42 USC § 4601 et seq.) (URA) requirements, 49 CFR part 24, and applicable program regulations
9. Participation in HUD-Sponsored Program Evaluation (12 USC 1701z-1; 12 USC 1702z-2; 24 CFR part 60; and FR-6278-N-01)
10. OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR part 200)
11. Drug-Free Workplace requirements (2 CFR part 2429)
12.HUD requirements related to safeguarding resident/client files (e.g., 2 CFR 200.303(e))
13. The Federal Funding Accountability and Transparency Act of 2006 (2 CFR part 170) (FFATA), as amended
15. Accessibility for Persons with Disabilities requirements (29 USC § 794) and implementing regulations at 24 CFR parts 8 and 100; 28 CFR part 35
16. Applicable Violence Against Women Act requirements in the Housing Chapter of VAWA (34 USC § 12491-12496) 24 CFR part 5, subpart L, and program-specific regulations.
17. Conducting Business in Accordance with Ethical Standards/Code of Conduct, including 2 CFR 200.317, 2 CFR 200.318(c) and other applicable conflicts of interest requirements
18. Build America, Buy America (BABA) Act procurement purchase requirements
20. Environmental requirements that apply in accordance with 24 CFR part 50 or part 58
22. Unless prohibited by law and to the extent permitted under the Freedom of Information Act (FOIA), your application and post-award content may be released to the public in response to FOIA requests, except to the extent that certain information may be withheld under a FOIA exemption (5 USC § 552(b); 24 CFR 15.107(b)). HUD may also share your information within HUD or with other Federal agencies if HUD determines that sharing is relevant to the respective program's objectives.
23. Waste, Fraud, Abuse, and Whistleblower Protections. 41 USC § 4712, which includes informing your employees in writing of their rights and remedies, in the predominant native language of the workforce.

Under 41 U.S.C. § 4712, employees of a contractor, subcontractor, grantee, subgrantee, and personal services contractor may not be discharged, demoted, or otherwise discriminated against as a reprisal for disclosing information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract or grant, a gross waste of Federal funds, an abuse of authority relating to a Federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract) or grant. (See Federal Contractor or Grantee Protections | Office of Inspector General, Department of Housing and Urban Development (hudoig.gov))

24. Implementing Presidential Executive Actions affecting federal financial assistance programs, as advised by the Department, unless otherwise restricted by law: Executive Order (EO) 14219 (Ensuring Lawful Governance and Implementing the President's "Department of Government Efficiency" Deregulatory Initiative); 14218 (Ending Taxpayer Subsidization of Open Borders); guidance resulting from the White House Task Force established by 14202 (Eradicating Anti-Christian Bias) and the Senior Advisor to the White House Faith Office assigned by 14205 (Establishment of the White House Faith Office); 14182 (Enforcing the Hyde Amendment); 14173 (Ending Illegal Discrimination and Restoring Merit-Based Opportunity); 14168 (Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government); 14151 (Ending Radical and Wasteful Government DEI Programs and Preferencing); and 14148 (Initial Rescissions of HarmfulExecutive Orders and Actions)

In addition:

1. Awards made under this NOFO will not be used to conduct activities that subsidize or facilitate racial preferences or other forms of illegal discrimination, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; or conduct activities that rely on or otherwise use a definition of sex as other than binary in humans 14332 (Improving Oversight of Federal Grantmaking).
2. Awards made under this NOFO will not be used to fund, promote, encourage, subsidize or facilitate the use of illicit drugs.
3. Awards made under this NOFO will not be used to fund any project, service provider, or organization that operates drug injection sites or "safe consumption sites," knowingly distributes drug paraphernalia on or off of property under their control, permits the use or distribution of illicit drugs on property under their control, or conducts any of these activities under the pretext of "harm reduction." 14321 (Ending Crime and Disorder on America's Streets).
4. All agreements or contracts made with subrecipients under this NOFO must contain the identical terms and conditions as those in the grant agreement issued by HUD.

Any additional or conflicting terms and conditions must be approved by HUD.

I certify that if my project is awarded funding in the FY26 CoC NOFO Competition, I will comply with all of the above per the CoC Application requirements:

Signature of applicant: _____

1D-1: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool used in NY-507 local competition to score new and renewal application and for all project application types.

(d) Blank New Project SSO Application Tool

CoC NY-507: Schenectady County Homeless Services Planning Board (HSPB)

SSO RFP 2026

(Expansion, Reallocation and/or Bonus Projects)

Including HMIS, CE, DV CE and SSO 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:
   Note: Please make this unique (i.e. not – Bonus 2026, or PSH 2026).

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
   - □ Support Services Only Standalone
   - □ Support Services Only Street Outreach

7. What type of project are you applying for?
   - □ New project
   - □ Expansion of an existing project
   - □ Reallocation - **35 pts**

8. **Timeliness of Project Start**

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

***If you select no- your project will not be able to move forward in the application process**

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

CoC NY-507: Schenectady County Homeless Services Planning Board (HSPB)

SSO RFP 2026

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10. **Continuum of Care Participation** **Max 15 pts**

Is the applicant a current member in good standing of the Continuum of Care (CoC)?

□ Yes – 15 points □ No – 0 points

11. **Encouraging New Agencies to Apply** **Max 25 pts**

Is the agency applying a current CoC-funded grantee?

□ Yes- 0 points □ No - 25 points

11a. If yes, does your agency have any unresolved monitoring or audit findings from HUD or the CoC?

□ Yes – 0 points □ No – 5 points

If yes, please explain:

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SSO RFP 2026

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12. **Project Description -** *Choose only one **Max 28 pts**

12a. For SSO Standalone Projects please explain the following:

- 7pts -Why this support service project is necessary to assist people in exiting homelessness, addressing barriers to stable housing and increasing self-sufficiency
- 7pts- How annual assessments will be conducted to assess the service needs of program participants
- 7pts- The strategy your project will use to provide services to eligible program participants, including those with histories of unsheltered homelessness and those who do not traditionally engage in support services
- 7 pts- How the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicaid, Medicare, SSI and SNAP.

12b. For SSO Street Outreach Projects please explain the following:

- 7 pts- How the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicaid, Medicare, SSI, and SNAP.
- 7 pts- The strategy your project will use to provide services to eligible program participants, including those with histories of unsheltered homelessness and those who do not traditionally engage in support services.
- 7 pts- Demonstrate that the applicant has a history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living.
- 7 pts -Why this support service project is necessary to assist people in exiting homelessness and increasing self-sufficiency

12c. For SSO-CE, SSO-DV CE please explain the need for this project within your Continuum of Care. Please also describe your strategy for advertising Coordinated Entry that is specifically designed to reach households experiencing homelessness with the highest needs. Please also describe how you will implement a standardized assessment process and how participants will be directed towards the most appropriate housing and services to meet their needs. (0-28 points)

12d. For HMIS please explain the need for this project within your CoC and how the HMIS funds will be used in a way that furthers the CoC's HMIS implementation and ability to use HMIS as a proactive case management tool to promote treatment and recovery. (0-28 points)

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13. **Staffing** **Max 20 pts**

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

□ Yes- 20 pts □ No- 0 pts

14. **Barriers to Participation (0-25 pts)** **Max 25 pts**

***This question will be weighted for those applying for an HMIS project**

Identify barriers to participation within your agency/projects and how you ensure that your services are accessible to any eligible participants including those with disabilities within your CoC geographic area .

- 12.5 pts if the applicant describes tangible actions taken at the agency and/or project level to eliminate identified barriers;
- 12.5 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.

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SSO RFP 2026

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SSO Standalone/ SSO Street Outreach Only Please Complete This Section

15. Will your project participate in HMIS **Max 30 pts**

□ Yes- 30 pts □ No- 0 pts

16. Will your project participate with Coordinated Entry **Max 30 pts**

□ Yes- 30 pts □ No- 0 pts

17. Please list partnerships that you will develop within the community to allow participants to access substance use treatment or detox facilities. **Max 14 pts**

18. Please list partnerships that you will develop within the community to allow participants access to mental health treatment. **Max 14 pts**

19. Please describe your plan on how you will train staff on trauma informed services.
Max 14 pts

Coordinated Entry Projects Only Please Complete This Section

15. **Percentage of Dedicated ARD** **Max 25 pts**

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

0%-2%=25 pts. 2.1%-3%=20 pts. 3.1%-4%=10 pts. 4.1%-5%= 5 pts >5%=0 pts.

_____**Pts.**

16. **Required Data Elements** **Max 20 pts**

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 Q16a.)**

□ CE Assessment Element
□ CE Event Element
□ Current Living Situation Element

□ All Yes - 20 pts □ Any No's - 0 pts

CoC NY-507: Schenectady County Homeless Services Planning Board (HSPB)

SSO RFP 2026

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16a. 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 20 pts)**

17. Please list the following entities for your project's CE system:

Policy Oversight Entity: _____
Management Entity: _____
Evaluation Entity: _____

18. Compliance **Max 15 pts**

In 3-5 sentences please describe how your program will work with each to ensure program compliance. **(0-15 pts)**

19. Data Privacy **Max 12 pts**

Does your CE System have a data privacy policy? □ **Yes-12 pts** □ **No-0 pts**

20. Standardized Assessment **Max 15 pts**

Will your project implement a standardized assessment process? □ **Yes-15 pts** □ **No-0 pts**

21. Meeting Participants Needs **Max 15 pts**

Will your project ensure that program participants are directed towards the most appropriate housing and services to meet their needs? □ **Yes-15 pts** □ **No-0 pts**

HMIS Projects Only Please Complete This Section

15. **Percentage of Dedicated ARD** **Max 25 pts**

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

0%-2%=25 pts. 2.1%-3%=20 pts. 3.1%-4%=10 pts. 4.1%-5%= 5 pts >5%=0 pts.

_____ **Pts.**

16. **HMIS Participation** **Max 15 pts**

Do 100% of required projects participate in your HMIS project?

□ **Yes=15 pts** □ **No=0 pts**

17a. If your HMIS does not currently have 100% required participation what is your plan for engagement? Please explain. **(0-15 pts.)**

17. **Timeliness of Reporting** **Max 20 pts**

Has your HMIS project submitted all required reports on time within the last fiscal year?

(ex: LSA, SPM and HMIS Grantee APR) □ Yes-20 pts □ No-0 pts

18. **Data Privacy** **Max 12 pts**

Does your HMIS System have a data privacy policy? □ Yes-12 pts □ No-0 pts

19. **Required Data Elements** **Max 15 pts**

Does your HMIS collect all Universal Data Elements as set forth in the HMIS Data Standards?

□ Yes-15 pts □ No-0 pts

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SSO RFP 2026

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20. **Client Records**

Does your HMIS have the ability to run un-duplicated client records? **Max 15 pts**

□ Yes-15 pts □ No-0 pts

☐ I understand that if my project scores highly enough to advance in this year's application, that **does NOT mean that my project is guaranteed funding.** Projects that advance in the local process will compete for bonus funds from HUD in the national CoC competition and awards will be shared in early 2026.

☐ I certify that our project will not engage in racial discrimination. This is consistent with the requirements of 2 CFR 200.300(a)

☐ I certify that our project will not operate a drug injection site of "safe consumption site" in violation of 21 U.S.C 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under our control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863. This is consistent with the requirements of 2 CFR 200.300(a).

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SSO RFP 2026

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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	$	

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2. Affirmatively Furthering Fair Housing (AFFH) requirements, (42 USC § 3608(e)(5)) and implementing regulations at 24 CFR 5.150 et seq.as amended by 90 FR 11020.
3. Economic Opportunities for Low-and Very Low-income Persons (12 USC 1701u) requirements, including those listed at 24 CFR part 75
4. Compliance with Immigration Requirements (8 U.S.C. 1601-1646; Executive Order 14218)
5. Accessible Technology requirements, (29 USC § 794d, 29 USC 794, 42 USC 12131-12165) and implementing regulations at 36 CFR part 1194 (Section 508 regulations),24 CFR§ 8.6 (Section 504 effective communication regulations), 28 CFR part 35, subpart H (DOJ Web Access Rule), and 28 CFR part 35, subpart E (DOJ's Title II communications regulations)
6. Ensuring, when possible, small businesses, minority businesses, women's business enterprises, veteran-owned businesses, and labor surplus area firms receive consideration consistent with 2 CFR 200.321
7. Equal Participation of Faith-based Organizations in HUD Programs and Activities consistent with 42 U.S.C. 2000bb et seq.; 42 U.S.C. 2000d et seq.; 24 CFR 5.109; and Executive Orders 14202, *Eradicating Anti-Christian Bias* and EO 14205, *Establishment of the White House Faith Office*.
8. Uniform Relocation Assistance and Real Property Acquisition Policies Act (42 USC § 4601 et seq.) (URA) requirements, 49 CFR part 24, and applicable program regulations
9. Participation in HUD-Sponsored Program Evaluation (12 USC 1701z-1; 12 USC 1702z-2; 24 CFR part 60; and FR-6278-N-01)
10. OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR part 200)
11. Drug-Free Workplace requirements (2 CFR part 2429)
12.HUD requirements related to safeguarding resident/client files (e.g., 2 CFR 200.303(e))
13. The Federal Funding Accountability and Transparency Act of 2006 (2 CFR part 170) (FFATA), as amended
15. Accessibility for Persons with Disabilities requirements (29 USC § 794) and implementing regulations at 24 CFR parts 8 and 100; 28 CFR part 35
16. Applicable Violence Against Women Act requirements in the Housing Chapter of VAWA (34 USC § 12491-12496) 24 CFR part 5, subpart L, and program-specific regulations.
17. Conducting Business in Accordance with Ethical Standards/Code of Conduct, including 2 CFR 200.317, 2 CFR 200.318(c) and other applicable conflicts of interest requirements
18. Build America, Buy America (BABA) Act procurement purchase requirements
20. Environmental requirements that apply in accordance with 24 CFR part 50 or part 58
22. Unless prohibited by law and to the extent permitted under the Freedom of Information Act (FOIA), your application and post-award content may be released to the public in response to FOIA requests, except to the extent that certain information may be withheld under a FOIA exemption (5 USC § 552(b); 24 CFR 15.107(b)). HUD may also share your information within HUD or with other Federal agencies if HUD determines that sharing is relevant to the respective program's objectives.
23. Waste, Fraud, Abuse, and Whistleblower Protections. 41 USC § 4712, which includes informing your employees in writing of their rights and remedies, in the predominant native language of the workforce.

Under 41 U.S.C. § 4712, employees of a contractor, subcontractor, grantee, subgrantee, and personal services contractor may not be discharged, demoted, or otherwise discriminated against as a reprisal for disclosing information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract or grant, a gross waste of Federal funds, an abuse of authority relating to a Federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract) or grant. (See Federal Contractor or Grantee Protections | Office of Inspector General, Department of Housing and Urban Development (hudoig.gov))

24. Implementing Presidential Executive Actions affecting federal financial assistance programs, as advised by the Department, unless otherwise restricted by law: Executive Order (EO) 14219 (Ensuring Lawful Governance and Implementing the President's "Department of Government Efficiency" Deregulatory Initiative); 14218 (Ending Taxpayer Subsidization of Open Borders); guidance resulting from the White House Task Force established by 14202 (Eradicating Anti-Christian Bias) and the Senior Advisor to the White House Faith Office assigned by 14205 (Establishment of the White House Faith Office); 14182 (Enforcing the Hyde Amendment); 14173 (Ending Illegal Discrimination and Restoring Merit-Based Opportunity); 14168 (Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government); 14151 (Ending Radical and Wasteful Government DEI Programs and Preferencing); and 14148 (Initial Rescissions of HarmfulExecutive Orders and Actions)

In addition:

1. Awards made under this NOFO will not be used to conduct activities that subsidize or facilitate racial preferences or other forms of illegal discrimination, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; or conduct activities that rely on or otherwise use a definition of sex as other than binary in humans 14332 (Improving Oversight of Federal Grantmaking).
2. Awards made under this NOFO will not be used to fund, promote, encourage, subsidize or facilitate the use of illicit drugs.
3. Awards made under this NOFO will not be used to fund any project, service provider, or organization that operates drug injection sites or "safe consumption sites," knowingly distributes drug paraphernalia on or off of property under their control, permits the use or distribution of illicit drugs on property under their control, or conducts any of these activities under the pretext of "harm reduction." 14321 (Ending Crime and Disorder on America's Streets).
4. All agreements or contracts made with subrecipients under this NOFO must contain the identical terms and conditions as those in the grant agreement issued by HUD.

Any additional or conflicting terms and conditions must be approved by HUD.

I certify that if my project is awarded funding in the FY26 CoC NOFO Competition, I will comply with all of the above per the CoC Application requirements:

Signature of applicant: _____

1D-1: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool used in NY-507 local competition to score new and renewal application and for all project application types.

(e) Blank New Project PH Application Tool

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New Project RFP 2026
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Permanent Housing 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 nationally competitive process.

Total Points Available: 250

1. Applicant/Agency Name:_____
2. Agency Point of Contact (Name & Email):_____
3. Proposed Project Name: _____
   Note: Please make this unique (i.e. not – Bonus 2026, or PSH 2026).
4. Total Number of units and beds being applied for (if applicable):_____
5. Total Number of households/clients project proposes to serve:_____
6. **Which of the below eligible project types are you applying for?**
   □ Permanent Supportive Housing (must be designed to serve individuals 55+ or those with physical or developmental disabilities)
   □ Rapid Rehousing
   □ Rapid Rehousing for Families – 10 pts
7. **What type of project are you applying for:**
   □ New Project
   □ Expansion Project
   □ Reallocated Project - 25 points

Please list the project you will be expanding:_____
For Expansion projects please describe the part of the project that is being expanded and demonstrate the project is not replacing other funding sources.

New Project RFP 2026
(Expansion, Reallocation and/or Bonus Projects)
Permanent Housing Projects

8. Timeliness of Project Start

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

***If you select no - your project will not be able to move forward in the application process**

9. Continuum of Care Participation **Max 10 pts**

Is the applicant a current member in good standing of the Continuum of Care (CoC)?

□ Yes – 10 points □ No – 0 points

10. Encouraging New Agencies to Apply **Max 15 pts**

Is the agency applying a current CoC funded grantee?

