Partners Ending Homelessness
560 West Main Street
Rochester, New York 14608
Phone: 585-319-5091; Fax: 585-319-5488

Partners Ending Homelessness
2019 New Project Application

Organization Name:	
Project Name:	

Contact Person	
Phone Number	
Email	

Project Type (check correct box)	
Permanent Supportive Housing (PSH) For Chronically Homeless	
Rapid Re-Housing (RRH)	
Transitional Housing/Rapid Re-Housing Hybrid (TH/RRH)	
DV Rapid Re-Housing (DV/RRH)	

Section 1	**Homeless Sub-Populations**		**5 points**	
LOCAL PRIORITIES/ Strategically Allocate Resources **(Community priorities determined by HSN stakeholders at 4/17/18 meeting)**	What % of population served are Chronic Homeless			
	What % of population served are Households with Children			
	What % of population served are Youth/Parenting Youth (< 18 years or Transition Age Youth (18 – 24)			
	What % of population served are Re-entry			
	What % of population served are Veterans			
	What % of population are fleeing Domestic Violence			
	What % of population were unsheltered prior to entering			
	Special Needs		**5 points**	
	What % of population served will have a mental health condition			
	What % of population served will have a substance abuse condition			
	What % of population served will have a chronic health condition or physical disability			
	What % of population served have HIV/AIDS			
	What % of population will have a developmental disability			
	Will your program provide or make linkages to employment services? (If Yes, be sure to describe in project narrative)	Y	N	

All Projects

Program Participants	Projected Number of Households to be Served Annually in Application		Yes	No	
		Single Site			
		Scattered Site			
Individuals					
Households with Children		# Units			
Households with Only Children		# Beds			

Section 2 Narrative	QUESTION	MAX POINT VALUE
All Applicants	**1.Please provide a general description of the program and a rationale for why the program should be funded.** *(Narrative should address at a minimum, each of the following: the intended target population(s), experience working with the intended target population(s), services and activities that will be provided (ensure they address the core components of the type of project you are proposing), best practices that will be utilized how the applicant collaborates/coordinates with other partners in the community.)*	5 points
	2.How does the proposed project meet an unmet need in the community? *(describe data/information used to determine need, what is unique about the proposed project that separates it from existing similar projects)*	5 points
	3. Describe how you will work with other community-based organizations in the community to ensure that the service needs of your program participants are met. Please include if your organization had any prior experience in managing grants that has dealt with homeless housing or case management. If yes, please give a brief description of the program and how successful it has been.	10 points
	4. Describe what services your project will provide or make referrals to that lead to the increased self-sufficiency of your program participants	5 Points

	5.Do you have a strategy for clients to complete the program successfully?	5 Points

	6. Please answer A or B (not both)
	    (A.) **Has any of your CoC projects fallen into Tier 2 or not been funded in the past 3 years? (This includes all new Applications submitted and not funded.) If yes, please explain what happened and why your program is seeking new project funding.**
	    (B.) If you have never applied for CoC funding in the past, why are you choosing to apply for funding for a new project for this NOFA?
	(Please attach as 2-6)
		5 points

Section 3 **Coordinated Entry**	**1.What percentage of your program participants will be coming through Coordinated Entry system?**	3 points %
	2. What policies and procedures will be in place to ensure program is in compliance with Coordinated Entry requirements	5 points
	3. Does your organization have prior experience in managing federal or other grants? *(Briefly describe your organization's process for managing grant funds, existing finance infrastructure, describe internal monitoring process, etc.)*	4 points

Section 4
 	
Community Engagement
	1.Which CoC/HSN activities does your program/project staff participate in?
	    ☐ HSN Meetings
	    ☐ HSN Committees
	    ☐ HMIS Advisory Committee
	    ☐ Coordinated Entry workgroup
	    ☐ Chronic Homeless Committee
	    ☐ Point in Time Planning Committee and/or Volunteer
	    ☐ H2 Committee
	    ☐ Rochester/Monroe Anti-Poverty Initiative
	    ☐ Tiny Homes Committee
	    ☐ Project Homeless Connect
	    ☐ STOMP
		4 points

