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| **Agency and Project Information** | | | | |
| Agency Name: |  | | | |
| Program Name: |  | | | |
| Application Contact Person: |  | | | |
| Agency Contact Email: |  | | | |
| Amount Requesting: |  | Bed/Unit Inventory: | |  |
| Is this project an expansion of an existing CoC project? | Yes  No | | | |
| Component Type: | Rapid Rehousing  PSH (Affordable Housing Partnership ONLY) | | | |
| County Serving\*:  \* Projects serving Cayuga County will receive 5 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 | |

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

**2024-25 NEW Project Application**

**Applications are due September 11, 2024, 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 is submitting an MOU with this application | Yes  No |
| Applicant agrees to using the Coordinated Entry System to fill 100% of beds | Yes  No |
| Applicants agrees to adopt Housing First model- signed and attached Housing First checklist | 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) |
|  | |
| 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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| Staff Retention and Consistency:  5 points | With the understanding that it is difficult to provide the best help to people when needs aren’t properly met, what actions does your agency take or plan on taking to prevent burn out among employees and encourage a healthy work/life balance? (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 and income 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? (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: 20 points  Budget Attached  Match Documentation Attached |

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| **Special Project Questions**  **Only fill out these questions if applying**  **for these specific project types** |
| **ONLY For Healthcare Project Applicants: 10 points** |
| Please describe how the project will structure programs to provide healthcare services to participants. (250 words) |
|  |
| 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) |
|  |
| 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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