□ Yes – 0 points □ No – 15 points

10a. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC?

□ Yes – 0 points □ No – 5 points

11. Spent Funding **Max 4 pts**

***This question is weighted for those newly applying for CoC funding**

For Agencies Currently CoC-Funded: Within the past 2 contract years, what percentage of funds have you returned to HUD for all CoC-funded projects. Please attach your last 2-years of eLOCCS closeouts.

**Please note, this question will be weighted for projects that are not currently CoC-funded.*

% of funds returned: _____

0% = 4 pts; 1-10% = 3 pts; >10% = 0pts

New Project RFP 2026
(Expansion, Reallocation and/or Bonus Projects)
Permanent Housing Projects

12. Coordinated Entry **Max 10 pts**

Responses will be verified with the CE lead

***If you are applying as a newly funded CoC project please skip to 12d**

12a. Has your agency attended at least 75% of the bi-weekly CE meetings in the last year?
□ Yes – 3 pts □ No - 0 pts

12b. Does your project comply with HUD requirements and ONLY admit clients who have been referred through the Coordinated Entry (CE) process?
□ Yes – 4 pts □ No - 0 pts

12c. Have all agency staff participating in the Coordinated Enty process received the required CE and HMIS/CE in HMIS training? (for victim service providers, do you have staff trained to participate in the comparable Coordinated Entry system and HMIS-comparable database?)
□ Yes – 3 pts □ No - 0 pts

***If you are currently funded CoC project do not answer 12d**

12d. If you do not currently operate a CoC-funded project, how will you implement CE Participation for this project? For more information on the Coordinated Entry requirements please refer to the CoC's Written Standards and CE Written Process. (**0 - 10 pts if agency details how CE implementation will be accomplished)**.
Note: Participation in CE is required for CoC Funded Projects.

New Project RFP 2026
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13. HMIS Participation **Max 10 pts**

Does your agency currently report in the CoC's HMIS system or use a comparable data base?
□ Yes – 10 pts □ No - 0 pts

***If you are currently funded CoC project do not answer 13a**

13a. If not, how will you implement HMIS or a comparable database for this project? For more information on the HMIS requirements please refer to the CoC's Written Standards. (**0 - 10 pts if agency details how HMIS or a comparable database implementation will be accomplished)**.

***Note: Participation in HMIS or a comparable database is required for all CoC-funded projects**

New Project RFP 2026
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14. Project Description **Max 15 pts**

Please provide a brief project description that addresses the scope of your project. Please include:

- The target population that will be served (i.e. those 55 years of age and older; and/or those with physical or developmental disabilities)
- How the project will provide and/or partner with other organizations to provide support services necessary to assist program participants to obtain and maintain housing in a manner that fits their needs (i.e. transportation, safety planning, enhanced case management)
- How participation in these support services will be required.
- Please demonstrate how this project will be supplemented with other resources from public or private sources that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

If you are applying to expand a current PH (PSH or RRH) project, please describe how expanding support services to participants will include, where appropriate, on-site support services. For DV projects please include how you will implement victim centered practices and a plan to include survivors with lived expertise.

15. Agency Experience **Max 10 pts**

Please provide a detailed description of the agency's experience in administering projects dedicated to serving your target population.

- **2 points** for detailing past experience serving your target population or a DV population and how you have successfully helped participants exit homelessness within 24-months;
- **2 points** for explaining how your program has (or will) partnered with other organizations to provide eligible support services that are necessary to obtain and maintain stable housing;
- **2 points** for detailing other funding sources the agency uses/has used in the past to serve HUD-Defined Homeless populations.
- **2 points** for detailing how your agency plans to have at least 50% of participants exit with employment-based income;
- **2 points** for describing how your agency has placed emphasis on program participants strengths, e.g., strengths-based coaching, questionnaire and assessment tools including strengths-based measures, service plans including assessments of program participants strengths and works towards self-sufficiency.

Ensuring Self Sufficiency to Move on from Subsidized Programing

16. Service Participation **Max 10 pts**

Please demonstrate how your project will require program participants to take part in support services. **REQUIRED: Please attach your supportive service agreement (contract, occupancy agreement, lease or equivalent).**

17. Customized Support Services **Max 15 pts**

Please demonstrate how your proposed project will provide intensive customized support services for each participant (e.g. case management, employment training, substance abuse treatment, etc.)

18. Meeting the Needs of Those on the CE Waitlist **Max 16 pts**

The CoC consistently has people with serious mental illness and substance use diagnoses on the Coordinated Entry waitlist for longer periods of time, on average, than other population types. Please check the support services that your program will provide in an effort to increase self-sufficiency and help clients move on to an unsubsidized permanent housing destination. **You will receive 2 pts for each box checked.**

☐ Supporting and accompanying clients to apartment searches to attain housing;
☐ Providing dedicated case management that is offered minimally 2x per week;
☐ Providing a connection to peer support services;
☐ Providing a connection to professional/clinical support services (i.e. 24/7 detox facility, SUD, Mental Health);
☐ Connections to workforce development and employment-based programs
☐ An MOU with a Workforce Development/Employment based agency to assist clients with job readiness and job placement - **Please Attach**
☐ Partner with Childcare providers to assist participants in gaining employment
☐ An MOU with Childcare providers -**Please Attach**

***Please note that in order to receive points for the MOU's you will need to attach them to your application.**

19. Increasing Site-Based Services **Max 15 pts**

Will your project provide on-site substance abuse or mental health services to program participants? Please describe.

20. Increasing Earned Income **Max 15 pts**

How will your project support clients in gaining and maintaining earned income?

21. Supporting Self-Sufficiency **Max 15 pts**

One of the goals of CoC-funded programs is to provide services that result in self-sufficiency and independence of participants to the extent possible. Please provide examples of how your projects will assist participants in moving towards self-sufficiency (i.e. housing stability, attaining or sustaining mainstream benefits, connecting participants to health, behavioral health, or substance use disorder treatment, gaining and maintaining employment, etc.)

New Project RFP 2026
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22. Self-Sufficiency Outcomes **Max 15 pts**

Please describe how this project will ensure that program participants exit to permanent housing without a subsidy (for RRH projects - within 24-months) and at least 50% of participants exit with employment income.

23. Housing & Healthcare Leveraging MOUs **Max 30 pts**

The CoC will receive up to 4 points on the overall application for successfully demonstrating that agencies are leveraging Healthcare and Housing partnerships to bolster CoC programs. Does your agency have relationships/partnerships with any of the below? Check all that apply.

☐Public/Private Healthcare Organizations
☐PHAs, local housing organizations, or other non-CoC/ESG funding streams

23a. If you checked Public/Private Healthcare Organizations, does your agency have a written commitment from a health care organization with the value of the commitment and the date(s) the healthcare resources will be provided that meets the following criteria:

- In the case of a substance abuse partnership- the substance abuse treatment program will provide **access to all participants who qualify for those services**
- In the case of behavioral health, the assistance being provided is equivalent to **25% of the funding being requested by the project.**

□ Yes- 15 points □ No – 0 points

***Please include this documentation and the completed healthcare leveraging form with your application to receive full points.**

23b. If you checked PHAs, local housing organizations, or other non-CoC/ESG funding streams, will your project utilize housing subsidies or subsidized housing units not funded through the CoC or ESG?

- For PSH the leveraged resources provide at least 25% of the **units** included in the project
- For RRH the leveraged resources provide at least 25% of the program **participants** included in the project

□ Yes- 15 points □ No – 0 points

***Please provide this documentation and completed housing leverage form with your application to receive full points.**

New Project RFP 2026
(Expansion, Reallocation and/or Bonus Projects)
Permanent Housing Projects

24. Minimizing Trauma **Max 10 pts**

Please describe how your program works to minimize the impact of trauma associated with homelessness

- 5 Pts for describing your trauma informed approach
- 5 Pts for describing how your project ensures community safety

☐ I understand that if my project scores highly enough to advance in this year's application, that **does NOT mean that my project is guaranteed funding.** Projects that advance in the local process will compete for bonus funds from HUD in the national CoC competition and awards will be shared in early 2026.

☐ I certify that our project will not engage in racial discrimination. This is consistent with the requirements of 2 CFR 200.300(a)

☐ I certify that our project will not operate a drug injection site of "safe consumption site" in violation of 21 U.S.C 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under our control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863. This is consistent with the requirements of 2 CFR 200.300(a).

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Please provide a 12-month Budget Proposal (required for review):

ACTIVITY	CoC FUNDS REQUESTED	NOTES
A. Rental Assistance	$	
B. Leasing	$	
C. Support Services	$	
1. Salaries	$	
2. Benefits	$	
3. Other	$	
D. VAWA (New eligible activity)	$	
E. Rural Costs (New eligible activity)	$	
F. Operating	$	
G. Admin (up to 10%)	$	
H. Total Project Costs	$	
MATCH	**AMOUNT**	**SOURCE**
I. 25% Match Requirement	$	

Checklist for New CoC Project Applicants that are Leveraging Housing Resources

You have indicated that your proposed project will be able to **leverage housing resources**.

***You must submit to CARES (1) the below checklist and (2) a contract, letter of commitment, or other formal written documents from the funding body that includes:**

Project name should be listed in the commitment documentation

Project name:

Source of commitment should be listed in the commitment documentation (i.e. private organizations, state or local government, PHAs, faith-based organizations, federal programs other than CoC or ESG programs)

Source of Commitment:

Amount of funding committed per the following:

PSH & TH Projects: the number of housing units for a PSH and/or TH projects that are not funded through the CoC or ESG Programs. The number of units must be at least 25% of the total units to be provided by the proposed new CoC project application for full points.

OR

RRH: The number of program participants to be provided RRH that is not funded through the CoC or ESG Programs. The number of program participants to be served must be at least 25% of the total participants to be served in the proposed CoC new project application for full points.

Calculation showing the amount of non-CoC/ESG resources committed in the written commitment, and that this is at least 25% of units (for PSH and/or TH) or participants (for RRH) to be served through the proposed New CoC Project Application:

The date** that the funding (outside of CoC or ESG programs) will be available is on the written commitment (should run concurrently with the new project).
***Must dated between May 1, 2026 and September 30, 2027.*

Dates of housing commitment:

Checklist for New CoC Project Applicants that are Leveraging Healthcare Resources

You have indicated that your proposed project will be able to **leverage healthcare resources**.

*You must submit to CARES (1) the below checklist and (2) a contract, letter of commitment, or other formal commitment that includes the following:

The name of the project

Project name:

Amount of assistance to be provided by the healthcare organization:

☐ The value (dollar amount) of the healthcare commitment being provided (must be at least 25% of the total funding requested)

OR

If the partner agency is a substance abuse and/or recovery program, a guarantee that the services will be provided to all eligible participants of this project. Evaluation cost $200 per person

Calculation showing the amount of healthcare resources committed in the written commitment, and that this is at least 25% of funding requested through the proposed New CoC Project Application, OR confirm the substance abuse and/or recovery program will offer services to all eligible participants.

The date** that the services and/or committed funding will be available is on the written commitment (must run concurrently with the new project)
**Must be dated between May 1,2026 and September 30, 2027.
Date of healthcare commitment:

Affirmation that project eligibility for program participants in the new project will be based on CoC Program fair housing requirements and will not be restricted by the health care service provider.

FY26 Continuum of Care Competition – Rank & Review Certification
Project Threshold Review

Instructions:

All agencies applying for CoC funding must review and sign off on the below Project Eligibility Threshold, Project Quality Threshold (broken down by New Projects and Renewal Projects), and Post Award Requirements as part of the Rank & Review process. Please return to CARES with your Rank & Review applications.

Project Eligibility Threshold (pg. 59-61 of the FY26 CoC NOFO)

Applicants who fail to meet the following threshold eligibility requirements are ineligible to apply for funds during this competition. Please review the following requirements and sign off at the end of the document to verify your project eligibility.

(1) Project applicants and potential subrecipients must meet the eligibility requirements of the CoC Program as described in the Act and the Rule and provide evidence of eligibility required in the application (e.g., nonprofit documentation).

(2) Project applicants and subrecipients must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds. Demonstrating capacity may include a description of the applicant and subrecipient experience with similar projects and with successful administration of SHP, S+C, or CoC Program funds or other federal, state, local, or private resources.

(3) Project applicants must submit the required certifications specified in this NOFO.

(4) The population to be served must meet program eligibility requirements as described in the Act, the Rule, and section III.G.10 of this NOFO.

(5) Project applicants, except Collaborative Applicants that only receive awards for CoC Planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that meets the needs of the local HMIS.

(6) Project applicants must certify affirmatively to the following:

- The project applicant will not engage in racial preferences or other forms of illegal discrimination.
- The project applicant will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of "harm reduction."

I Certify that my project is eligible to apply for HUD CoC funding under the above criteria:

Signature of applicant: _____

NEW Projects: Project Quality Threshold (pg. 62 of the NOFO):

Please note: New Project Applications need to meet additional criteria to be eligible. Please see pg. 59-62 of the FY26 CoC NOFO.

HUD will review all new project applications to determine if they meet the following project quality threshold requirements HUD will not award funds to a new project unless the project was created through reallocation, or the CoC has demonstrated to HUD's satisfaction that projects are evaluated and ranked based on the degree to which they improve the CoC's system performance.

(1) HUD will consider any project requesting renewal funding, including renewing YHDP and renewing Special NOFO projects, as having met project quality threshold requirements through its previously approved grant application unless HUD receives information to the contrary or if the renewal project has compliance issues which results in the project not operating in accordance with the Rule.

(2) HUD will consider YHDP Replacement project applications including applications for new YHDP projects created through YHDP reallocation as having met project quality threshold requirements if the project application activities and costs are eligible under this NOFO. If a YHDP Replacement (including YHDP Reallocation) project application is not for activities and costs that are eligible under this NOFO, HUD will not reject the project under this project quality threshold, but HUD will require the project applicant to correct or revise information submitted after the final CoC Program award announcement but before executing the grant agreement.

(3) HUD will review the UFA Costs submitted by the UFA designated Collaborative Applicant to ensure appropriate match and eligibility of costs requested.

(4) HUD will assess all new project applications for the following minimum project eligibility, capacity, timeliness, and performance standards.

> **(a)** project applicants must have satisfactory capacity, drawdowns, and performance for existing grant(s) funded under the CoC Program, as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings; however, this does not apply to project applicants who have never received a CoC Program funded project;
> **(b)** for expansion project applications, project applicants must describe the part of the project that is being expanded and demonstrate the project is not replacing other funding sources; and
> **(c)** project applicants must demonstrate their ability to meet all timeliness standards per 24 CFR 578.85. HUD reserves the right to deny a funding request for a new project, if the request is made by an existing recipient that HUD finds to have significant issues related to capacity, performance, unresolved audit, or monitoring findings related to one or more existing grants; or does not routinely draw down funds from eLOCCS at least once per quarter. HUD also reserves the right to withdraw funds if no APR is submitted on the prior grant.

(5) HUD reserves the right to verify past performance and evaluate the eligibility of a project application submitted during the CoC Program Competition for the following reasons:

> **(a)** evidence that the project has previously or currently conducts activities that subsidize or facilitate racial preferences or other forms of illegal discrimination or conduct activities that rely on or otherwise use a definition of sex other than as binary in humans.
> **(b)** evidence that the project operates drug injection sites or "safe consumption sites," knowingly distributes drug paraphernalia on or off of property under their control, permits the use or

distribution of illicit drugs on property under their control, or conducts any of these activities under the pretext of "harm reduction."

(6) Additionally, for HUD to consider new projects as meeting project quality threshold, each new project must meet the following criteria as applicable. If awarded, a recipient must meet all the criteria listed in the criteria column for its component.

I Certify that my NEW project will pass quality threshold review to apply for HUD CoC funding under the above criteria:

Signature of applicant: _____

Post Award Requirements and Administration (pg. 107-109)

If your project is chosen for funding in this round of the competition you must agree to follow the applicable provisions in the Administrative, National & Departmental Policy Requirements and Terms for HUD Financial Assistance-2025. You must comply with these applicable provisions:

1. The Fair Housing Act (42 USC 3601-3619) and Civil Rights laws which encompass the Fair Housing Act and related authorities (24 CFR 5.105(a))
2. Affirmatively Furthering Fair Housing (AFFH) requirements, (42 USC § 3608(e)(5)) and implementing regulations at 24 CFR 5.150 et seq.as amended by 90 FR 11020.
3. Economic Opportunities for Low-and Very Low-income Persons (12 USC 1701u) requirements, including those listed at 24 CFR part 75
4. Compliance with Immigration Requirements (8 U.S.C. 1601-1646; Executive Order 14218)
5. Accessible Technology requirements, (29 USC § 794d, 29 USC 794, 42 USC 12131-12165) and implementing regulations at 36 CFR part 1194 (Section 508 regulations),24 CFR§ 8.6 (Section 504 effective communication regulations), 28 CFR part 35, subpart H (DOJ Web Access Rule), and 28 CFR part 35, subpart E (DOJ's Title II communications regulations)
6. Ensuring, when possible, small businesses, minority businesses, women's business enterprises, veteran-owned businesses, and labor surplus area firms receive consideration consistent with 2 CFR 200.321
7. Equal Participation of Faith-based Organizations in HUD Programs and Activities consistent with 42 U.S.C. 2000bb et seq.; 42 U.S.C. 2000d et seq.; 24 CFR 5.109; and Executive Orders 14202, *Eradicating Anti-Christian Bias* and EO 14205, *Establishment of the White House Faith Office*.
8. Uniform Relocation Assistance and Real Property Acquisition Policies Act (42 USC § 4601 et seq.) (URA) requirements, 49 CFR part 24, and applicable program regulations
9. Participation in HUD-Sponsored Program Evaluation (12 USC 1701z-1; 12 USC 1702z-2; 24 CFR part 60; and FR-6278-N-01)
10. OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR part 200)
11. Drug-Free Workplace requirements (2 CFR part 2429)
12.HUD requirements related to safeguarding resident/client files (e.g., 2 CFR 200.303(e))
13. The Federal Funding Accountability and Transparency Act of 2006 (2 CFR part 170) (FFATA), as amended
15. Accessibility for Persons with Disabilities requirements (29 USC § 794) and implementing regulations at 24 CFR parts 8 and 100; 28 CFR part 35
16. Applicable Violence Against Women Act requirements in the Housing Chapter of VAWA (34 USC § 12491-12496) 24 CFR part 5, subpart L, and program-specific regulations.
17. Conducting Business in Accordance with Ethical Standards/Code of Conduct, including 2 CFR 200.317, 2 CFR 200.318(c) and other applicable conflicts of interest requirements
18. Build America, Buy America (BABA) Act procurement purchase requirements
20. Environmental requirements that apply in accordance with 24 CFR part 50 or part 58
22. Unless prohibited by law and to the extent permitted under the Freedom of Information Act (FOIA), your application and post-award content may be released to the public in response to FOIA requests, except to the extent that certain information may be withheld under a FOIA exemption (5 USC § 552(b); 24 CFR 15.107(b)). HUD may also share your information within HUD or with other Federal agencies if HUD determines that sharing is relevant to the respective program's objectives.
23. Waste, Fraud, Abuse, and Whistleblower Protections. 41 USC § 4712, which includes informing your employees in writing of their rights and remedies, in the predominant native language of the workforce.