	2.How does this project align with Community Priorities? (Please attach explanation as attachment 4-2)	2 points
Section 5 **Applicants Intending to Serve**	**1. Please describe how the proposed project will be consistent with laws related to the provision of educational services to individuals and families.** *(include the title of the designated staff person who will be responsible)*	3 point

Persons <18 years of age		

Section 6 **Housing First Principles** **All Programs**	**1.Please list eligibility criteria as they will appear in your program policies and procedures**	5 points
	2.What are possible reasons as they will appear in your program policies and procedures and/or requirements of the property manager that would be grounds for rejection	5 points
	3.Please attach the housing first or person-centered policy for project (name as Attachment 6-3)	

		Yes	No	
Section 7 **Data Collection** **All Programs**	**1.Is the project going to fully participate in HMIS? (i.e. - enter all required HUD data elements in a timely manner)**			0 pts.
	2.Does the project intend to share all HUD Data Standards and VSPDAT assessment in HMIS with other providers?			0 pts.
	3.Describe what your Data Collection process will be. Include information on data entry, ongoing monitoring of data quality, timeliness of data entry, and how it will meet requirements participating in Coordinated Entry (10 points)			
Section 8 **Projected Program Outcomes** **All Programs**	**1.What percentage of your participants will access/maintain non-cash resources?**	_____%		2 points
	2.What percentage of your participants will access/maintain employment income?	_____%		2 points
	3.What percentage of your participants will access/maintain income from sources other than employment?	_____%		2 points
	4.What percentage of your participants will either exit to or remain in permanent housing?	_____%		2 points
	5.HUD Request divided by projected number of households served	$		2 points
	6.Total Budget divided by projected number of households served	$		2 points

	7.Please give a brief description on how you plan to achieve these HUD CoC community outcomes? Please include how long it will take for your project to achieve these outcomes? (attachment 8-7) (2 points)	

TOTAL	**_____out of 105**

Application Checklist:

_____ Completed Application
_____ Completed Budget Workbook (5 points)
_____Attachments as applicable for this project
_____ Documentation of non-profit status (IRS Determination Letter)
_____ Copy of your organization's most recent audited financial statement
_____ Other attachments as applicable to your project; i.e. – proof of site control, Zoning Compliance, documentation of
 other funding sources, MOU(s)

Applicant Assurances

To the best of my knowledge and belief, all information in this application is true and correct. The applicant has duly authorized this document and the applicant will comply with the following:

- Applicant will complete the HUD Project Application forms in Esnaps with the same information as contained in this application unless the Project Selection Committee made adjustment(s) during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter that will be sent to each applicant
- Applicant agrees to participate fully in Homeless Management Information System (HMIS)
- Applicant agrees to abide by all CoC Written Standards applicable to the project that funding is being requested for
- Applicant agrees that the program will fully participate in the Coordinated Entry system, which includes the use of a Common Assessment tool.
- Applicant understands that HUD CoC funded homeless projects are monitored annually by the RMHCoC
 Applicant agrees to pay the RMHCoC Administrative Fee if successfully awarded funding by HUD. The fee is
 based on a billing rate (0.002845343) of the total HUD grant awarded.

- If awarded funding, the applicant agrees to inform the CoC when the following occur:
  - ✓ The organization has staff vacancies for a duration of time that could affect the projected number of participants served, or result in HUD funds not being fully expended.
  - ✓ There are changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD.
  - ✓ There is an increase/decrease of other funding to the project that could affect the projected number of participants served, services provided, performance, ability to meet matching or leveraging requirements, etc.
  - ✓ There are significant delays in the start-up of a new project.

Name: (please type)	
Title:	

Phone:	
Email:	
Signature: (if application is scanned)	
Electronic signature authorization:	☐ I agree that checking this box is the legal equivalent of my manual signature on this agreement.
Date:	