



**Ithaca/Tompkins County Continuum of Care 2023
Local NEW Project Application**

Applications are due August 21, 2023, at 5pm.

**Applications and all attachments must be submitted in a single PDF to
the Human Services Coalition via email: lbargar@hsctc.org**

Agency and Project Information

Agency Name:			
Program Name:			
Application Contact Person:			
Agency Contact Email:			
Amount Requesting:		Total Project Cost (including match):	
Projected Number Served (beds or persons):			
Project Location (zip code):			
Component Type:	<input type="checkbox"/> RRH <input type="checkbox"/> PSH <input type="checkbox"/> SSO (Coordinated Entry) <input type="checkbox"/> TH-RRH <input type="checkbox"/> HMIS		
E-SNAPS Certification	<input type="checkbox"/> I certify that my program has an E-SNAPS account and has demonstrated proficiency in E-SNAPS. I commit to submitting an online E-SNAPS application by September 21st following notification of successful application approval on September 12th.		
Is this project partnering with a healthcare service?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this project a subsidy partnership project?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this project serving survivors of domestic violence and applying for DV Bonus funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this project an expansion of an existing CoC project?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Threshold Requirements

Applicant has Active SAM registration with current information, and maintains an active SAM registration annually.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant has Valid UEI (Unique Entity Identifier) Number.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant is a Non-Profit organization with active 501(c)3 status, public housing authority, or local government organization	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agree to use HMIS (or comparable database if DV)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CoC Membership- has a current MOU or agrees to enter MOU with the Human Services Coalition of Tompkins County	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant agrees to using the Coordinated Entry System to fill 100% of beds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicants agrees to adopt Housing First model	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Management letter from agency's most recent fiscal audit demonstrating that agency is in good standing is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer is no to any of the above questions, please explain below.

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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Narrative Questions

<p>Community Need: 5 points</p>	<p>Using local data on homelessness, how does this project support the NY-510 CoC’s goals of ending chronic, youth, family or homelessness for all persons? Please include agency’s unique ability to serve the population. (250 words)</p>
<p>Capacity: 5 points</p>	<p>Describe housing programs the agency currently administers and describe success of the programs. Please also include organizational experience and expertise to operate the proposed project. (250 words)</p>
<p>Project Implementation: 5 points</p>	<p>Describe your detailed plan for rapid implementation of the program, documenting how the program will be ready to begin housing the first program participant including a projected date for move-in if your program is awarded funds. Please discuss agency timelines for staffing the project and otherwise complying with CoC Program deadline. (250 words)</p>



<p>Person-Centered Planning: 5 points</p>	<p>Describe how your program supports and engages the individuals served throughout their participation in the project. (250 words)</p>
<p>Racial Equity: 5 points</p>	<p>How does your project work to eliminate racial disparities in housing outcomes? (250 words)</p>
<p>Elevating Lived Experience: 5 points</p>	<p>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)</p>
<p>Serving Intersectional Identities: 5 points</p>	<p>Describe how your program will provide consistent help across intersectional identities. (e.g. LGBTQIA+, youth, BIPOC, disabled people) (250 words)</p>



<p>Housing First and Trauma-Informed Care: 5 points</p>	<p>Describe your program’s commitment to a Housing First model and trauma-informed care to create a safe and stable housing environment for participants exiting an experience of homelessness. (250 words)</p>
Empty space for response	
<p>Connection to Healthcare Services: 5 points</p>	<p>Describe your strategy to ensure clients are connected with and have ongoing access to appropriate healthcare services, including mental healthcare and gender-affirming healthcare. (250 words)</p>
Empty space for response	

<p align="center"><u>Performance Measures</u></p>	
<p>Employment & Income Growth: 10 points</p>	<p>Describe how clients will be assisted in obtaining employment, income, and mainstream health resources to maximize their ability to live independently. (250 words)</p>
Empty space for response	



<p>Housing Placement & Retention: 10 Points</p>	<p>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? Please reference concrete examples and past performance with housing placement and retention. Please also detail any supportive services to be provided for this project (e.g. frequency, types of services) (250 words)</p>
<p>Returns to Homelessness: 10 points</p>	<p>How will projects ensure that clients will not return to homelessness after project exit? (250 words)</p>



Budget Questions

Please attach a project budget to prove that expenses are reasonable, allocable, and allowable as well as 25% match documentation: **10 points** Budget Attached Match Documentation Attached

Budget must include: no line items outside of the categories of Leasing, Rental Assistance, Supportive Services, Operations, and Administration. If leasing costs are included, please include the anticipated rent rate/unit assisted.

Admin cannot be over 10% unless agency has an approved cost rate.

Match must be 25% of total grant amount*, indicate whether it is cash or in-kind, and have attached match letter. Agencies can only receive a maximum score of 5 if match documentation is not attached.

***If a project has a LEASING budget line, this does not require match. In this case, you would subtract the leasing line amount from the total grant amount to determine the 25% match requirement.**

Cost Effectiveness:
10 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



Special Project Questions

Only fill out these questions if you are applying for these specific project types

ONLY For Domestic Violence Bonus Applicants: 10 points

Please answer these two questions in the section below: (250 words)

- Describe agency's experience working with victims/survivors of Domestic Violence.
- Indicate whether your organization is a Victim Service Provider

ONLY For Coordinated Entry Applicants: 10 points

Please answer the following questions in the section below (500 words)

- Describe how you will ensure that the coordinated assessment system will be easily available/reachable for all persons within the CoC's geographic area who are seeking homelessness assistance including those with disabilities.
- Describe how your advertising strategy will be designed to specifically reach homeless persons with the highest barriers within the CoC's geographic area.
- Describe how your standardized assessment process will ensure program participants are directed to appropriate housing and services that fit their needs.



ONLY For Healthcare Project Applicants: 10 points

Please describe how the project will structure program to provide healthcare services to participants. (250 words)

Please attach a commitment letter from a healthcare organization demonstrating commitment of either:

- i. For recovery or substance use treatment, services that are available for all program participants and chose those services; or
- ii. An amount that is equivalent to 25% of the funding being requested for the project to be covered by the healthcare organization.

Attached

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:

- i. 25% of units will be dedicated to PSH participants; or
- ii. 25% of persons served will be dedicated to RRH participants

Attached



Staff Notes:

Narrative Questions: ___/45

Performance Measures: ___/30

Budget Questions: ___/20

Special Project Bonus: ___/10

Total: ___/95

Special Project Total: ___ / 105