Under 41 U.S.C. § 4712, employees of a contractor, subcontractor, grantee, subgrantee, and personal services contractor may not be discharged, demoted, or otherwise discriminated against as a reprisal for disclosing information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract or grant, a gross waste of Federal funds, an abuse of authority relating to a Federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract) or grant. (See Federal Contractor or Grantee Protections | Office of Inspector General, Department of Housing and Urban Development (hudoig.gov))

24. Implementing Presidential Executive Actions affecting federal financial assistance programs, as advised by the Department, unless otherwise restricted by law: Executive Order (EO) 14219 (Ensuring Lawful Governance and Implementing the President's "Department of Government Efficiency" Deregulatory Initiative); 14218 (Ending Taxpayer Subsidization of Open Borders); guidance resulting from the White House Task Force established by 14202 (Eradicating Anti-Christian Bias) and the Senior Advisor to the White House Faith Office assigned by 14205 (Establishment of the White House Faith Office); 14182 (Enforcing the Hyde Amendment); 14173 (Ending Illegal Discrimination and Restoring Merit-Based Opportunity); 14168 (Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government); 14151 (Ending Radical and Wasteful Government DEI Programs and Preferencing); and 14148 (Initial Rescissions of HarmfulExecutive Orders and Actions)

In addition:

1. Awards made under this NOFO will not be used to conduct activities that subsidize or facilitate racial preferences or other forms of illegal discrimination, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; or conduct activities that rely on or otherwise use a definition of sex as other than binary in humans 14332 (Improving Oversight of Federal Grantmaking).
2. Awards made under this NOFO will not be used to fund, promote, encourage, subsidize or facilitate the use of illicit drugs.
3. Awards made under this NOFO will not be used to fund any project, service provider, or organization that operates drug injection sites or "safe consumption sites," knowingly distributes drug paraphernalia on or off of property under their control, permits the use or distribution of illicit drugs on property under their control, or conducts any of these activities under the pretext of "harm reduction." 14321 (Ending Crime and Disorder on America's Streets).
4. All agreements or contracts made with subrecipients under this NOFO must contain the identical terms and conditions as those in the grant agreement issued by HUD.

Any additional or conflicting terms and conditions must be approved by HUD.

I certify that if my project is awarded funding in the FY26 CoC NOFO Competition, I will comply with all of the above per the CoC Application requirements:

Signature of applicant: _____

1D-1: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool used in NY-507 local competition to score new and renewal application and for all project application types.

(f) **Objective Criteria & System Performance Criteria Chart**

- This document showcases the maximum points on:
  - **Objective criteria** for the project applications
  - **System performance** criteria for the project applications
  - Returns to homelessness performance, employment income performance, and supportive services participation requirements

NY-507

Total maximum points available for each project application type		
Application Type	**Total maximum points available**	
Renewal Part 1 & 2	250	
1. Objective criteria (OC)	**Questions addressing OC**	**Total OC pts/%**
Renewal Part 1 & 2	Part 1, Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9	250/125= 50%
2. System Performance (SP)	**Questions Addressing System Performance**	**Total SP pts/%**
Renewal Part 1 & 2	Part 1: Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q18	250/80= 32%
3. Improving System Performance	**Questions Addressing Improving Systems Performance**	**Total pts**
Renewal Part 2	Q21, Q24, Q25, Q26	250/25
4. Returns to Homelessness (SP)	**Questions Addressing Returns to Homelessness System Performance**	**Total pts**
Renewal Part 1 & 2	Part 1: Q13, Q14, Q18 Part 2: Q21	250/25
5. Employment Income Performance	**Questions Addressing Employment Income Performance**	**Total pts**
Renewal Part 1 & 2	Part 1: Q6, Q15, Q16, Q17	250/46
6. Support Service Participation Requirements	**Questions Addressing Support Service Participation Requirements**	**Total pts**
Renewal Part 1 & 2	Part 1: Q5	250/10
7. Specific Data Submitted by Victim Service Providers from Comparable Databases		**Total DV Data pts**
Renewal Part 1 & 2	Part 1: Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q18	250/80

NY-507

Total maximum points available for each project application type		
Application Type	**Total maximum points available**	
New PH	250	
1. Objective Criteria (OC)	**Questions Addressing Objective Criteria**	**Total OC pts**
New PH	Q6, Q7, Q8, Q9, Q10, Q11, Q12, Q13, Q19, Q23	250/129
2. System Performance (SP)	**Questions Addressing System Performance**	**Total SP pts**
New PH	Q15, Q22	250/25
3. Improving System Performance	**Questions Addressing Improving Systems Performance**	**Total pts**
New PH	Q17, Q16	250/25
4. Returns to Homeless (SP)	**Questions Addressing Returns to Homelessness System Performance**	**Total pts**
New PH	Q21, Q22	250/30
5. Employment Income Performance	**Questions Addressing Employment Income Performance**	**Total pts**
New PH	Q15, Q17, Q20	250/40
6. Support Service Participation Requirements	**Questions Addressing Support Service Participation Requirements**	**Total pts**
New PH	Q14, Q16	250/25

NY-507

Total maximum points available for each project application type		
Application Type	**Total maximum points available**	
New TH	250	
1. Objective Criteria (OC)	**Questions Addressing Objective Criteria**	**Total OC pts**
New TH	Q6, Q7, Q8, Q9, Q10, Q11, Q12, Q13, Q23	250/114
2. System Performance (SP)	**Questions Addressing System Performance**	**Total SP pts**
New TH	Q15, Q22	250/35
3. Improving System Performance	**Questions Addressing Improving Systems Performance**	**Total OC pts**
New TH	Q16, Q17	250/20
4. Returns to Homeless (SP)	**Questions Addressing Returns to Homelessness System Performance**	**Total pts**
New TH	Q21, Q22	250/20
5. Employment Income Performance	**Questions Addressing Employment Income Performance**	**Total pts**
New TH	Q15, Q17, Q20	250/45
6. Support Service Participation Requirements	**Questions Addressing Support Service Participation Requirements**	**Total pts**
New TH	Q14, Q16, Q17	250/45

NY-507

Total maximum points available for each project application type		
Application Type	**Total maximum points available**	
New SSO	250	
1. Objective Criteria (OC)	**Questions Addressing Objective Criteria**	**Total OC pts**
New SSO	Q7, Q10, Q11, Q13, Q15, Q16, Q19	250/169
2. System Performance (SP)	**Questions Addressing System Performance**	**Total SP pts**
New SSO	Q12, Q14	250/53
3. Improving System Performance	**Questions Addressing Improving Systems Performance**	**Total OC pts**
New SSO	Q12, Q17, Q18	250/56
4. Returns to Homeless (SP)	**Questions Addressing Returns to Homelessness System Performance**	**Total pts**
New SSO	Q12, Q13, Q14, Q17, Q18	250/101
5. Employment Income Performance	**Questions Addressing Employment Income Performance**	**Total pts**
New SSO	**NA**	
6. Support Service Participation Requirements	**Questions Addressing Support Service Participation Requirements**	**Total pts**
New SSO	Q17, Q18	250/28

1D-1: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool used in NY-507 local competition to score new and renewal application and for all project application types.

(g) Ranking and Tiering

- This document showcases the total points available for each project applicant and their score

NY-507 (Schenectady County) - FY26 Ranking & Tiering

Agency	Project Name	Project Type	Project Score	Total Points Available	Project Rank	Project Status	Amount Requested From HUD	Reallocated Funds (+/-)	Grant Pin	
YMCA/City of Schenectady	YMCA SCHENECTADY - S PLUS C DUP09B 20 Unit	PSH	**210.93**	**250.00**	1	Accepted/Renewal (Full)	**$227,402**	$0	NY0108	**Tier 1**
Schenectady Community Action Program, Inc.	SCAP-Sojourn House	TH	**149.36**	**250.00**	2	Accepted/Renewal (Full)	**$181,147**	$0	NY0110	
Safe Inc., of Schenectady	Development of Independent Skills Program	SSO	**178.01**	**250.00**	3	Accepted/Renewal (Full)	**$53,503**	$0	NY0105	
Bethesda House of Schenectady, Inc.	Coordinated Entry	SSO - CE	**N/A**	**250.00**	4	Accepted/Renewal (Full)	**$57,989**	$0	NY1034	
Schenectady Community Action Program, Inc.	SCAP- PHP16	PSH	**207.32**	**250.00**	5	Accepted/Renewal (Reduced)	**$731,446**	-$100,631	NY0104	
CARES of NY, Inc.	Schenectady County Portion of the Capital Region HMIS	HMIS	**N/A**	**250.00**	6	Accepted/Renewal (Full)	**$33,200**	$0	NY0106	
YMCA/City of Schenectady	YMCA SCHENECTADY - S PLUS C DUP09A 10 Unit	PSH	**203.93**	**250.00**	7	Accepted/Renewal (Full)	**$113,701**	$0	NY0107	
New Choices Recovery Center	Shelter Plus Care	PSH	**201.57**	**250.00**	8	Accepted/Renewal (Reduced)	**$928,992**	-$179,704	NY0102	
Bethesda House of Schenectady, Inc.	Liberty House	PSH	**163.52**	**250.00**	9	Accepted/Renewal (Reduced)	**$223,281**	-$223,280	NY0097	
Bethesda House of Schenectady, Inc.	Pathways to the Future	PSH	**163.08**	**250.00**	10	Accepted/Renewal (Full)	**$224,762**	$0	NY0801	
Schenectady Municipal Housing Authority	Shelter Care Plus	PSH	**148.03**	**250.00**	11	Accepted/Renewal (Full)	**$848,949**	$0	NY0109	
Bethesda House of Schenectady, Inc.	SafeHarbor	TH	**225.34**	**250.00**	12	Accepted/Reallocated New	**$325,280**	$325,280.00		
Bethesda House of Schenectady, Inc.	PathForward	TH	**223.67**	**250.00**	13	Accepted/Reallocated New	**$254,003**	$254,003.00		
Bethesda House of Schenectady, Inc.	Cornerstone	TH	**223.34**	**250.00**	14	Accepted/Reallocated New	**$233,254**	$233,254.00		
Bethesda House of Schenectady, Inc.	Cornerstone	TH	**223.34**	**250.00**	14	Accepted/Reallocated New	**$120,492**	$120,492.00		**Tier 2**
New Choices Recovery Center	Supportive Transitional Engagement Program (STEP)	TH	**218.50**	**250.00**	15	Accepted/Reallocated New	**$179,704**	$179,704.00		
Schenectady Community Action Program, Inc.	SCAP- TH30	TH	**213.50**	**250.00**	16	Accepted/Reallocated New	**$796,218**	$796,218.00		
YWCA of Schenectady	Stepping Stones 2026 - Reallocated	TH	**213.00**	**250.00**	17	Accepted/Reallocated New	**$1,321,982**	$1,321,982.00		
Schenectady Community Action Program, Inc.	SCAP- TH18	TH	**212.75**	**250.00**	18	Accepted/Reallocated New	**$539,544**	$539,544.00		
Schenectady Community Action Program, Inc.	SCAP Sojourn House Expansion	TH	**189.00**	**250.00**	19	Accepted/Bonus	**$75,000**	$0		**CoC Bonus**
Schenectady Community Action Program, Inc.	SCAP Support Services for Homeless Families	SSO - Standalone	**195.00**	**250.00**	20	Accepted/Bonus	**$68,094**	$0		
Schenectady Community Action Program, Inc.	SCAP Street Outreach	SSO - Street Outreach	**194.50**	**250.00**	21	Accepted/Bonus	**$33,546**	$0		
Bethesda House of Schenectady, Inc.	Coordinated Entry Expansion	SSO - CE	**193.67**	**250.00**	22	Accepted/Bonus	**$103,500**	$0		
Safe Inc., of Schenectady	Development of Independent Skills Program Expansion	SSO - Standalone	**192.68**	**250.00**	23	Accepted/Bonus	**$200,000**	$0		
New Choices Recovery Center	Support Services Community Outreach Project	SSO - Street Outreach	**191.00**	**250.00**	24	Accepted/Bonus	**$200,000**	$0		
YWCA of Schenectady	Stepping Stones 2026 - DV Bonus	DV - TH	**183.00**	**250.00**	25	Accepted/DV Bonus	**$623,023**	$0		**DV Bonus**

Not Ranked:

CARES of NY, Inc.	Planning Grant 2026						**$369,742.00**			

Annual Renewal Demand	$	7,394,849
Tier 1	$	4,436,909
Tier 2	$	2,957,940
CoC Bonus	$	1,109,227
DV Bonus	$	623,023
Planning Grant	$	369,742
UFA Grant	$-	

Expansion Grants

Agency	Renewal Project Name	Renewal Pin Number	Expansion Project Name
Bethesda House of Schenectady, Inc.	Coordinated Entry 2024	NY1034L2C072409	Coordinated Entry Expansion
Safe Inc., of Schenectady	NY-507 CoC Registration FY2024	NY0105L2C072417	Development of Independent Skills Program Expansion
Schenectady Community Action Program, Inc.	SCAP-Sojourn House	NY0110L2C072518	SCAP Sojourn House Expansion

Consolidations

Applicant Name	Renewal Project 1	Renewal Project 2	Renewal Project 3	Surviving Pin

Projects Being Eliminated/Reduced

Agency	Project Name	Grant Pin Number	Project Type	Amount Reduced	Amount Retained	Project Elimated/Reduced	Voluntary/Involuntary Reallocation
Bethesda House of Schenectady, Inc.	Liberty 2024	NY0097	PSH	$223,280	$223,281	Reduced	Voluntary
Bethesda House of Schenectady, Inc.	Beacon 2024	NY1131	PSH	$155,249	$0	Eliminated	Voluntary
Bethesda House of Schenectady, Inc.	Lighthouse 2024	NY0113	PSH	$303,746	$0	Eliminated	Voluntary
Schenectady Community Action Program, Inc.	SCAP- PSH 27 FY24	NY0104	PSH	$100,631	$731,446	Reduced	Voluntary
Schenectady Community Action Program, Inc.	SCAP- CoC RRH FY24	NY1035	RRH	$539,544	$0	Eliminated	Voluntary
Mohawk Opportunities, Inc.	CoC14 unit FY2024	NY0111	PSH	$440,024	$0	Eliminated	Voluntary
YWCA of Schenectady	25-26 DV RRH Consolidated	NY1254	RRH	$1,321,982	$0	Eliminated	Voluntary
YWCA of Schenectady	25-26 Rosas House Consolidated	NY0664	PSH	$506,317	$0	Eliminated	Voluntary
New Choices Recovery Center	Renewal Project Application FY 2024	NY0102	PSH	$179,704	$928,992	Reduced	Voluntary

1D-1: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool used in NY-507 local competition to score new and renewal application and for all project application types.

(h) System Performance Data Attachment

- This document is an attachment to the Rank and Review Renewal Application Tool and provides applicants with data to answer the tool's data-based questions.

HSPB (NY-507)

2026 Rank & Review Data Attachments

CARES OF NY, INC
ENDING HOMELESSNESS

PURPOSE / AGENDA

- Purpose: support you in filling out Part 1 of the Rank & Review Renewal Tool.
- Agenda:
  1. Review Scoring Methodology.
  2. Review Data Attachments and how to apply the information when filling out the Part 1 tool.
  3. Discuss next steps and deadlines.

