NY-510 ITHACA/TOMPKINS CONTINUUM OF CARE

2024 YHDP NEW Project APPLICATION
Applications are due September 27, 2024 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:	
Application Contact Email:	
Amount Requesting:	
Total Project Cost (incl. match):	
Projected Number Served (beds or persons)	
Project Location (zip code)	
Component Type (RRH, PSH, SSO-CE, TH-RRH, HMIS)	
Is this project partnering with a healthcare service?	
Is this project a subsidy partnership project?	
Is this project serving survivors of domestic violence and applying for DV bonus funds?	
Is this project an expansion of an existing CoC project?	

E-SNAPS Certification: 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 October 25th, 2024 following notification of successful application approval by October 11th, 2024.

Sign: _____

Program Design: Provide an overall description addressing the whole scope of the project. Include the needs to be addressed, the population to be served; geographic area to be served; location of services; outreach strategy and methods for eligibility determinations; the housing and/or supportive services to be provided; linkages with other services and agencies; outcomes to be achieved; and how the project will be accessible and appropriate for any subpopulations intended to be served. (500 points)

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THRESHOLD REQUIREMENTS

Applicant has Active SAM registration with current information, and maintains an active SAM registration annually	
Applicant has Valid UEI (Unique Entity Identifier) Number	
Applicant is a Non-Profit organization with active 501(c)3 status, public housing authority, or local government organization	
Agree to use HMIS (or comparable database if DV)	
CoC Membership- has a current MOU or agrees to enter MOU with the Human Services Coalition of Tompkins County	
Applicant agrees to using the Coordinated Entry System to fill 100% of beds	
Applicant agrees to adopt Housing First model	
Management letter from agency's most recent fiscal audit demonstrating that agency is in good standing is attached.	

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

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YHDP THRESHOLD QUESTIONS

Agency Experience with YYA: Describe your agency's experience in serving unaccompanied YYA experiencing homelessness or housing instability. What best practices does your agency utilize in engaging and supporting young people? (5 points)

Youth Involvement and Leadership: How has your organization fostered youth involvement and leadership historically? If the organization has not fostered youth involvement and leadership, please explain how you plan to incorporate it in your project/s. (5 points)

Alignment with YHDP Mission, Vision, and CCP: Explain how the proposed project aligns with the mission and vision of the Youth Homelessness Demonstration Project. How will your project support the housing and shelter goals noted in the Ithaca/Tompkins Coordinated Community Plan published in 2022? Please include specific quotes and data from the plan where appropriate. (10 points)

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NARRATIVE QUESTIONS

Community Need (5 points): Using local data on homelessness, how does this project support the NY-510 CoC's goals of ending chronic, youth, and family homelessness, or homelessness for all persons? Please include agency's unique ability to serve the population.

Capacity (5 points): 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.

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 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.

Housing (5 points): Describe the housing that will be made available to individuals and families experiencing homelessness. For projects directly providing housing, describe the type and location of the housing and the number of beds and/or units to be provided. For all project types, explain how individuals and families experiencing homelessness will be assisted to obtain and remain in appropriate housing.

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NARRATIVE QUESTIONS (CONTINUED)

Supportive Services (10 points): Describe the supportive services for individuals and families that will be provided through the project, including the type, scale, and location of supportive services and the mode of transportation to those services. Explain how the program design will be made accessible and appropriate for participants with severe service needs. Describe how the supportive services will assist individuals and families to gain independent living skills; to obtain and remain in permanent housing; to access education and increase income through employment and/or benefits; and to maximize their ability to live independently.

Connection to Healthcare Services (2.5 points): Describe your strategy to ensure clients are connected with and have ongoing access to appropriate healthcare services, including mental healthcare and gender-affirming healthcare.

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NARRATIVE QUESTIONS (CONTINUED)

Elevating Lived Experience (5 points): Describe how your program plans to elevate the voices of and employ people of all ages with lived experience of homelessness to create better support for your clients. Please include job descriptions if available.

Serving Intersectional Identities (5 points): Describe how your program will provide consistent help across intersectional identities. (e.g. LGBTQIA+, youth, BIPOC, disabled people)

Racial Equity (5 points): How will your project work to eliminate racial disparities in housing outcomes?

Person-Centered Planning (2.5 points): Describe how your program will support and engage the individuals served throughout their participation in the project.

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PERFORMANCE MEASURES

Employment and Income Growth (10 points): Describe how clients will be assisted in obtaining employment, income, and mainstream health resources to maximize their ability to live independently.

Housing Placement and Retention (10 points): How will the 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)

Returns to Homelessness (10 points): How will projects ensure that clients will not return to homelessness after project exit?

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PROGRAM STRUCTURE

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 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.

Housing (5 points): Describe the housing that will be made available to individuals and families experiencing homelessness. For projects directly providing housing, describe the type and location of the housing and the number of beds and/or units to be provided. For all project types, explain how individuals and families experiencing homelessness will be assisted to obtain and remain in appropriate housing.

