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**560 West Main Street**

**Rochester, New York 14608**

**Phone: 585-319-5091; Fax: 585-319-5488**

**Partners Ending Homelessness (PEH)**

**2022 New Project Application**

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| **Organization Name:** |  |
| **Project Name:** |  |

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| **Contact Person**  **Phone Number**  **Email** |  |
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| **Source of Funding** | |
| **Bonus Funding** |  |

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| **Project Type** (check correct box) | |
| **Permanent Supportive Housing (PSH)** |  |
| **Rapid Re-Housing (RRH)** |  |
| **Transitional Housing/Rapid Re-Housing Hybrid (TH/RRH)** |  |
| **Current PSH or RRH Expansion** |  |
| **Bonus DV Rapid Re-Housing (DV/RRH)** |  |
| **Healthcare Partnership PSH** |  |
| **Healthcare Partnership RRH** |  |
| **Non-CoC Funded Housing Partnership PSH** |  |
| **Non-CoC Funded Housing Partnership RRH** |  |

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| **Section 1** | 1. **Homeless Sub-Populations**  **3 points** | | |
| **LOCAL PRIORITIES/**  **Strategically Allocate Resources**  **(Community priorities determined by HSN stakeholders at 6/15/22 meeting)** | What % of the population served is Chronic Homeless |  | |
| What % of the population served are Households with Children |  | |
| What % of the population served are Youth/Parenting Youth (< 18 years or Transition Age Youth (18 – 24) |  | |
| What % of the population served are Re-entry |  | |
| What % of the population served are Veterans |  | |
| What % of the population are fleeing Domestic Violence |  | |
| What % of the population were unsheltered prior to entering |  | |
| What % of the population are single Adults |  | |
| 1. **Special Needs (PSH only)** | | |
| What % of the population served will have a mental health condition |  | |
| What % of the population served will have a substance abuse condition |  | |
| What % of the population served will have a chronic health condition or physical disability |  | |
| What % of the population served to have HIV/AIDS |  | |
| What % of the population will have a developmental disability |  | |
| 1. **Will your program provide or make linkages to employment services? (If Yes, please provide narrative attachment named 1-1)** **2 points** | Y | N |

**All Projects**

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| **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** |  |

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| **Section 2** | **QUESTION** | **MAX POINT VALUE** |
| **Narrative** |
| **All Applicants**  **\_\_\_\_\_\_\_\_**  **Section 3**  **Coordinated Entry**  **\_\_\_\_\_\_\_\_\_\_**  **Section 4**  **Community Engagement**  **Section 5**  **Applicants Intending to Serve Persons <18 years of age** | **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.)*  **1A.** **What is the vision of your health care or housing partnership?** | **5 points** |
| **2.How does the proposed project meet community priorities?** *(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 to ensure that the service needs of your program participants are met. Please include if your organization had any prior experience managing grants that have dealt with homeless housing or case management. If yes, please give a brief description of the program and how successful it has been.** | **5 points** |
| **4. Describe what services promote increased client self-sufficiency and how your project will provide or make referrals for these services?** | **5 Points** |
| **5. What measurement or system would the agency use to track the client's housing stability?** | **5 Points** |
| **6. What will be your strategy for participants to remain stably housed or complete the program successfully?** | **5 Points** |
| **7.** **Please answer A and then B or C**   1. **Why are you looking to fund a new project this year?** 2. **Has any of your CoC projects been reallocated in the past three years? If yes, please explain what happened and why your program is seeking new project funding. In addition, please describe action steps not to repeat past performances.**   **(C.) Please answer if your agency never applied for CoC funding in the past. Why are you choosing to apply for a new project?**  **(Please attach as 2-7)** | **5 points** |
| **1.What percentage of your program participants will be coming through the Coordinated Entry system?** | **3 points**  % |
| **2. What policies and procedures will be in place to ensure the program complies with Coordinated Entry requirements** | **3**  **points** |
| **1.Which of the following does your program/project staff participate in these CoC/HSN?**  HSN Meetings  HSN Committees  HMIS Advisory Committee  Coordinated Entry workgroup  Chronic Homeless Committee  Point in Time Planning Committee and/or Volunteer  Rochester/Monroe Anti-Poverty Initiative (RMAPI)  Project Homeless Connect  Landlord Engagement Workgroup | **2 points** |
| **2.How does this project align with Community Priorities? (Please attach as 4-2)** | **2 points** |
| **1. Please describe how the proposed project will be consistent with laws related to providing educational services to individuals and families.** *(include the title of the designated staff person who will be responsible)* | |