CARES OF NY, INC
ENDING HOMELESSNESS

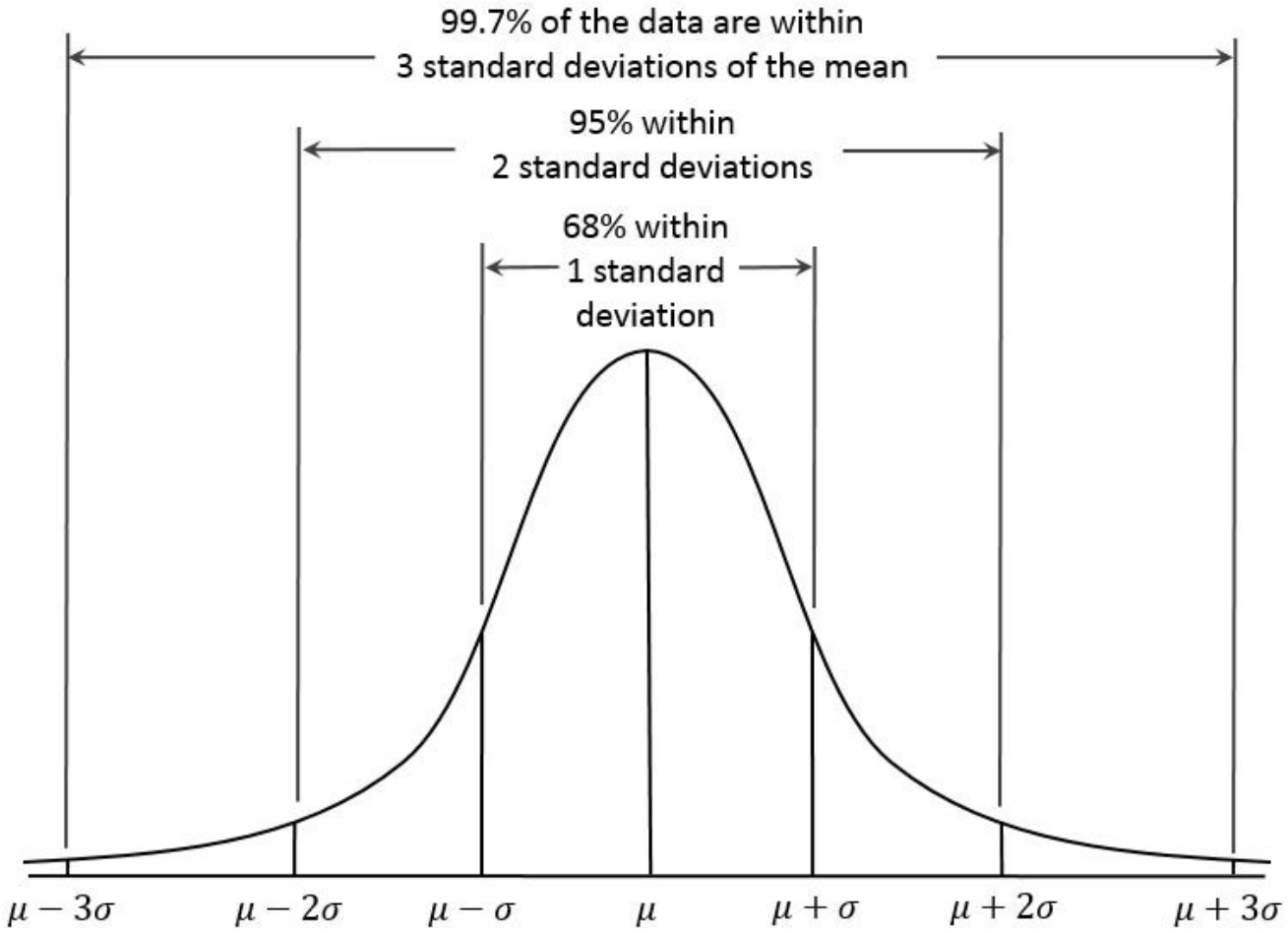
NOTES ON THE 2026 RANK & REVIEW DATA ATTACHMENTS

- All data based on Federal Fiscal Year 2025 APR reports (10/1/2024 – 9/30/2025), which will be provided to applicants in addition to this PowerPoint.
  - This data was submitted to HUD for the annual Longitudinal Systems Analysis and cannot be changed.

CARES OF NY, INC
ENDING HOMELESSNESS

SCORING METHODOLOGY

- Scoring ranges were determined using a basic bell-curve methodology.
- If the project scored below μ-σ it fell into the 1st bucket. If the project scored above the μ-σ and below the μ, it fell in 2nd bucket. If the project scored above the μ and below μ-σ it fell in 3rd bucket. Any projects scoring over μ+σ will fall into the last bucket.

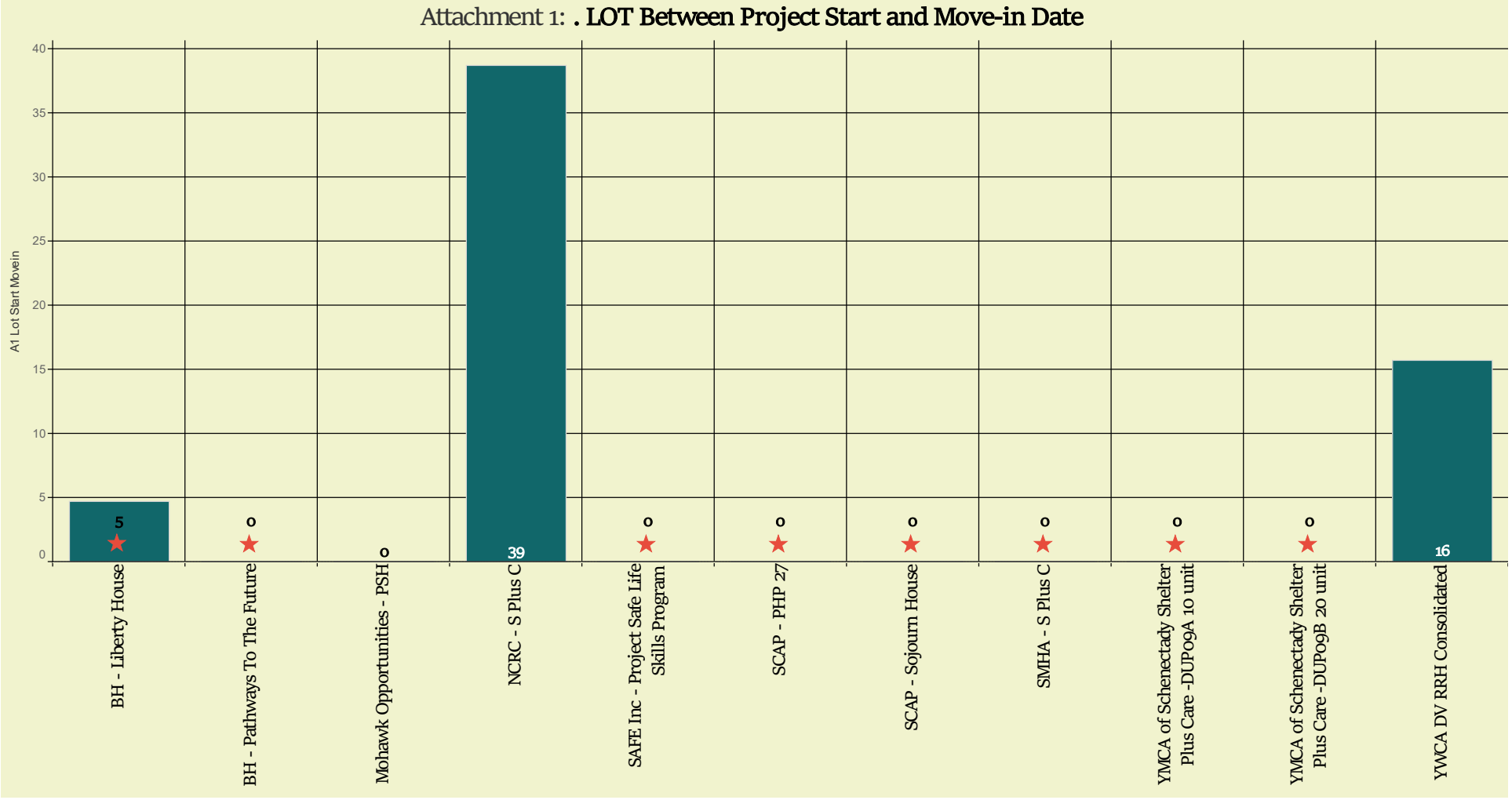


Scoring Rubric

≤ 14 days= 4 pts
> 14 days= 0 pts

Source: FY25 APR Q22C – 'Average length of time to housing.
Notes:

10. LENGTH OF TIME BETWEEN PROJECT START DATE AND RESIDENTIAL MOVE-IN DATE
ATTACHMENT #1



★ *Not Applicable to the question*

- *Any projects with zero move-in*
- *Site-based projects*

CARES OF NY, INC
ENDING HOMELESSNESS

Scoring Rubric

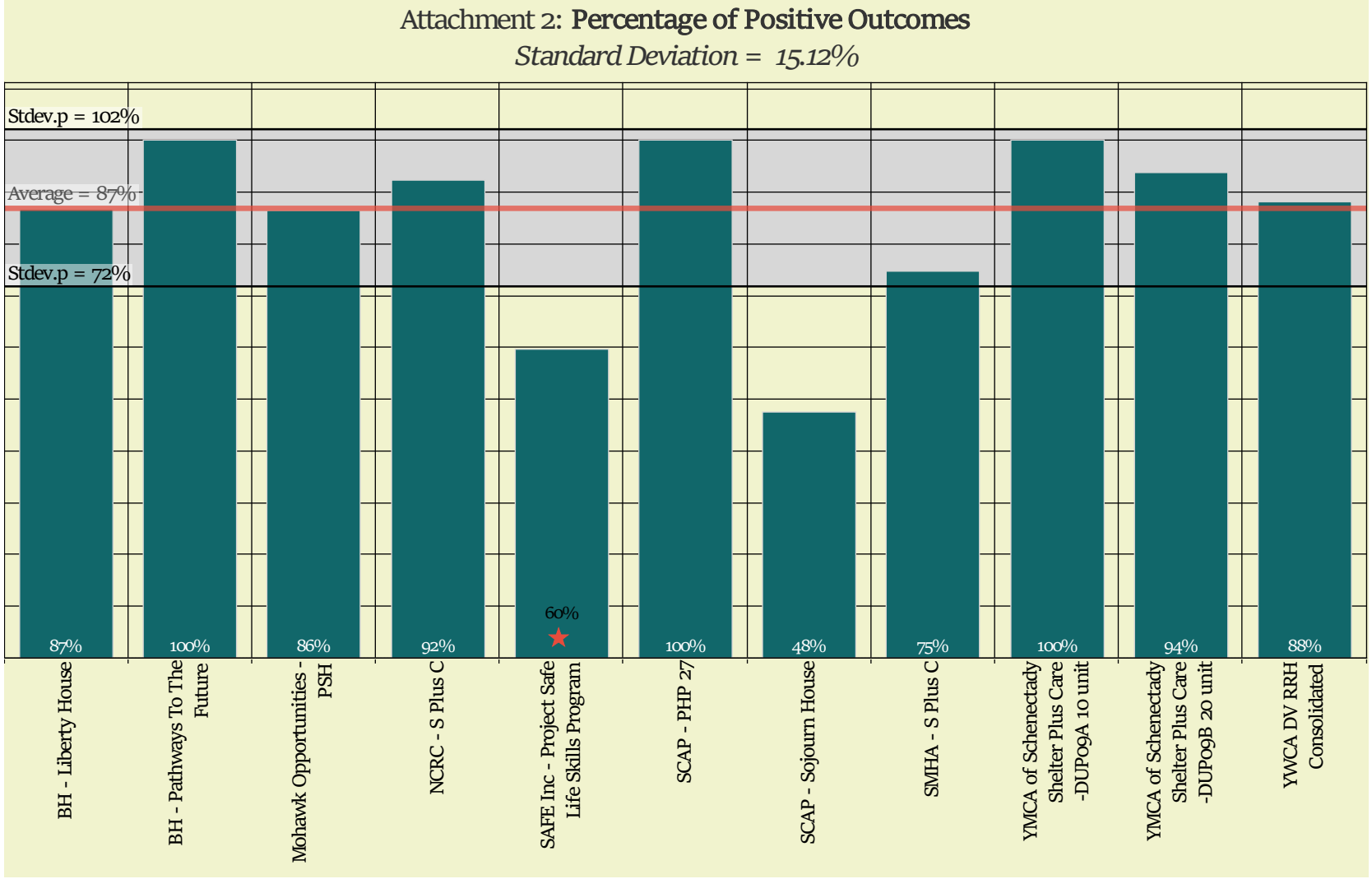
< 72% = 0 pts

72 – 86% = 7.5 pts

87– 100% = 15 pts

11. POSITIVE OUTCOMES

ATTACHMENT #2



Source: For PSH, RRH, and TH, programs, an outcome is positive if a client is a stayer or exited to a PH destination that does not have a subsidy attached.

FY 25 APR Q23c. Exits to
Staying or living with family, permanent tenure
Staying or living with friends, permanent tenure
Owned by client, no ongoing housing subsidy
Rental by client, no ongoing housing subsidy
+ FY25 APR Q5 Number of Stayers /
FY25 APR Q5 Total Number of Persons Served
- FY 25 APR Q23c. Exits to Deceased, Foster Care, Hospital, and Long-Term care facility.

★ *Not Applicable to the question and Avg/Stdev.p calculation*

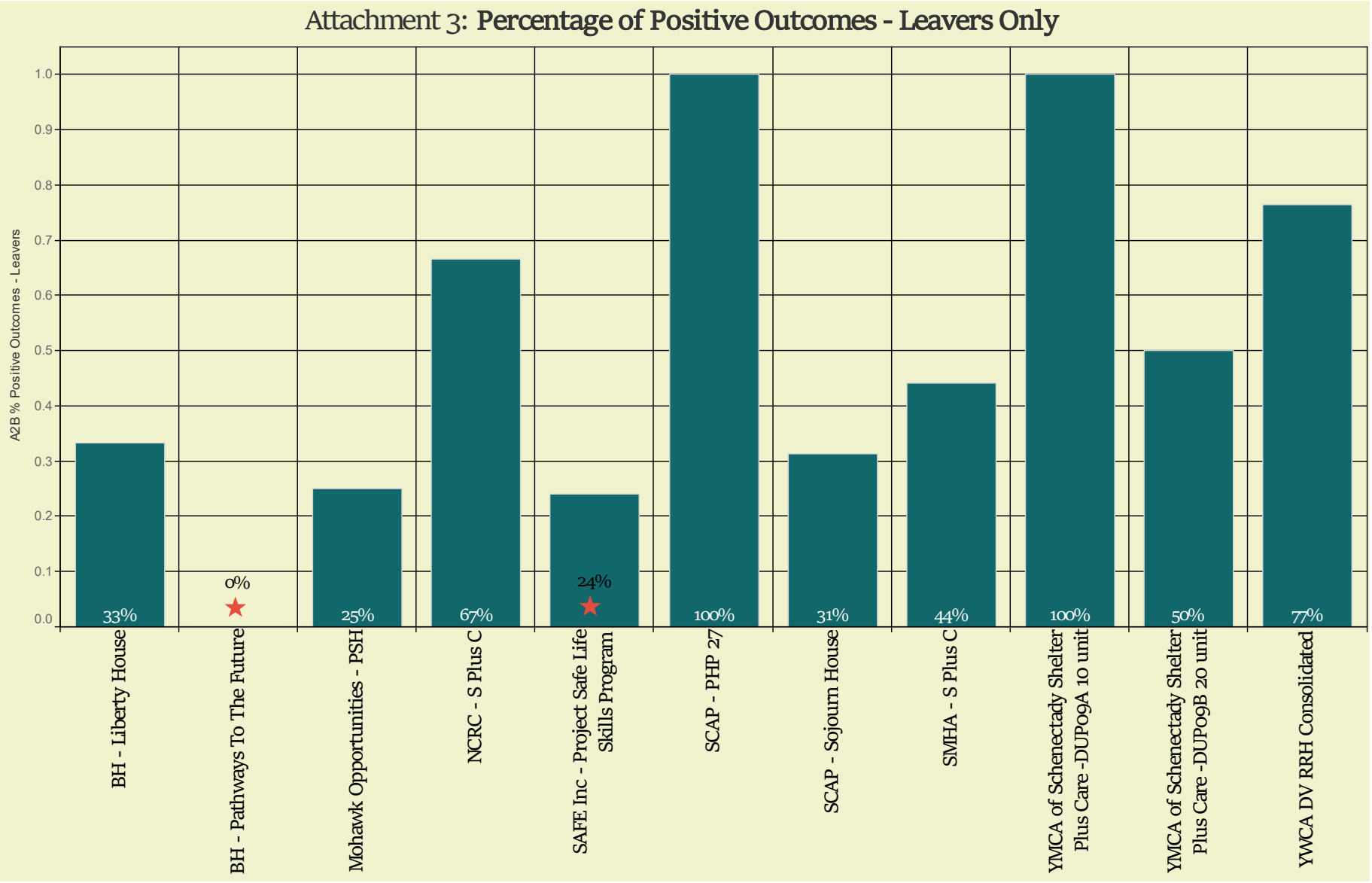
- *Any projects with no leavers and stayers*
- *All Service Only projects*

CARES OF NY, INC
ENDING HOMELESSNESS

Scoring Rubric

≥ 20% = 5 pts, < 20% = 0 pts

12. POSITIVE OUTCOMES - LEAVERS ATTACHMENT #3



Source: 20% of your participants exited to a positive housing destination that does not have a subsidy attached?

FY 25 APR Q23c. Exits to
Staying or living with family, permanent tenure
Staying or living with friends, permanent tenure
Owned by client, no ongoing housing subsidy
Rental by client, no ongoing housing subsidy
/FY25 APR Q5 Number of Leavers
- FY 25 APR Q23c. Exits to Deceased, Foster Care, Hospital, and Long-Term care facility.

