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| **Agency and Project Information** |
| Agency Name: |  |
| Program Name: |  |
| Application Contact Person: |  |
| Agency Contact Email: |  |
| Amount Requesting: |  | Projected Number Served: |  |
| Component Type: |  [ ]  RRH [ ]  PSH [ ]  SSO (Coordinated Entry) [ ]  Th-RRH |
| County Serving\*:\* Projects serving Cayuga County will receive 2 additional bonus points |  [ ]  Cayuga [ ]  Onondaga [ ]  Oswego [ ]  Multi-County |
| Is this project partnering with a healthcare service? |  [ ]  Yes [ ]  No |
| Is this project a subsidy partnership project?  |  [ ]  Yes [ ]  No |
| Is this project serving survivors of domestic violence and applying for DV Bonus funds? |  [ ]  Yes [ ]  No |
| Is this project an expansion of an existing CoC project? |  [ ]  Yes [ ]  No |

**Onondaga/Oswego/Cayuga County Continuum of Care**

**2022 Local New Application**

**Applications are due August 26, 2022, at 5pm.**

**Applications and all attachments must be submitted in a single PDF to**

**the HHC via email:** **hhc@unitedway-cny.org**

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| **Threshold Requirements** |
| Applicant is a Non-Profit organization with active 501(c)3 status, public housing authority, or local government organization  | [ ]  Yes [ ]  No |
| Agree to use HMIS (or comparable database if DV) | [ ]  Yes [ ]  No |
| HHC Membership- has a current MOU or agrees to enter MOU with HHC  | [ ]  Yes [ ]  No |
| Applicant agrees to using the Coordinated Entry System to fill 100% of beds | [ ]  Yes [ ]  No |
| Applicants agrees to adopt Housing First model | [ ]  Yes [ ]  No |
| Management letter from agency’s most recent fiscal audit demonstrating that agency is in good standing is attached.  | [ ]  Yes [ ]  No |
| If the answer is no to any of the above questions, please explain below. |
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| **Narrative Questions** |
| Program Design: | Please provide a general description of the program including the population served, bed/unit configuration. Please indicate whether project will serve any specialized populations. (500 words) |
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| Community Need: 5 points  | Using local data on homelessness, how does this project support the HHC’s goals of ending chronic, youth, family or homelessness for all persons? Please include agency’s unique ability to serve the population. (250 words) |
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| Capacity:5 points | Please describe housing programs the agency currently administers and describe success of the programs. If agency currently or has received CoC funding in the past, address, if any, programs fell into Tier 2 or been reallocated. (250 words) |
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| Project Implementation:5 points | Describe your detailed plan for rapid implementation of the program, documenting how the program will be ready to begin housing the first program participant. Please discuss agency timelines for staffing the project and otherwise complying with CoC Program deadline. (250 words) |
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| Person-Centered Planning:5 points | Describe how your program supports and engages the individuals served throughout their participation in the project. (250 words) |
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| Racial Equity:5 points | How does your project work to eliminate racial disparities in housing outcomes? (250 words)  |
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| Elevating Lived Experience:5 points | Describe how your program plans to elevate the voices of and employ people with lived experience of homelessness to create better support for your clients. (250 words) |
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| Serving Intersectional Identities:5 points  | Describe how your program will provide consistent help across intersectional identities. (e.g. LGBTQIA+, youth, BIPOC, etc.) (250 words) |
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| Connection to Healthcare Services: 5 points | Describe your strategy to ensure clients are connected with and have ongoing access to appropriate healthcare services. (250 words) |
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| **Performance Measures** |
| Employment & Income Growth:10 points | Describe how clients will be assisted in obtaining employment, income, and mainstream health resources to maximize their ability to live independently. (250 words) |
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| Housing Placement & Retention:10 Points |  How will project assist participants in obtaining safe, affordable housing quickly? How will the program ensure that participants will exit to or remain in permanent housing? (250 words) |
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| Returns to Homelessness:10 points | How will projects ensure that clients will not return to homelessness after project exit?  |
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| **Budget Questions** |
| Please attach a project budget to prove that expenses are reasonable, allocable, and allowable as well as 25% match documentation: 10 points [ ]  Budget Attached [ ]  Match Documentation Attached  |
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| Cost Effectiveness:10 points | Annual budget will be divided by number of beds. Community averages are as follows:Rapid Rehousing: $7,391/bedPermanent Supportive Housing: $13,341/bedTransitional-Rapid Rehousing: 31,734SSO (Coordinated Entry): N/A |
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| **Special Project Questions**  **Only fill out these questions if you are applying** **for these specific project types** |
| **ONLY For Domestic Violence Bonus Applicants: 10 points** |
| Please answer these two questions in the section below: (250 words)* Describe agency’s experience working with victims/survivors of Domestic Violence.
* Indicate whether your organization is a Victim Service Provider
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| **ONLY For Coordinated Entry Applicants: 10 points**  |
| Please answer the following questions in the section below (500 words)* Describe how you will ensure that the coordinated assessment system will be easily available/reachable for all persons within the CoC’s geographic area who are seeking homelessness assistance including those with disabilities.
* Describe how your advertising strategy will be designed to specifically reach homeless persons with the highest barriers within the CoC’s geographic area.
* Describe how your standardized assessment process will ensure program participants are directed to appropriate housing and services that fit their needs.
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| **ONLY For Healthcare Project Applicants: 10 points**  |
| Please describe how the project will structure program to provide healthcare services to participants. (250 words) |
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| Please attach a commitment letter from a healthcare organization demonstrating commitment of either: [ ]  Attached 1. For recovery or substance use treatment, services that are available for all program participants and chose those services; or
2. An amount that is equivalent to 25% of the funding being requested for the project to be covered by the healthcare organization.
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| **ONLY For Subsidized Partnership Project Applicants: 10 points** |
| Please describe how the project will structure the program to ensure at least 25% of project serves unit/participants in PSH or RRH. Please include partners and additional funding source. (250 words) |
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| Please attach a funding letter from a housing organization demonstrating commitment of either: [ ]  Attached 1. 25% of units will be dedicated to PSH participants; or
2. 25% of persons served will be dedicated to RRH participants
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