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**560 West Main Street**

**Rochester, New York 14608**

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

**Partners Ending Homelessness (PEH)**

**2024 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** |[ ]
| **Reallocated Funding**  |[ ]
| **DV Bonus**  |[ ]

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

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| **Section 2**  | **QUESTION** | **MAX POINT VALUE** |
| **Narrative** |
| **All Applicants****\_\_\_\_\_\_\_\_\_\_****Section 4** **Community Engagement**  | 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** |
| 1. **How does the proposed project help meet HUD Priorities?** *(Describe data/information used to determine need and what is unique about the proposed project that separates it from existing similar projects)*
 | **8 points** |
| **3. How will the proposed project contribute to improved system performance?** | **8 points** |
| **4. How will the proposed project improve service provision?** | **8 points** |
| **5. How will the success of the proposed project be measured?** | **8 points** |
| **6.** **Please answer A and then B or C** 1. **Why are you looking to fund a new project this year?**
2. **Have your CoC projects been reallocated in the past three years? If yes, please explain what happened and why your program seeks new project funding. In addition, please describe the action steps to avoid repeating past performances.**
3. **Please answer if your agency has not applied for CoC funding. Why are you choosing to apply for a new project?**

**(Please attach as 2-7)** | **5 points** |
| 1. **In which of the following does your program/project staff participate?**

[ ]  HSN Meetings[ ]  HSN Committees[ ]  HMIS Advisory Committee[ ]  Coordinated Entry workgroup.[ ]  Chronic Homeless Committee[ ]  Point in Time Planning Committee and/or Volunteer[ ]  Landlord Engagement Workgroup | **2 points** |
| 1. **How does the proposed project align with Community Priorities? (Please attach as 4-2)**
 | **2 points** |

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| **Section 5****Projected Program Outcomes** | 1. **Is the coverage rate of HMIS participation for each CoC Component greater than 84.99% of the current bed inventory/programs?**

Emergency Shelter \_\_\_\_\_\_\_%Safe Haven \_\_\_\_\_\_\_%Transitional Housing \_\_\_\_\_\_%Permanent Supportive Housing \_\_\_\_\_\_%Other Permanent Housing \_\_\_\_\_\_%Street Outreach \_\_\_\_\_\_\_ % |  | **12 points maximum****(2 points for each component > than 84.99%** |
| 1. **HMIS system collects all Universal Data Elements as set forth in the HMIS Data Standards**

**Yes** [ ]  **No** [ ]  |  | **Yes =****2 points** |
| 1. **HMIS system produces all HUD-required reports and provides data as needed for HUD reporting (i.e. – APR, CAPER, PIT, HIC, LSA and System Performance) required by local and other federal partners**

**Yes** [ ]  **No** [ ] **Reports were submitted by deadline**

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| **HIC** | **Yes** [ ]  | **No** [ ]  |
| **PIT** | **Yes** [ ]  | **No** [ ]  |
| **LSA** | **Yes** [ ]  | **No** [ ]  |
| **SPM** | **Yes** [ ]  | **No** [ ]  |
| **APR** | **Yes** [ ]  | **No** [ ]  |

 |  | **12 points maximum****2 points for each yes** |
| 1. **HMIS is able to un-duplicate client records and facilitates an unduplicated count of persons experiencing homelessness**

**Yes** [ ]  **No** [ ]  |  | **Yes =****2 Points** |
| 1. **Improved data entry accuracy and data entry timeliness**

**Yes** [ ]  **No** [ ]  |  | **5** **points** |
| 1. **Improve monitoring of participant’s progress through the system, better understanding of utilization and outcomes**

**Yes** [ ]  **No** [ ]  |   | **5** **points** |
| 1. **Please briefly describe 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)**
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| **8. Does your organization have experience managing federal or other grants?** *(Briefly describe your organization's process for managing grant funds and existing financial infrastructure, the internal monitoring process, etc.)* **(4 points)** |
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|  **Sub-Total** | **\_\_\_\_\_\_\_out of 100** |
| **Presentation** | **5 (+/-) Points** |
| **Bonus Non-CoC Funded Housing Partnership** | **5 Bonus Points** |
|  **Bonus Healthcare Partnership PSH/RRH** ***(Attach MOU as MOU HP/PSH or RRH)***  | **5 Bonus Points** |
|  **Bonus DV Rapid Re-Housing (DV/RRH or DV-TH/RRH)**  | **5 Bonus Points** |
| **TOTAL** | **\_\_\_\_\_\_\_** |

**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 in this application unless the Project Selection Committee adjusted (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 in monthly report meetings and monthly housing meetings for PSH and RRH projects
* Applicant understands that HUD CoC-funded homeless projects are monitored annually by the RMHCoC.
* If awarded funding, the applicant agrees to inform PEH when the following occur:
	+ **The organization has staff vacancies 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 initially approved for, including any budget amendments/modifications submitted to HUD.**
	+ **There is an increase/decrease in other funding for 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 the application is scanned) |  |
| **Electronic signature authorization:** | [ ]  I agree that checking this box is the legal equivalent of my manual signature on this agreement.  |
| **Date:** |  |