★ *Not Applicable to the question.*

- *Any projects with no leavers minus excluded exits reasons*
- *All Service Only projects*

CARES OF NY, INC
ENDING HOMELESSNESS

Scoring Rubric

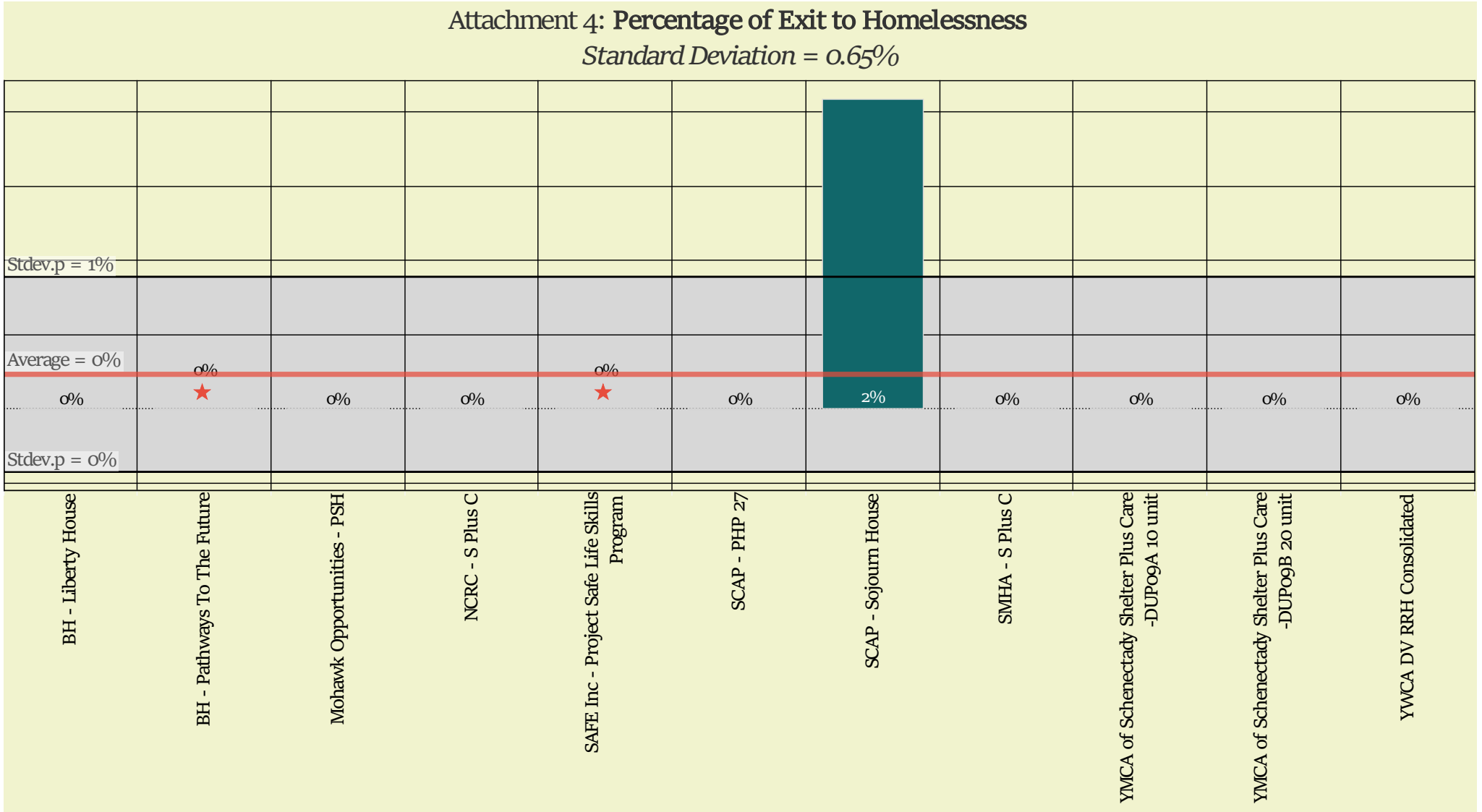
13. EXITS TO HOMELESSNESS ATTACHMENT #4

0% = 10 pts
>0%= 0 pts

Source: FY25 APR, Q23c Exits to Place not meant for habitation + Exits to Emergency Shelter / APR Q5 Total Leavers

★ *Not Applicable to the question and Avg/Stdev.p calculation*

- *Any projects with no leavers*
- *All Service Only projects*



Scoring Rubric

< 8% = 5 pts

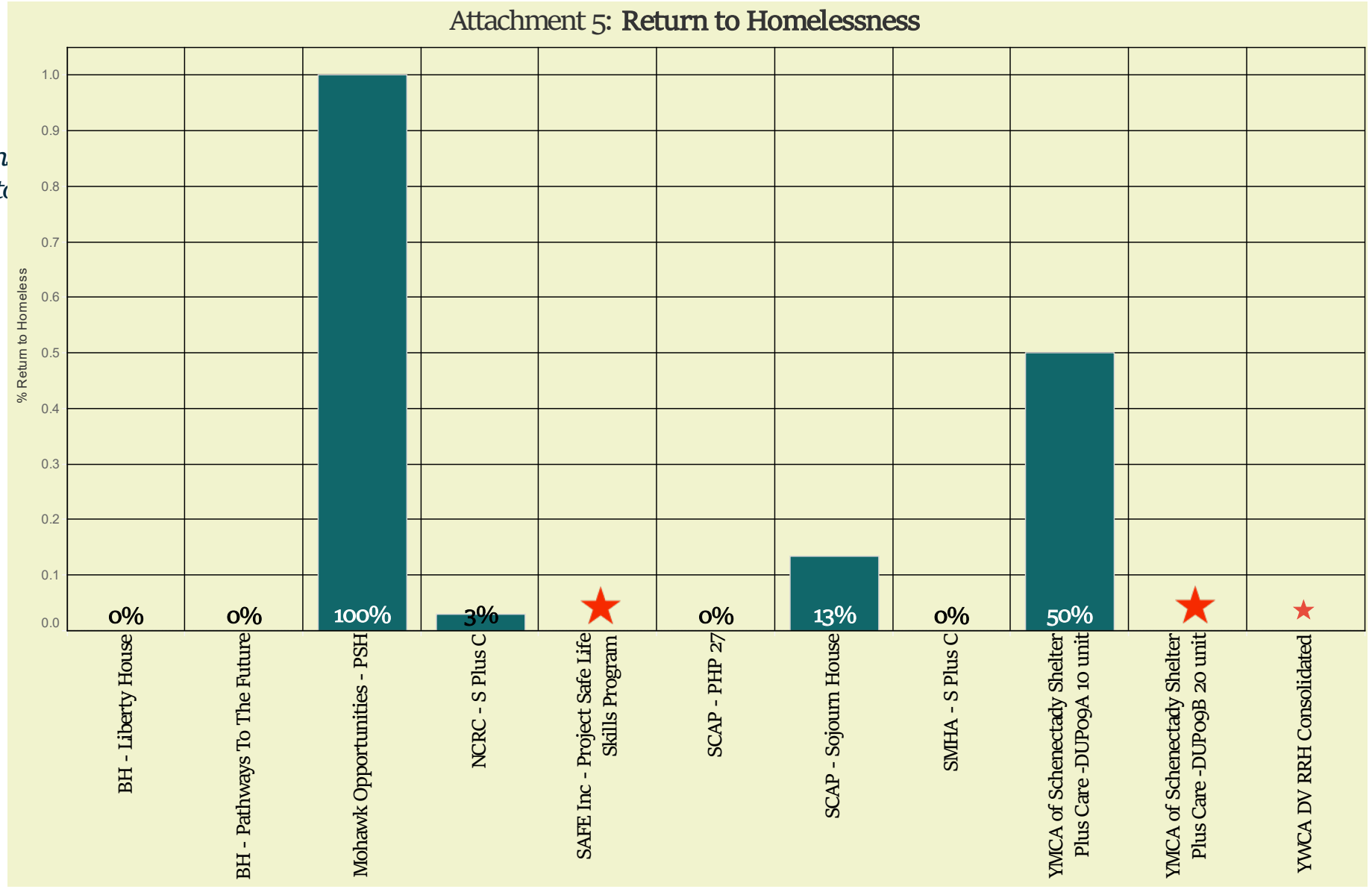
≥ 8% = 0 pts

14. RETURN TO HOMELESSNESS ATTACHMENT #5

Source: FY25 SPM Measure 2b Number of Return in 2 Years/ Total Number of Persons who exited to Permanent Housing Destination (2 Years Prior). Personal IDs were match to the project with earliest discharge date 2 years prior of SPM Reporting period and had an exit to Permanent Housing Destination.

★ *Not Applicable to the question*

- *No matching records based on personal ID and min discharge date to Permanent destination in FY25 SPM*
- *VSP*



Scoring Rubric

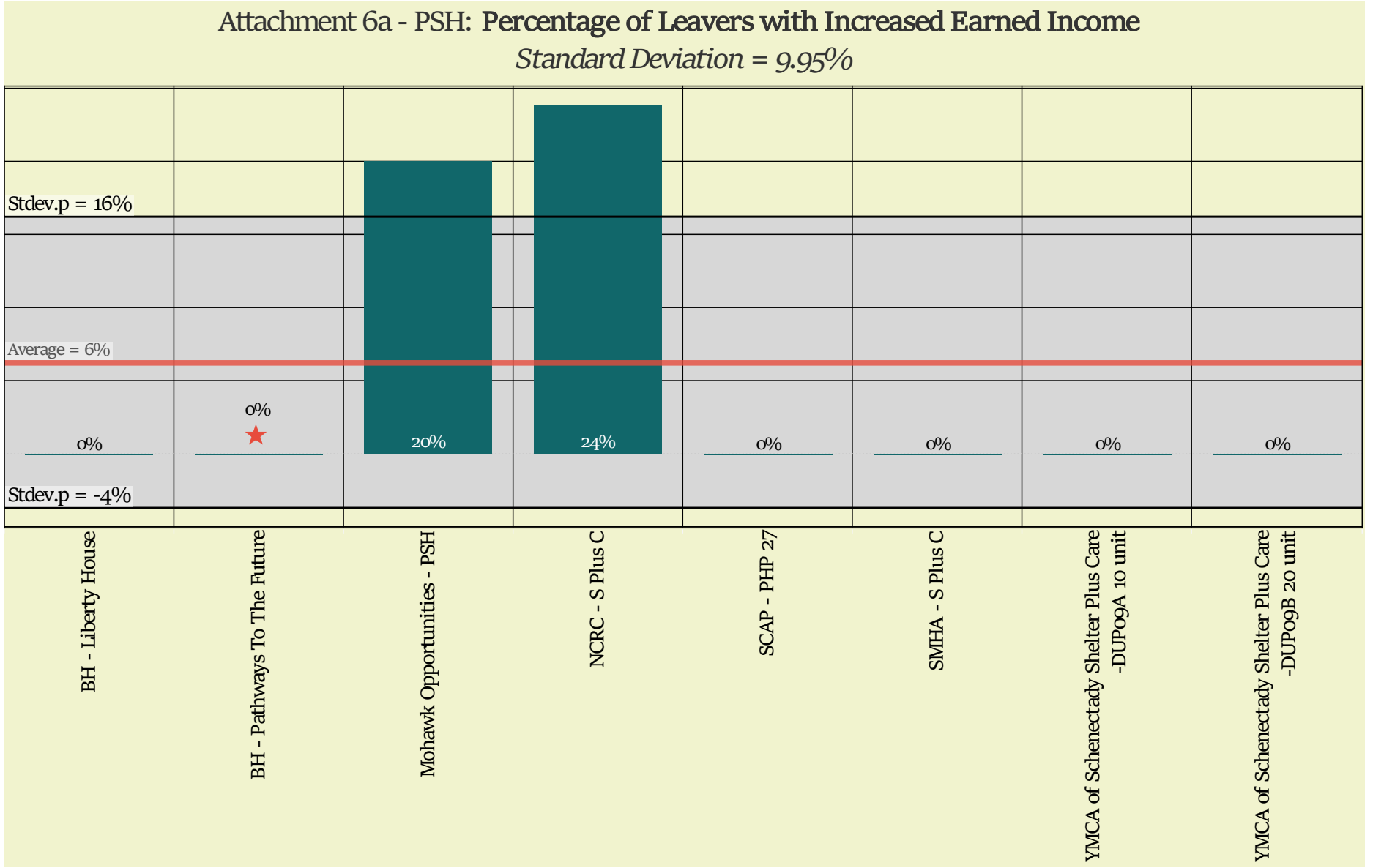
15A. INCREASES IN CLIENT INCOME AT EXIT-PSH ATTACHMENT #6A

16%+ = 10 pts
6-15% = 5 pts
0-5% = 0 pts

Source: FFY25 APR 19a2 – Adults with Earned Income - Performance Measure: Percent of persons who accomplished this measure.

★ *Not Applicable to the question and Avg/Stdev.p calculation*

- *No Leavers APR Q5 – Adult Leavers = 0*



15A. INCREASES IN CLIENT INCOME AT EXIT-TH/RRH ATTACHMENT #6A

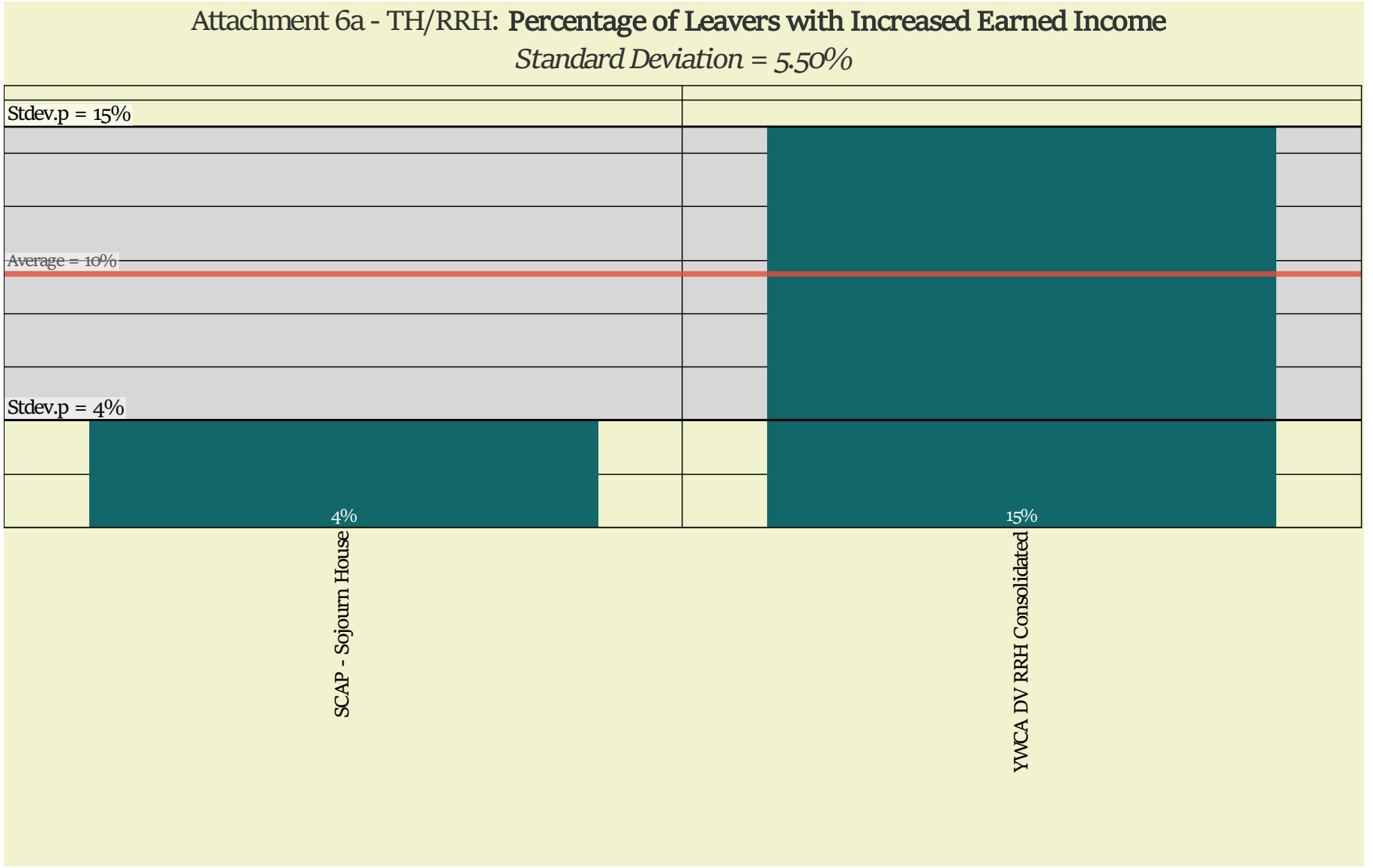
Scoring Rubric

10-15%= 10 pts
4-9%= 5 pts
0-3%= 0 pts

Source: FFY25 APR 19a2 – Adults with Earned Income -
Performance Measure: Percent of persons who accomplished this measure.

★ *Not Applicable to the question and Avg/Stdev.p calculation*

- *No Leavers APR Q5 – Adult Leavers = 0*



15B. INCREASES IN CLIENT INCOME AT ANNUAL ASSESSMENT-PSH ATTACHMENT #6B

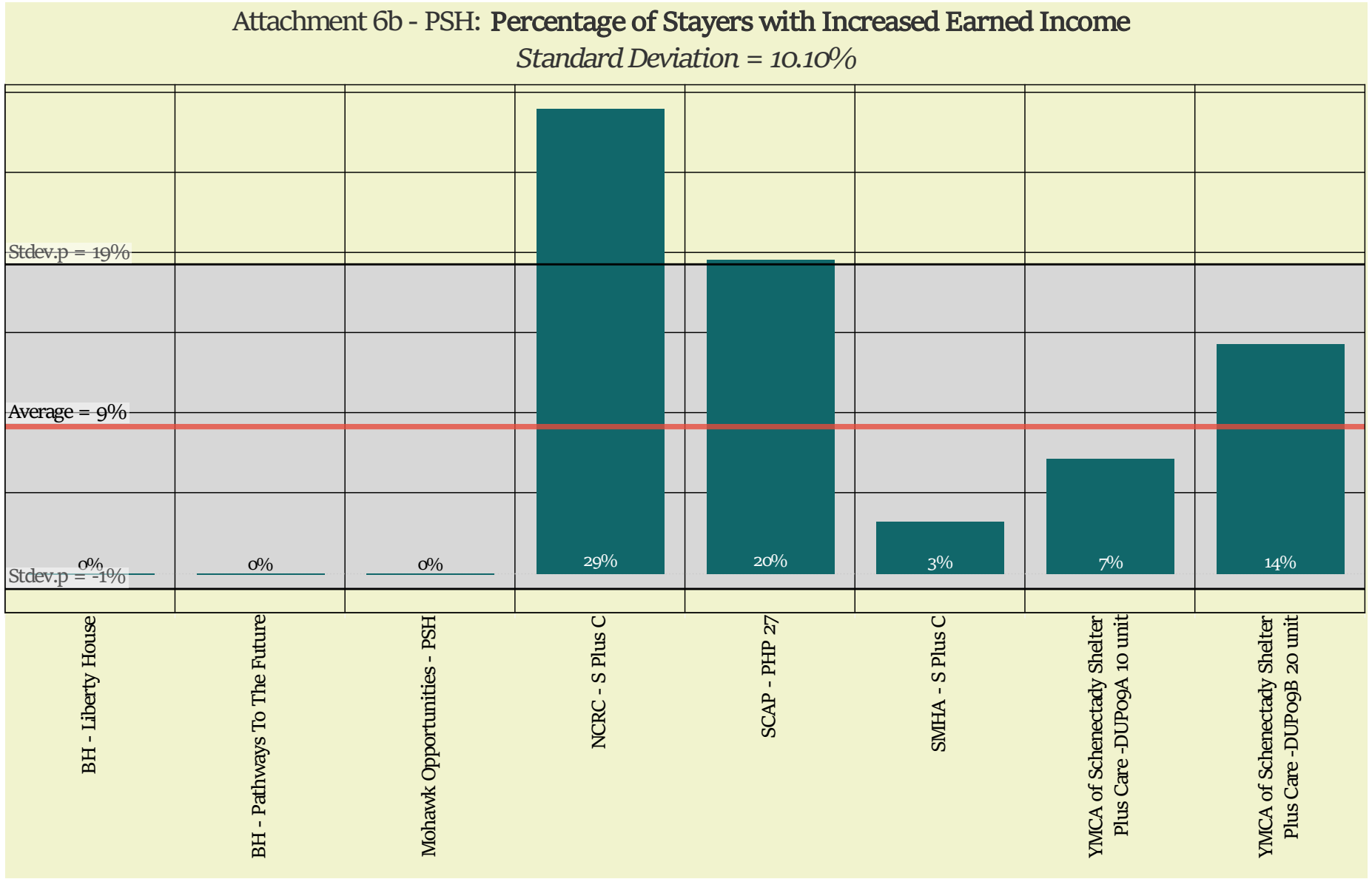
Scoring Rubric

19%+= 10 pts
9-18%= 5 pts
0-8%= 0 pts

Source: FFY25 APR 19a1 – Adults with Earned Income -
Performance Measure: Percent of persons who accomplished this measure.

