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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  SSO (Street Outreach) | | | |
| County Serving\*:  \* Projects serving Cayuga County will receive 2 additional bonus points | Cayuga  Onondaga  Oswego  Multi-County | | | |
| Please indicate which funding opportunity you are applying for  (check only one) | Unsheltered  Rural | | | |
| Is this project partnering with a healthcare service? | | | Yes  No | |
| Is this project a subsidy partnership project? | | | Yes  No | |

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

**2022 Local SNOFO Application**

**Applications are due September 9th, 2022, at 5pm.**

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

**the HHC via email:** [**hhc@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 |
| Applicant agrees to using the Coordinated Entry System to fill 100% of beds | Yes  No |
| Applicants agrees to adopt Housing First model | Yes  No |
| Will an amount that is equivalent to 50% of the funding being requested for the project(s) be covered by a healthcare organization? | Yes  No |
| Provide management letter from agency’s most recent fiscal audit demonstrating that agency is in good standing.  Attached | |
| If the answer is no to any of the above questions, please explain below. | |
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| **Narrative Questions** | |
| Program Design: | Provide a general description of the program including the population served, bed/unit configuration. (500 words) |
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| Healthcare Partnership:  5 points | Describe how your program will partner with organizations that provide healthcare services, including mental health services to individuals and families experiencing homelessness who have HIV/AIDS and other severe needs according to the community health plan . (250 words) |
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| Housing Partnership:  5 points | Describe how your program will leverage affordable housing units and how your project will engage landlords. (250 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 Implemenation:  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. |
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| Client-Centered Practice:  5 points | Describe how your program will support client-centered practice and provide appropriate case management to meet the needs of each client, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services (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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| 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:  15 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:  15 points | How will the 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:  15 point | 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. (5 points)  Budget Attached | |
| Cost Effectiveness  (5 points) | Annual budget will be divided by number of beds.  Community averages are as follows:  Rapid Rehousing: $7,391/bed  Permanent Supportive Housing: $13,341/bed  Transitional-Rapid Rehousing: $31,734/bed  SSO (Coordinated Entry): N/A |
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