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| **Section 6**  **Housing First Principles**  **All Programs** | **1.Please list eligibility criteria as they will appear in your program policies and procedures. (Please attach as 6-1)** | **3 points** |
| **2. Attach the agency's termination policy for all participants in the future project. (Please attach as 6-2)** | **3 points** |
| **3.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 denial into the program. (Please attach as 6-3)** | **3 points** |
| **4.Please attach the housing-first policy for the project (Please attach as 6-4)** | **3 points** |

Yes No

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| **Section 7**  **Data Collection**  **All Programs** | **1.Is the project going to participate in HMIS fully? (i.e., enter all required HUD data elements on time)** |  |  | **0 points** |
| **2.Does the project intend to share all HUD Data Standards and VSPDAT assessments in HMIS with other providers?** |  |  | **0 points** |
| **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 (5 points)** | | | |
| **4. Describe your process for documenting interactions with the client(s). Include information on where documentation will be recorded, how often the case manager will meet with the client(s), and what system will be in place to monitor the timeliness of documentation.**   1. **points)** | | | |
| **5. What elements should be included in case notes? (Please attach as name 7-5) (2 points)** | | | |
| **Section 8**  **Projected Program Outcomes**  **All Programs** | **1.What percentage of your participants will access/maintain non-cash resources?** | \_\_\_\_\_\_\_% | | **1 point** |
| **2.What percentage of your participants will access/maintain employment income?** | \_\_\_\_\_\_\_% | | **1 point** |
| **3.What percentage of your participants will access/maintain income from sources other than employment?** | \_\_\_\_\_\_\_% | | **1 point** |
| **4.What percentage of your participants will either exit or remain in permanent housing?** | \_\_\_\_\_\_\_% | | **1 point** |
| **5.HUD Request divided by the projected number of households served** | $ | | **3 points** |
| **6.Total Budget divided by the projected number of households served** | $ | | **3 points** |
| **7.Please give a brief description of how you plan to achieve these HUD CoC community outcomes? Please include how long it will take for your project to achieve these outcomes? ((Please attach as 8-7) (4 points)** | | | |
| **8. 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)** | | | |

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| **Presentation** | **5 (+/-) Points** |
| **Bonus DV Rapid Re-Housing (DV/RRH)** | **5 Bonus Points** |
| **Bonus Healthcare Partnership PSH/RRH**  *(Attach MOU as MOU HP/PSH or RRH)* | **5 Bonus Points** |
| **Bonus Non-CoC Funded Housing Partnership** | **5 Bonus Points** |
| **TOTAL** | **\_\_\_\_\_\_\_out of 100** |

**Application Checklist:**

\_\_\_\_\_ Completed Application

\_\_\_\_\_ Completed Budget Workbook **(8 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. Therefore, the applicant has duly authorized this document, and the applicant will comply with the following:

* The 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 an 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) including case notes.
* 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 aggress to participate in monthly report meetings and monthly housing meeting for PSH and RRH projects
* Applicant aggress to date and accurate rent or roster at least once a month to match with HMIS.
* 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 (0.002707937) of the total HUD grant awarded.

* If awarded funding, the applicant agrees to inform PEH 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 match requirements, etc.**
  + **There are significant delays in the start-up of a new project.**

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| **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:** |  |