★ *Not Applicable to the question and Avg/Stdev.p calculation*

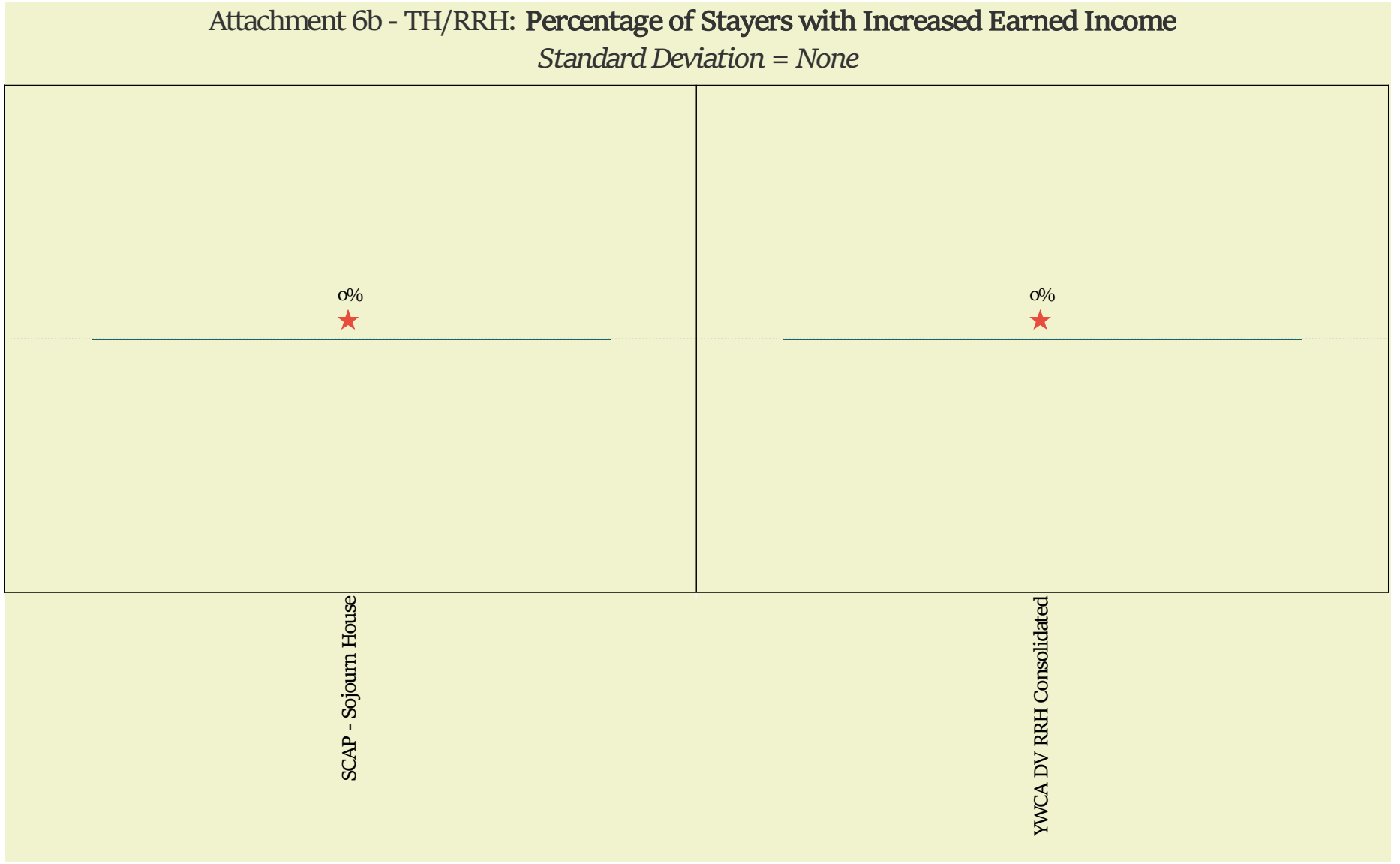
- *FY25 APR Q5 - Number of Heads of Households and Adult Stayers in the project more than 365 days = 0*



Scoring Rubric

15B. INCREASES IN CLIENT INCOME AT ANNUAL ASSESSMENT-RRH & TH ATTACHMENT #6B

0%= 0 pts



Source: FFY25 APR 19a1 – Adults with Earned Income -
Performance Measure: Percent of persons who accomplished this measure.

★ *Not Applicable to the question and Avg/Stdev.p calculation*

- *FY25 APR Q5 - Number of Heads of Households and Adult Stayers in the project more than 365 days = 0*

18. TRACKING PARTICIPANT OUTCOMES - % EXIT TO UNKNOWN DESTINATIONS ATTACHMENT #7

Scoring Rubric

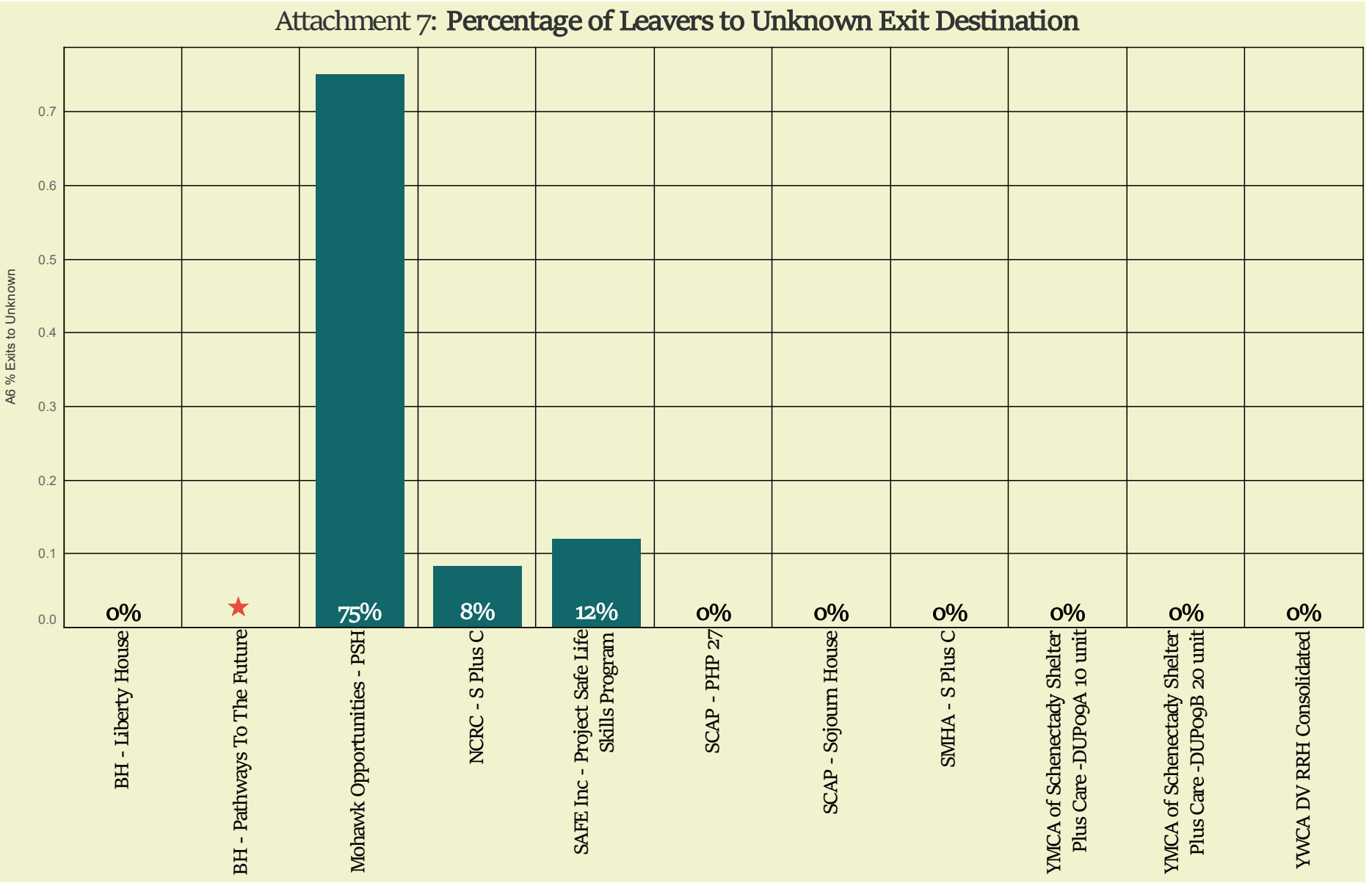
< 10% = 5 pts

≥ 10% = 0 pts

Source: FY25 APR Q23c. OS Total – Exits to Deceased / APR Q5 Total Leavers

★ *Not Applicable to the question*

- *Any projects with no leavers – excl. Leavers (Exits to Deceased, Foster Care, Hospital, and Long-Term care facility)*



APPLICATION INFORMATION

- Errors in data should be reported to sallen@caresny.org by end of day Wednesday, **June 24th, 2026 .** Note that data from APRs cannot be updated, but errors in calculations or in data submitted by those not entering into the HMIS will be assesses and corrected if possible.
- Part 1 and 2 applications are due by **July 2nd, 2026**. Late submissions will lose points, per the CoC's Written Process.
- For questions regarding this process, please contact Sidney Allen at sallen@caresny.org

CARES OF NY, INC
ENDING HOMELESSNESS

1D-1: Project Review and Ranking Process Your CoC Used in its Local Competition.

1. Scoring tool used in NY-507 local competition to score new and renewal application and for all project application types.

(i) Compliance Policy

- NY-507 implemented the Policy in July 2026
- The purpose of this policy is to ensure that all recipients of federal funding under the Continuum of Care (CoC) Program comply with the Project Eligibility Threshold Requirements and applicable federal regulations

HUD Continuum of Care (CoC) Federal Compliance Policy

1. Purpose

The purpose of this policy is to ensure that all recipients of federal funding under the Continuum of Care (CoC) Program comply with the Project Eligibility Threshold Requirements outlined in the FY2026 CoC Program Competition (page 85) and applicable federal regulations.

HUD is committed to promoting equal access to CoC programs for individuals and families experiencing homelessness, regardless of race or other protected characteristics. Consistent with federal requirements, the use of federal funds for unlawful discriminatory practices, including but not limited to racial preferences, is prohibited. All CoC-funded projects must comply with applicable nondiscrimination laws, including 2 CFR 200.300(a), and operate in a manner that promotes fair, equitable, and inclusive access to housing and services.

Additionally, CoC-funded projects must comply with all applicable federal laws related to controlled substances. Project applicants and recipients must not:

- Operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. § 856(a)(1);
- Knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. § 856(a)(2); or
- Knowingly distribute drug paraphernalia in violation of 21 U.S.C. § 863.

This policy is consistent with Section III.B of the CoC Program Competition and 2 CFR 200.300(a).

Nothing in this policy requires program participants to:

- Demonstrate sobriety as a condition of receiving assistance;
- Participate in substance use treatment as a condition of receiving assistance; or
- Be terminated or exited from assistance for a first-time violation of a drug-related policy or lease requirement.

The CoC, in coordination with the Collaborative Applicant, is responsible for:

- Ensuring compliance with HUD regulations and program requirements;
- Identifying noncompliance and providing technical assistance to resolve deficiencies;
- Promoting access to substance use disorder treatment and recovery supports;

- Supporting consistent and effective program operations;
- Protecting participant rights and HUD investments; and
- Strengthening overall program accountability.

2. Regulatory Authority

This policy is established in accordance with the following authorities:

- 2 CFR 200.300(a)
- 21 U.S.C. § 856(a)(1) and § 856(a)(2)
- 21 U.S.C. § 863
- 24 CFR Part 578 (CoC Program Rule)
- HUD CoC Program Competition NOFO Requirements
- HUD Equal Access Rule
- HUD Fair Housing and Civil Rights Requirements

3. Scope

This policy applies to all HUD CoC-funded projects within the Continuum of Care, including:

- Permanent Supportive Housing (PSH)
- Rapid Re-Housing (RRH)
- Joint Transitional Housing/Rapid Re-Housing (TH-RRH)
- Supportive Services Only (SSO)
- Coordinated Entry (SSO-CE)
- Youth Homelessness Demonstration Projects (YHDP)

4. Monitoring Frequency and Areas of Review

The CoC, in collaboration with the Collaborative Applicant, shall conduct monitoring activities at least annually for all CoC-funded projects, or more frequently if concerns arise regarding potential noncompliance.

FINAL

The role of CARES of NY, Inc as Collaborative Applicant in monitoring:

CARES will assist the CoC in monitoring CoC funded agencies to ensure compliance with HUD regulations.

i. CARES will assist with the development of a process for monitoring

ii. CARES will assist with the development of monitoring forms

iii. CARES will assist with conducting monitoring and drafting outcome reports

iv. CARES will provide technical assistance as requested by the CoC

The role of the CoC in monitoring activities include, but are not limited to:

- Review of project policies, procedures, and operations;
- Assessment of compliance with HUD requirements and threshold eligibility criteria.

Areas of review may include (as applicable):

Program Administration

- Grant agreements
- Threshold eligibility compliance

Program Eligibility

- Eligibility determination processes
- Discharge and exit determinations

Housing Requirements

- Lease agreements
- Occupancy agreements
- Service participation agreements

FINAL

Support Services

- Individual service plans
- Case management documentation
- Participant service delivery

Policies and Procedures

- Termination policies
- Fair Housing policies
- Equal Access policies

5. Monitoring Process

Step 1: Notification

The CoC, in coordination with the Collaborative Applicant, will provide written notification prior to conducting a compliance review. The notice may include:

- Deadlines for submission of requested materials;
- A list of required documents; and
- Submission instructions.

Step 2: Document Review

The CoC may request and review:

- Client files;
- Policies and procedures;
- Supporting documentation and records.

Step 3: Compliance Review

The review may include:

- Client file analysis;
- Policy and procedure evaluation;

FINAL

- Verification of compliance with applicable regulations.

Step 4: Exit Discussion

Preliminary observations and findings will be discussed with agency staff prior to issuing the final report.

Step 5: Compliance Report

A written report will be issued summarizing:

- Areas reviewed;
- Identified deficiencies or concerns;
- Required corrective actions; and
- Recommendations for technical assistance.

FINAL

6. Classification

The following term shall be used consistently:

Deficiency
A condition in which an agency is found to be in violation of HUD-related policies, regulations, or requirements and is not in compliance with current standards.

7. Corrective Action Procedures

Programs with identified deficiencies will receive written notification outlining required corrective actions.

- Agencies must submit corrective actions within **21 calendar days**, unless otherwise specified.
- Responses must include:
    - Revised or updated documentation;
    - Updated policies and procedures;
    - A detailed explanation of corrective measures taken;
    - Evidence of staff training, where applicable.

The Collaborative Applicant may provide technical assistance during the corrective action period.

Failure to implement required corrective actions may result in referral to the CoC NOFO Committee for consideration of project reallocation during the next funding cycle.

8. Technical Assistance

The Collaborative Applicant will provide technical assistance when compliance concerns are identified.

Technical assistance may include:

- One-on-one consultations;
- Training sessions or workshops;
- Written guidance and clarification;
- Resource materials;
- Policy templates and tools;
- Annual review, training, or update on HUD policies OR training materials will be provided by agency request.

9. Policy Review

This policy shall be reviewed annually and updated as necessary to reflect changes in HUD regulations, NOFO requirements, or CoC standards.

10. Privacy and Confidentiality

The CoC will take every step to protect client identity and data. Agency and client data will not be shared without written permission or consent, and review will be deidentified. Disclosure of monioring results will only be generalized to document that monitoring has occurred and that deficiencies have been addressed and corrected. Monioring results, details, documentation, and technical assistance will only be disclosed outside of the CoC when required by law.

FINAL

FINAL

1D-2c. Local Competition Selection Results–Scores for All Projects.

