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| **Agency and Project Information** | | | | |
| Agency Name: |  | | | |
| Program Name: |  | | | |
| Application Contact Person: |  | | | |
| Amount Requesting: |  | Projected Number Served: | |  |
| Component Type: | RRH  PSH  SSO (Coordinated Entry)  Th-RRH | | | |
| County Serving: | Cayuga  Onondaga  Oswego | | | |
| Special Population: | Chronically Homeless  Youth  People Fleeing DV  SMI/SUD | | | |
| 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**

**2021 Local New Application**

**Applications are due September 24, 2021, at 5pm.**

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

**Megan Stuart via email:** [**mstuart@unitedway-cny.org**](mailto:mstuart@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 |
| If the answer is no to any of the above questions, please explain below. | |
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| **Narrative Questions** | |
| Program Design:  5 points | Please provide a general description of the program including the population served, bed/unit configuration. (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) |
|  | |
| 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 have past of current unresolved significant findings (250 words) |
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| Coordinated Entry:  5 points | Will the program participate in Coordinated Entry and follow the community’s prioritization policy? What percentage of referrals will be taken from Coordinated Entry? Please describe how the agency will use Coordinated Entry to fill beds if not currently part of the Coordinated Entry System. (250 words) |
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| Client-Centered Practice:  5 points | Describe how your program will support client-centered practice and provide appropriate case management and supportive services to meet the needs of each client. (250 words) |
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| Racial Equity:  5 points | Describe how your agency promotes racial equity practices and how this project will address racial disparities in the homelessness system. (250 words) |
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| Housing First:  5 points | Describe how the program will promote housing first within the intake and discharge policies, as well as how the program will prioritize highest-need clients. (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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| **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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| Project Implementation:  10 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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| Retention:  10 points | How will the program ensure that participants will exit to or remain in permanent housing? (250 words) |
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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. (5 points)  Attached | |
| Provide management letter from agency’s most recent fiscal audit demonstration that agency is in good standing. (5 points)  Attached | |
| Cost Effectiveness:  5 points | Annual budget will be divided by number of beds.  Community averages are as follows:  Rapid Rehousing: $8869/bed  Permanent Supportive Housing: $16,305/bed  Transitional-Rapid Rehousing: N/A  SSO (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 Victor 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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