This attachment details the final project scores for all new and renewal projects considered for NY-507 during its local competition. It contains the following:

1. Ranking and Tiering for NY-507 Projects

NY-507 (Schenectady County) - FY26 Ranking & Tiering

Agency	Project Name	Project Type	Project Score	Total Points Available	Project Rank	Project Status	Amount Requested From HUD	Reallocated Funds (+/-)	Grant Pin	
YMCA/City of Schenectady	YMCA SCHENECTADY - S PLUS C DUP09B 20 Unit	PSH	**210.93**	**250.00**	1	Accepted/Renewal (Full)	**$227,402**	$0	NY0108	**Tier 1**
Schenectady Community Action Program, Inc.	SCAP-Sojourn House	TH	**149.36**	**250.00**	2	Accepted/Renewal (Full)	**$181,147**	$0	NY0110	
Safe Inc., of Schenectady	Development of Independent Skills Program	SSO	**178.01**	**250.00**	3	Accepted/Renewal (Full)	**$53,503**	$0	NY0105	
Bethesda House of Schenectady, Inc.	Coordinated Entry	SSO - CE	**N/A**	**250.00**	4	Accepted/Renewal (Full)	**$57,989**	$0	NY1034	
Schenectady Community Action Program, Inc.	SCAP- PHP16	PSH	**207.32**	**250.00**	5	Accepted/Renewal (Reduced)	**$731,446**	-$100,631	NY0104	
CARES of NY, Inc.	Schenectady County Portion of the Capital Region HMIS	HMIS	**N/A**	**250.00**	6	Accepted/Renewal (Full)	**$33,200**	$0	NY0106	
YMCA/City of Schenectady	YMCA SCHENECTADY - S PLUS C DUP09A 10 Unit	PSH	**203.93**	**250.00**	7	Accepted/Renewal (Full)	**$113,701**	$0	NY0107	
New Choices Recovery Center	Shelter Plus Care	PSH	**201.57**	**250.00**	8	Accepted/Renewal (Reduced)	**$928,992**	-$179,704	NY0102	
Bethesda House of Schenectady, Inc.	Liberty House	PSH	**163.52**	**250.00**	9	Accepted/Renewal (Reduced)	**$223,281**	-$223,280	NY0097	
Bethesda House of Schenectady, Inc.	Pathways to the Future	PSH	**163.08**	**250.00**	10	Accepted/Renewal (Full)	**$224,762**	$0	NY0801	
Schenectady Municipal Housing Authority	Shelter Care Plus	PSH	**148.03**	**250.00**	11	Accepted/Renewal (Full)	**$848,949**	$0	NY0109	
Bethesda House of Schenectady, Inc.	SafeHarbor	TH	**225.34**	**250.00**	12	Accepted/Reallocated New	**$325,280**	$325,280.00		
Bethesda House of Schenectady, Inc.	PathForward	TH	**223.67**	**250.00**	13	Accepted/Reallocated New	**$254,003**	$254,003.00		
Bethesda House of Schenectady, Inc.	Cornerstone	TH	**223.34**	**250.00**	14	Accepted/Reallocated New	**$233,254**	$233,254.00		
Bethesda House of Schenectady, Inc.	Cornerstone	TH	**223.34**	**250.00**	14	Accepted/Reallocated New	**$120,492**	$120,492.00		**Tier 2**
New Choices Recovery Center	Supportive Transitional Engagement Program (STEP)	TH	**218.50**	**250.00**	15	Accepted/Reallocated New	**$179,704**	$179,704.00		
Schenectady Community Action Program, Inc.	SCAP- TH30	TH	**213.50**	**250.00**	16	Accepted/Reallocated New	**$796,218**	$796,218.00		
YWCA of Schenectady	Stepping Stones 2026 - Reallocated	TH	**213.00**	**250.00**	17	Accepted/Reallocated New	**$1,321,982**	$1,321,982.00		
Schenectady Community Action Program, Inc.	SCAP- TH18	TH	**212.75**	**250.00**	18	Accepted/Reallocated New	**$539,544**	$539,544.00		
Schenectady Community Action Program, Inc.	SCAP Sojourn House Expansion	TH	**189.00**	**250.00**	19	Accepted/Bonus	**$75,000**	$0		**CoC Bonus**
Schenectady Community Action Program, Inc.	SCAP Support Services for Homeless Families	SSO - Standalone	**195.00**	**250.00**	20	Accepted/Bonus	**$68,094**	$0		
Schenectady Community Action Program, Inc.	SCAP Street Outreach	SSO - Street Outreach	**194.50**	**250.00**	21	Accepted/Bonus	**$33,546**	$0		
Bethesda House of Schenectady, Inc.	Coordinated Entry Expansion	SSO - CE	**193.67**	**250.00**	22	Accepted/Bonus	**$103,500**	$0		
Safe Inc., of Schenectady	Development of Independent Skills Program Expansion	SSO - Standalone	**192.68**	**250.00**	23	Accepted/Bonus	**$200,000**	$0		
New Choices Recovery Center	Support Services Community Outreach Project	SSO - Street Outreach	**191.00**	**250.00**	24	Accepted/Bonus	**$200,000**	$0		
YWCA of Schenectady	Stepping Stones 2026 - DV Bonus	DV - TH	**183.00**	**250.00**	25	Accepted/DV Bonus	**$623,023**	$0		**DV Bonus**

Not Ranked:

CARES of NY, Inc.	Planning Grant 2026						**$369,742.00**			

Annual Renewal Demand	$	7,394,849
Tier 1	$	4,436,909
Tier 2	$	2,957,940
CoC Bonus	$	1,109,227
DV Bonus	$	623,023
Planning Grant	$	369,742
UFA Grant	$-	

Expansion Grants

Agency	Renewal Project Name	Renewal Pin Number	Expansion Project Name
Bethesda House of Schenectady, Inc.	Coordinated Entry 2024	NY1034L2C072409	Coordinated Entry Expansion
Safe Inc., of Schenectady	NY-507 CoC Registration FY2024	NY0105L2C072417	Development of Independent Skills Program Expansion
Schenectady Community Action Program, Inc.	SCAP-Sojourn House	NY0110L2C072518	SCAP Sojourn House Expansion

Consolidations

Applicant Name	Renewal Project 1	Renewal Project 2	Renewal Project 3	Surviving Pin

Projects Being Eliminated/Reduced

Agency	Project Name	Grant Pin Number	Project Type	Amount Reduced	Amount Retained	Project Elimated/Reduced	Voluntary/Involuntary Reallocation
Bethesda House of Schenectady, Inc.	Liberty 2024	NY0097	PSH	$223,280	$223,281	Reduced	Voluntary
Bethesda House of Schenectady, Inc.	Beacon 2024	NY1131	PSH	$155,249	$0	Eliminated	Voluntary
Bethesda House of Schenectady, Inc.	Lighthouse 2024	NY0113	PSH	$303,746	$0	Eliminated	Voluntary
Schenectady Community Action Program, Inc.	SCAP- PSH 27 FY24	NY0104	PSH	$100,631	$731,446	Reduced	Voluntary
Schenectady Community Action Program, Inc.	SCAP- CoC RRH FY24	NY1035	RRH	$539,544	$0	Eliminated	Voluntary
Mohawk Opportunities, Inc.	CoC14 unit FY2024	NY0111	PSH	$440,024	$0	Eliminated	Voluntary
YWCA of Schenectady	25-26 DV RRH Consolidated	NY1254	RRH	$1,321,982	$0	Eliminated	Voluntary
YWCA of Schenectady	25-26 Rosas House Consolidated	NY0664	PSH	$506,317	$0	Eliminated	Voluntary
New Choices Recovery Center	Renewal Project Application FY 2024	NY0102	PSH	$179,704	$928,992	Reduced	Voluntary

3A-1. Supporting Activities within an Opportunity Zone.

This attachment contains the HUD-2996 Certification Forms for Programs in Opportunity Zones:

1. YMCA of Schenectady
    a. YMCA Schenectady S Plus C DUPO9B 20 Unit
    b. YMCA Schenectady S Plus C DUPO9B 10 Unit

2. YWCA of Schenectady
    a. Stepping Stones 2026
    b. Stepping Stones 2026 DV Bonus

3. Schenectady Community Action Program (SCAP)
    a. SCAP- Sojourn House
    b. SCAP-PHP 16
    c. SCAP-TH30
    d. SCAO TH-18
    e. SCAP Sojourn House Expansion
    f. SCAP Support Services for Homeless Families
    g. SCAP Street Outreach

4. Safe Inc.
    a. Development of Independent Skills Program
    b. Development of Independent Skills Program Expansion

5. Bethesda House
    a. Coordinated Entry
    b. Liberty House
    c. Pathways to the Future
    d. SafeHarbor
    e. PathForward
    f. Coordinated Entry Expansion

6. New Choices
    a. Shelter Plus Care
    b. Supportive Transitional Engagement Program (STEP)
    c. Support Services Community Outreach Project

7. Schenectady Municipal Housing Authority
    a. Shelter Plus Care

3A-1. Supporting Activities within an Opportunity Zone.

1. YMCA of Schenectady
    a. YMCA Schenectady S Plus C DUPO9B 20 Unit
    b. YMCA Schenectady S Plus C DUPO9B 10 Unit

Docusign Envelope ID: A50CAAF8-4614-8852-80D9-5EF449DE3A4A

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 0.20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This Agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable this Agency to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by this Agency. The information collected via this form is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information collected via this form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

Type or clearly print the following information.
***Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).*

Applicant Organization: Young Men's Christian Association of the Capital District INC.

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

CPD - 2000 - DC - 0025 YMCA SCHENECTADY SPLUS C DUPONT 20

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

36093021400

The application meets which of the following criteria (please select one):
- [x] The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- [ ] The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- [ ] The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:
- [x] 76% - 100%
- [ ] 51% - 75%
- [ ] 26% - 50%
- [ ] 11% - 25%
- [ ] 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

THE PROJECT DESCRIBED IN THIS APPLICATION WILL PROVIDE SAFE AND SUPPORTED HOUSING OPPORTUNITIES THEREBY, TO STIMULATE ECONOMIC DEVELOPMENT AND OPPORTUNITIES, EXPAND EDUCATIONAL OPPORTUNITIES AND CREATE POSITIVE OUTCOMES FOR THE COMMUNITY AND INDIVIDUALS SERVED.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☑ Economic Development
- ☑ Education
- ☑ Healthy Food Access
- ☑ Health
- ☑ Housing
- ☑ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☑ Workforce Development
- ☑ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure — streets, sidewalks, lighting
- ☐ "Below ground" infrastructure — water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

Certification of Authorized Representative for the Applicant:
**Under penalty of perjury, I certify on behalf of the Applicant that
(1) all information provided on this form is true, complete, and accurate, and
(2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: MR. First Name: J Middle Initial: DAVID Last Name: BROWN Suffix:

Title: PRESIDENT & CEO Organization: Young Men's Christian Association of the Capital District Inc.

Signature: [signature] Date: 9/28/25

Docusign Envelope ID: A50CAAF8-4614-8852-80D9-5EF449DE3A4A

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CPD - 2000 - DC - 0025 YMCA SAFE HOUSING & PLUS C DUPONT HOUSE

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- ☑ Education
- ☑ Healthy Food Access
- ☑ Health
- ☑ Housing
- ☑ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☑ Workforce Development
- ☑ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure — streets, sidewalks, lighting
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- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

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**Under penalty of perjury, I certify on behalf of the Applicant that
(1) all information provided on this form is true, complete, and accurate, and
(2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: Mr. First Name: J Middle Initial: DAVID Last Name: BROWN Suffix:

Title: PRESIDENT & CEO Organization: Young Men's Christian Association of the Capital District Inc.

Signature: [signature] Date: 9/28/26

3A-1. Supporting Activities within an Opportunity Zone.

2. YWCA of Schenectady
   a. Stepping Stones 2026
   b. Stepping Stones 2026 DV Bonus

Certification for Opportunity Zones Preference Points

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OMB Number: 2501-0044
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Applicant Organization: YWCA of Schenectady

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

CoC Program 14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- Stepping Stones 2026

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

36093032200

The application meets which of the following criteria (please select one):
☑ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
☐ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:
☑ 76% - 100%
☐ 51% - 75%
☐ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The Stepping Stones project invests reliable rental revenue into Schenectady's urban core and economically distressed areas. The program-funded rental assistance provides reliable rental income that incentivizes local private landlords to rent to vulnerable survivor households who may otherwise face barriers to housing. Landlords use this revenue to maintain and upgrade the residences, actively mitigating neighborhood blight and decay.

Stepping Stones integrates economic support for tenants to help survivor households transition from subsidized support to financial independence. Every family assisted is one that will not have to experience street homelessness. As participants build economic stability and increase their earnings, they drive local consumer spending at neighborhood businesses, directly supporting the surrounding community.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☑ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☑ Housing
- ☑ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure — streets, sidewalks, lighting
- ☐ "Below ground" infrastructure — water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

Certification of Authorized Representative for the Applicant:

**Under penalty of perjury, I certify on behalf of the Applicant that

(1) all information provided on this form is true, complete, and accurate, and

(2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and

(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: Mrs First Name: Kim Middle Initial: Last Name: Siciliano Suffix:

Title: Chief Executive Officer Organization: YWCA of Schenectady

Signature: Kim Siciliano Date: 9/28/2026

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

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Assistance Listing number and Federal Program name to which the Applicant is applying:
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CoC Program 14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- Stepping Stones 2026 DV Bonus

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
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36093032200

The application meets which of the following criteria (please select one):
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Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:
☑ 76% - 100%
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Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

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- ☐ Access to Capital
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- ☐ Business Assistance
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- ☑ Economic Development
- ☐ Education
- ☐ Healthy Food Access
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- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure — streets, sidewalks, lighting
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- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

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(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: Mrs First Name: Kim Middle Initial: Last Name: Siciliano Suffix:

Title: Chief Executive Officer Organization: YWCA of Schenectady

Signature: Kim Siciliano Date: 9/28/2026

3A-1. Supporting Activities within an Opportunity Zone.

3. Schenectady Community Action Program (SCAP)
   a. SCAP- Sojourn House
   b. SCAP-PHP 16
   c. SCAP-TH30
   d. SCAO TH-18
   e. SCAP Sojourn House Expansion
   f. SCAP Support Services for Homeless Families
   g. SCAP Street Outreach

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

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Applicant Organization: Schenectady Community Action Program, Inc.

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

CoC Program 14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- TBD SCAP- Sojourn House

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

36093020500

The application meets which of the following criteria (please select one):
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Estimated Funding Allocations
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Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

SCAP's Sojourn House operates at 1567 Union Street, Schenectady, within Opportunity Zone census tract 36093020500. The program provides transitional housing and supportive services to pregnant women and parenting youth ages 18-24 experiencing homelessness, with capacity for 7 families and 21 beds. All HUD-funded housing, staffing, and on-site services are delivered at this address, so federal funds are spent directly within the tract. The project keeps a staffed residential property in productive use, employs local staff, and purchases goods and services from area vendors. Participants receive employment services, benefits navigation through Schenectady County DSS, and connection to SCAP's Head Start and Early Head Start programs, building the household income and workforce participation that investment in the tract depends on. Stable housing for young parents also reduces demand on emergency shelter and crisis services, freeing public resources for other community investment. See Application sections 3B and 4B.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
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- ☐ Public Safety
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- ☐ Market rate housing
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Prefix: First Name: Daniel Middle Initial: Last Name: Beck Suffix:

Title: Director of Grant Writing, Compliance, and Communications Organization: Schenectady Community Action Program, Inc.

Signature: Daniel Beck Date: 09/25/2026

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
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Applicant Organization: Schenectady Community Action Program, Inc.

Assistance Listing number and Federal Program name to which the Applicant is applying:
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CoC Program 14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- TBD SCAP-PHP 16

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

36093020900

The application meets which of the following criteria (please select one):
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Estimated Funding Allocations
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☐ 51% - 75%
☑ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

SCAP administers PHP 16 from its main office at 913 Albany Street, Schenectady, within Opportunity Zone census tract 36093020900, where case management, housing search, and supportive services staff are based. The project provides permanent supportive housing in 16 scattered-site apartments (44 beds) for individuals and families experiencing homelessness referred through NY-507 Coordinated Entry. Rental assistance is paid to private landlords, bringing housing units into productive use, reducing vacancy, and providing a reliable revenue source that supports property maintenance and reinvestment in and around the tract. Participants receive employment services, benefits navigation, and connection to mental health and substance use treatment, increasing earned income and housing stability. Stable tenants spend locally at neighborhood businesses, and reduced reliance on emergency shelter frees public resources for other community investment. See Application sections 3B and 4B.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
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- ☑ Housing
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- ☐ Market rate housing
- ☐ Industrial development
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Prefix: First Name: Daniel Middle Initial: Last Name: Beck Suffix:

Title: Director of Grant Writing, Compliance, and Communications Organization: Schenectady Community Action Program, Inc.

Signature: Daniel Beck Date: 09/25/2026

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
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Applicant Organization: Schenectady Community Action Program, Inc.

Assistance Listing number and Federal Program name to which the Applicant is applying:
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CoC Program 14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- TBD SCAP-TH30

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
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36093020900

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Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

SCAP administers TH30 from its main office at 913 Albany Street, Schenectady, within Opportunity Zone census tract 36093020900, where case management, housing search, and supportive services staff are based. The project provides transitional housing through rental assistance in scattered-site units for individuals and families experiencing homelessness referred through NY-507 Coordinated Entry. Rental assistance is paid to private landlords, bringing housing units into productive use, reducing vacancy, and providing a reliable revenue source that supports property maintenance and reinvestment in and around the tract. Participants receive employment services, benefits navigation, and connection to mental health and substance use treatment, increasing earned income and housing stability. Stable tenants spend locally at neighborhood businesses, and reduced reliance on emergency shelter frees public resources for other community investment. See Application sections 3B and 4B.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
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- ☐ Community Infrastructure
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- ☐ Industrial development
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Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

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Type or clearly print the following information.
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Applicant Organization: Schenectady Community Action Program, Inc.

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

CoC Program 14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- TBD SCAP TH-18

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

36093020900

The application meets which of the following criteria (please select one):
☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
☑ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:
☐ 76% - 100%
☐ 51% - 75%
☑ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

SCAP administers TH-18 from its main office at 913 Albany Street, Schenectady, within Opportunity Zone census tract 36093020900, where case management, housing search, and supportive services staff are based. The project provides transitional housing through rental assistance in scattered-site units for individuals and families experiencing homelessness referred through NY-507 Coordinated Entry. Rental assistance is paid to private landlords, bringing housing units into productive use, reducing vacancy, and providing a reliable revenue source that supports property maintenance and reinvestment in and around the tract. Participants receive employment services, benefits navigation, and connection to mental health and substance use treatment, increasing earned income and housing stability. Stable tenants spend locally at neighborhood businesses, and reduced reliance on emergency shelter frees public resources for other community investment. See Application sections 3B and 4B.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☑ Housing
- ☑ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure — streets, sidewalks, lighting
- ☐ "Below ground" infrastructure — water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

Certification of Authorized Representative for the Applicant:
**Under penalty of perjury, I certify on behalf of the Applicant that
(1) all information provided on this form is true, complete, and accurate, and
(2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Daniel Middle Initial: Last Name: Beck Suffix:

Title: Director of Grant Writing, Compliance, and Communications Organization: Schenectady Community Action Program, Inc.

Signature: Daniel Beck Date: 09/25/2026

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

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Applicant Organization: Schenectady Community Action Program, Inc.

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

CoC Program 14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- TBD SCAP Sojourn House Expansion

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

36093020500

The application meets which of the following criteria (please select one):
☑ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
☐ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:
☑ 76% - 100%
☐ 51% - 75%
☐ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

SCAP's Sojourn House Expansion operates at 1567 Union Street, Schenectady, within Opportunity Zone census tract 36093020500. The expansion builds on the existing Sojourn House program, which provides transitional housing and supportive services to pregnant women and parenting youth ages 18-24 experiencing homelessness (7 families, 21 beds). All HUD-funded housing, staffing, and on-site services are delivered at this address, so federal funds are spent directly within the tract. The project keeps a staffed residential property in productive use, employs local staff, and purchases goods and services from area vendors. Participants receive employment services, benefits navigation through Schenectady County DSS, and connection to SCAP's Head Start and Early Head Start programs, building the household income and workforce participation that investment in the tract depends on. Stable housing for young parents also reduces demand on emergency shelter and crisis services, freeing public resources for other community investment. See Application sections 3B and 4B.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☑ Housing
- ☑ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure — streets, sidewalks, lighting
- ☐ "Below ground" infrastructure — water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

Certification of Authorized Representative for the Applicant:
**Under penalty of perjury, I certify on behalf of the Applicant that
(1) all information provided on this form is true, complete, and accurate, and
(2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Daniel Middle Initial: Last Name: Beck Suffix:

Title: Director of Grant Writing, Compliance, and Communications Organization: Schenectady Community Action Program, Inc.

Signature: Daniel Beck Date: 09/25/2026

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
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Applicant Organization: Schenectady Community Action Program, Inc.

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

CoC Program 14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- TBD SCAP Support Services for Homeless Families

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

36093020900

The application meets which of the following criteria (please select one):
☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
☑ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
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Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:
☐ 76% - 100%
☐ 51% - 75%
☑ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

SCAP operates Support Services for Homeless Families from its main office at 913 Albany Street, Schenectady, within Opportunity Zone census tract 36093020900. Case managers work with families sheltered in hotels and motels by Schenectady County DSS to secure identification and income, resolve barriers to housing, and move into permanent housing, and they work with landlords to address concerns. Services include career planning, childcare connections, and warm handoffs to substance use treatment through New Choices Recovery Center. Staff and operations are based in the tract, and services reach families living there and elsewhere in Schenectady County. Moving families from motel placements into permanent housing lowers public shelter spending, fills rental units with stable tenants, and increases household income and workforce participation, supporting the conditions that public and private investment in the Opportunity Zone requires. See Application section 3B.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☑ Housing
- ☑ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure — streets, sidewalks, lighting
- ☐ "Below ground" infrastructure — water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

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Prefix: First Name: Daniel Middle Initial: Last Name: Beck Suffix:

Title: Director of Grant Writing, Compliance, and Communications Organization: Schenectady Community Action Program, Inc.

Signature: Daniel Beck Date: 09/25/2026

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

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Applicant Organization: Schenectady Community Action Program, Inc.

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

CoC Program 14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- TBD SCAP Street Outreach

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

36093020900

The application meets which of the following criteria (please select one):
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Estimated Funding Allocations
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☐ 76% - 100%
☐ 51% - 75%
☑ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

SCAP's Street Outreach project is based at 913 Albany Street, Schenectady, within Opportunity Zone census tract 36093020900. Outreach staff engage people living unsheltered in the tract and across Schenectady County, connect them to Coordinated Entry and housing, assist with benefits enrollment, and provide warm handoffs to substance use treatment through New Choices Recovery Center and to 24/7 crisis services. Moving people from unsheltered locations into housing and treatment reduces emergency room, emergency shelter, and public safety costs, and improves the condition of public spaces and commercial corridors that private investment depends on. See Application section 3B.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☑ Housing
- ☑ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
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- ☐ "Below ground" infrastructure — water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

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**Under penalty of perjury, I certify on behalf of the Applicant that
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Prefix: First Name: Daniel Middle Initial: Last Name: Beck Suffix:

Title: Director of Grant Writing, Compliance, and Communications Organization: Schenectady Community Action Program, Inc.

Signature: Daniel Beck Date: 09/25/2026

3A-1. Supporting Activities within an Opportunity Zone.

4. Safe Inc.
   a. Development of Independent Skills Program
   b. Development of Independent Skills Program Expansion

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number 2501-0044
Expiration Date: 2/28/2027

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Applicant Organization: Safe Inc. of Schenectady

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- Development of Independent Skills Program

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
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36093021700

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Estimated Funding Allocations
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☐ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The Supportive Services project is necessary because individuals experiencing homelessness often face multiple, overlapping barriers that cannot be resolved through housing assistance alone. Supportive services provides the individualized guidance and connections needed to help participants move from homelessness into safe, stable housing and remain successfully housed. Through case management and coordinated referrals, the project will assist participants in addressing barriers such as substance use disorder, mental health needs, unemployment, lack of income, transportation challenges, limited life skills, and difficulty accessing benefits or documentation. By helping participants identify their goals, connect with appropriate community resources, strengthen employment and income opportunities, and develop practical skills for daily living, the project promotes long-term housing stability and increased self-sufficiency. These services are essential to reducing the risk of returning to

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☑ Housing
- ☐ Human Services and Family Support
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- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
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Prefix: Ms. First Name: Katherine Middle Initial: Last Name: Schofield Suffix:

Title: Executive Director Organization: Safe Inc. of Schenectady

Signature: K Schofield Date: 09/25/26

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

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Applicant Organization: Safe Inc. of Schenectady

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- Development of Independent Skills Program Expansion

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

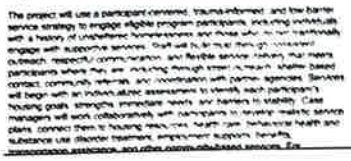
36093021700

The application meets which of the following criteria (please select one):
☑ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
☐ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:
☑ 76% - 100%
☐ 51% - 75%
☐ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."



Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☐ Housing
- ☑ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure — streets, sidewalks, lighting
- ☐ "Below ground" infrastructure — water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

Certification of Authorized Representative for the Applicant:
**Under penalty of perjury, I certify on behalf of the Applicant that
(1) all information provided on this form is true, complete, and accurate, and
(2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: Ms. First Name: Katherine Middle Initial: Last Name: Schofield Suffix:

Title: Executive Director Organization: Safe Inc. of Schenectady

Signature: K Schofield Date: 09/25/26

3A-1. Supporting Activities within an Opportunity Zone.

5. Bethesda House
   a. Coordinated Entry
   b. Liberty House
   c. Pathways to the Future
   d. SafeHarbor
   e. PathForward
   f. Coordinated Entry Expansion

Docusign Envelope ID: 405D62BD-7457-8B86-8251-E0630C41117A

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

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Applicant Organization: Bethesda House

Assistance Listing number and Federal Program name to which the Applicant is applying:
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14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- CE

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."
36093020900

The application meets which of the following criteria (please select one):
☐ XX The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
☐ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:
☐ XX 76% - 100%
☐ 51% - 75%
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☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The proposed Coordinated Entry project will support investment in economically distressed areas by providing connection to safe, stable, and affordable housing for individuals experiencing homelessness. Through housing, case management, and supportive services, participants will be connected to employment opportunities, healthcare, and resources that promote financial stability and long-term independence. The project will strengthen the local community by supporting neighborhood revitalization, utilizing local businesses and services, and fostering partnerships with public and private organizations. By leveraging community resources and expanding access to housing, the project will contribute to economic mobility, community well-being, and sustainable development in qualified Opportunity Zones, as applicable.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☐ XX Housing
- ☐ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure — streets, sidewalks, lighting
- ☐ "Below ground" infrastructure — water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

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(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix:Ms. First Name: Kimarie Middle Initial:A Last Name:Sheppard Suffix:

Title: Executive Director Organization: Bethesda House of Schenectady, Inc.

Signature: Kimarie A. Sheppard Date: September 28, 2026

Docusign Envelope ID: 405D62BD-7457-8B86-8251-E0630C41117A

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
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Applicant Organization: Bethesda House

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267 CPD-2600-DC-0025- Liberty House

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."
36093020900

The application meets which of the following criteria (please select one):
☐ XX The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
☐ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
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Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:
☐ XX 76% - 100%
☐ 51% - 75%
☐ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The proposed housing project will support investment in economically distressed areas by providing safe, stable, and affordable housing for individuals experiencing homelessness. Through housing, case management, and supportive services, participants will be connected to employment opportunities, healthcare, and resources that promote financial stability and long-term independence. The project will strengthen the local community by supporting neighborhood revitalization, utilizing local businesses and services, and fostering partnerships with public and private organizations. By leveraging community resources and expanding access to housing, the project will contribute to economic mobility, community well-being, and sustainable development in qualified Opportunity Zones, as applicable.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☐ XX Housing
- ☐ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
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Prefix:Ms. First Name: Kimarie Middle Initial:A Last Name:Sheppard Suffix:

Title: Executive Director Organization: Bethesda House of Schenectady, Inc.

Signature: Kimarie A. Sheppard Date: September 28, 2026

Docusign Envelope ID: 405D62BD-7457-8B86-8251-E0630C41117A

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

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Applicant Organization: Bethesda House

Assistance Listing number and Federal Program name to which the Applicant is applying:
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14.267 CPD-2600-DC-0025- Pathways to the Future

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
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36093020900

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Estimated Funding Allocations
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Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
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The proposed housing project will support investment in economically distressed areas by providing safe, stable, and affordable housing for individuals experiencing homelessness. Through housing, case management, and supportive services, participants will be connected to employment opportunities, healthcare, and resources that promote financial stability and long-term independence. The project will strengthen the local community by supporting neighborhood revitalization, utilizing local businesses and services, and fostering partnerships with public and private organizations. By leveraging community resources and expanding access to housing, the project will contribute to economic mobility, community well-being, and sustainable development in qualified Opportunity Zones, as applicable.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
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- ☐ Public Safety
- ☐ Workforce Development
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- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
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Prefix:Ms. First Name: Kimarie Middle Initial:A Last Name:Sheppard Suffix:

Title: Executive Director Organization: Bethesda House of Schenectady, Inc.

Signature: Kimarie A. Sheppard Date: September 28, 2026

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Applicant Organization: Bethesda House

Assistance Listing number and Federal Program name to which the Applicant is applying:
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14.267 CPD-2600-DC-0025 Safe Harbor

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- ☐ Public Safety
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Signature: Kimarie A. Sheppard Date: September 28, 2026

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Type or clearly print the following information.
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Applicant Organization: Bethesda House

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267 CPD-2600-DC-0025 Pathforward

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

36093020900

The application meets which of the following criteria (please select one):

- ☐ XX The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☐ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☐ XX 76% - 100%
- ☐ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The proposed housing project will support investment in economically distressed areas by providing safe, stable, and affordable housing for individuals experiencing homelessness. Through housing, case management, and supportive services, participants will be connected to employment opportunities, healthcare, and resources that promote financial stability and long-term independence. The project will strengthen the local community by supporting neighborhood revitalization, utilizing local businesses and services, and fostering partnerships with public and private organizations. By leveraging community resources and expanding access to housing, the project will contribute to economic mobility, community well-being, and sustainable development in qualified Opportunity Zones, as applicable.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☐ XX Housing
- ☐ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure — streets, sidewalks, lighting
- ☐ "Below ground" infrastructure — water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

Certification of Authorized Representative for the Applicant:
**Under penalty of perjury, I certify on behalf of the Applicant that
(1) all information provided on this form is true, complete, and accurate, and
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(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix:Ms. First Name: Kimarie Middle Initial:A Last Name:Sheppard Suffix:

Title: Executive Director Organization: Bethesda House of Schenectady, Inc.

Signature: Kimarie A. Sheppard Date: September 28, 2026

Docusign Envelope ID: 405D62BD-7457-8B86-8251-E0630C41117A

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

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Applicant Organization: Bethesda House

Assistance Listing number and Federal Program name to which the Applicant is applying:
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14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- CE

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."
36093020900

The application meets which of the following criteria (please select one):
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Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:
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☐ 51% - 75%
☐ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The proposed Coordinated Entry project will support investment in economically distressed areas by providing connection to safe, stable, and affordable housing for individuals experiencing homelessness. Through housing, case management, and supportive services, participants will be connected to employment opportunities, healthcare, and resources that promote financial stability and long-term independence. The project will strengthen the local community by supporting neighborhood revitalization, utilizing local businesses and services, and fostering partnerships with public and private organizations. By leveraging community resources and expanding access to housing, the project will contribute to economic mobility, community well-being, and sustainable development in qualified Opportunity Zones, as applicable.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
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- ☐ Public Safety
- ☐ Workforce Development
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- ☐ Industrial development
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- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

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Prefix: Ms. First Name: Kimarie Middle Initial: A Last Name: Sheppard Suffix:

Title: Executive Director Organization: Bethesda House of Schenectady, Inc.

Signature: Kimarie A. Sheppard Date: September 28, 2026

3A-1. Supporting Activities within an Opportunity Zone.

6. New Choices
   a. Shelter Plus Care
   b. Supportive Transitional Engagement Program (STEP)
   c. Support Services Community Outreach Project

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
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Applicant Organization: New Choices Recovery Center

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

CoC Program 14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- Project Name

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

Shelter Plus Care – 36093021002

The application meets which of the following criteria (please select one):
☑ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
☐ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
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Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:
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☐ 51% - 75%
☐ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

By partnering with landlords within Schenectady County, the Shelter Plus Care project advances public safety by housing families and individuals who struggle with homelessness and substance use disorder. Housing these community residents will lead to reduced crimes such as loitering, trespassing, etc. as it provides residents with a safe stable place to live and off the streets. The program also perpetuates neighborhood revitalization by securing housing units and offering landlords and property owners guaranteed rental assistance for active program participants. Meeting basic needs of survival, such as stable housing affords community residents the ability to focus on education, employment, and their overall health, which stimulates growth, revitalization, and public safety with Schenectady County.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☑ Housing
- ☑ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
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- ☐ Hospitals or other health care facilities

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Prefix: First Name: Laura Middle Initial: Last Name: Combs Suffix:

Title: Chief Executive Officer Organization: New Choices Recovery Center

Signature: Laura Combs Date: 9/25/2026

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

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Applicant Organization: New Choices Recovery Center

Assistance Listing number and Federal Program name to which the Applicant is applying:
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CoC Program 14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- Project Name

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
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Supportive Transitional Engagement Program (STEP) – 36093021002

The application meets which of the following criteria (please select one):
☑ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
☐ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
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Estimated Funding Allocations
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☐ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The Supportive Transitional Engagement Program (STEP) will partner with landlords within Schenectady, to assist individuals and families experiencing homelessness to gain housing stability. Program participants will receive rental assistance for a maximum period of twenty-four months along with case management, in an effort to assist them with independently maintaining housing post separation from the program. Through case management and community collaboration program participants will be referred to workforce development, educational, and vocational opportunities to generate steady income. Assistance with obtaining housing stability serves as a critical foundation for employment, education, and self-sufficiency, while simultaneously promoting public safety and economic stimulation.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☑ Housing
- ☑ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
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- ☐ Schools or other educational facilities
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Prefix: First Name: Laura Middle Initial: Last Name: Combs Suffix:

Title: Chief Executive Officer Organization: New Choices Recovery Center

Signature: Laura Combs Date: 9/25/2026

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
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Applicant Organization: New Choices Recovery Center

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CoC Program 14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition- Project Name

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
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Support Services Community Outreach Project – 36093021002

The application meets which of the following criteria (please select one):
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Estimated Funding Allocations
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☐ 51% - 75%
☐ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The Support Service Community Outreach Project will assist individuals and families experiencing homelessness by providing services and case management to locate and secure housing in Schenectady County. Program participants will be referred to services to help them obtain safe affordable, and stable housing. The program promotes stability and independence, by requiring support service participation, which stimulates community collaboration, public safety, and economic mobility.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☑ Education
- ☐ Healthy Food Access
- ☐ Health
- ☑ Housing
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Prefix: First Name: Laura Middle Initial: Last Name: Combs Suffix:

Title: Chief Executive Officer Organization: New Choices Recovery Center

Signature: Laura Combs Date: 9/25/2026

3A-1. Supporting Activities within an Opportunity Zone.

7. Schenectady Municipal Housing Authority
   a. Shelter Plus Care

Docusign Envelope ID: 531ABCE2-9D93-8859-8185-CBEBB808DB4D

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 0.20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This Agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable this Agency to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by this Agency. The information collected via this form is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information collected via this form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

Type or clearly print the following information.
***Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).*

Applicant Organization:Schenectady Municipal Housing Authority

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267 CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

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The application meets which of the following criteria (please select one):
☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
☐ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
☒ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations
Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:
☐ 76% - 100%
☒ 51% - 75%
☐ 26% - 50%
☐ 11% - 25%
☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):
Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

Shelter Plus Care Program directly enables economically disadvantaged families with resources, supportive services, and Housing Choice Voucher subsidy to provide housing stability and a path to self-sufficiency within the given census tract.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☒ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☐ Economic Development
- ☒ Education
- ☐ Healthy Food Access
- ☒ Health
- ☒ Housing
- ☒ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☒ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure — streets, sidewalks, lighting
- ☐ "Below ground" infrastructure — water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

Certification of Authorized Representative for the Applicant:
**Under penalty of perjury, I certify on behalf of the Applicant that
(1) all information provided on this form is true, complete, and accurate, and
(2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Michael Middle Initial: A Last Name: Jackson Suffix:

Title: Executive Director Organization: Schenectady Municipal Housing Authority

Signature: Michael A. Jackson Date: 9/25/2026