Supportive Services (10 points): Describe the supportive services for individuals and families that will be provided through the project, including the type, scale, and location of supportive services and the mode of transportation to those services. Explain how the program design will be made accessible and appropriate for participants with severe service needs. Describe how the supportive services will assist individuals and families to gain independent living skills; to obtain and remain in permanent housing; to access education and increase income through employment and/or benefits; and to maximize their ability to live independently.

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BUDGET QUESTIONS

Please see the attached budget worksheet for detailed information about eligible uses and how to create a project budget. Please fill in budget charts below that are applicable to your projects (5 points).

Projects selected for funding will be required to provide (25%) match documentations.
- 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 (5 points): Calculate your program's cost effectiveness and explain what numbers you used to calculate that rate.

BUDGET WORKSHEETS

The following budgets should be filled out to capture all costs planned for your project as broken down by eligible cost components for the CoC program.

Eligible Costs	PSH	RRH	TH	SSO
Leasing (units or structures)	x		x	x
Operating Costs	x		x	
Rental Assistance	x	x*	x	
Supportive Services	x	x	x	x
HMIS	x	x	x	x
Project Administration	x	x	x	x

*(tenant-based)

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LEASED UNIT BUDGET:
PSH AND TH PROJECTS WHERE RECIPIENT IS LEASEHOLDER

This budget applies to projects that will provide housing to program participant, with leases executed between the property owner and the Recipient. If the project intends to provide housing where the lease will be between the property owner and the program participant, complete the **RENTAL ASSISTANCE BUDGET**, not the leased units budget.

FY2024 Ithaca, NY Metropolitan Service Area Fair Market Rents by Unit Bedrooms:

Final FY2024 FMRs by Unit Bedrooms				
Efficiency	**One-Bedroom**	**Two-Bedroom**	**Three-Bedroom**	**Four-Bedroom**
$1,311	$1,434	$1,664	$2,056	$2,229

Please input below the number of units you plan to lease of each unit size in the first column. Then, please calculate your total annual request for funding per unit size by multiplying the number of units requested (first column) by the FMR for that unit size (second column), and multiplying the resulting number by 12 months in the year.

Final FY2024 FMRs by Unit Bedrooms			
Size of Unit	**Number of Units**	**FMR**	**Total Requested**
Sample: 1 Bedroom	*6*	*$1000*	*$72,000*
Efficiency/SRO		$1,311	
1 Bedroom		$1,434	
2 Bedroom		$1,664	
3 Bedroom		$2,056	
4 Bedroom		$2,229	
Total Assistance Requested		-	

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LEASED STRUCTURES BUDGET:
PSH, TH, AND SSO PROJECTS THAT PLAN TO LEASE STRUCTURES

Project Applicants that plan to lease structures or portions of structures for housing or supportive services must complete the "Leased Structures Budget". If you plan to lease a structure but have not yet identified the site, please estimate your budget using the best available information and provide an explanation of your plan and timeline for identifying and securing the site.

Name of Structure:

The name of the structure can be as simple as "Structure 1" or something that is descriptive of the use of the structure.

Street Address:

Assistance Requested:

HUD Paid Rent (per Month)	
Total Annual Assistance Requested	
Total Requested for Grant Term (2 years)	

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OPERATING COSTS BUDGET:
PSH AND TH PROJECTS

PSH and TH projects with leased units or structures executed between the property owner and the Recipient should complete the Operating Costs Budget.

Eligible Costs	Quantity and Description	Assistance Requested
Maintenance/Repair		
Property Taxes and Insurance		
Replacement Reserve		
Building Security		
Electricity, Gas, and Water		
Furniture		
Equipment		-
Total Assistance Requested		

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RENTAL ASSISTANCE BUDGET:
RRH, PSH, AND TH PROJECTS WHERE PARTICIPANT IS LEASEHOLDER

Project Applicants that plan to provide rental assistance to participants (short/medium - or long term) as part of their project must complete the "Rental Assistance Budget". If you are applying for rental assistance units, the lease agreement will be between the landowner and the participant. If the leases are between the project applicant and the landowner, then the Project Applicant must complete the LEASED UNITS BUDGET, not the rental assistance budget.

FY2024 Ithaca, NY Metropolitan Service Area Fair Market Rents by Unit Bedrooms:

Final FY2024 FMRs by Unit Bedrooms				
Efficiency	**One-Bedroom**	**Two-Bedroom**	**Three-Bedroom**	**Four-Bedroom**
$1,311	$1,434	$1,664	$2,056	$2,229

Please input below the number of rental assistance units of each unit size you plan to use in the first column. Then, please calculate your total annual request for funding per unit size by multiplying the number of units requested (first column) by the FMR for that unit size (second column), and multiplying the resulting number by 12 months in the year.

Final FY2024 FMRs by Unit Bedrooms			
Size of Unit	**Number of Units**	**FMR**	**Total Requested**
Sample: 1 Bedroom	*6*	*$1000*	*$72,000*
Efficiency/SRO		$1,311	
1 Bedroom		$1,434	
2 Bedroom		$1,664	
3 Bedroom		$2,056	
4 Bedroom		$2,229	
Total Assistance Requested		-	

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SUPPORTIVE SERVICES BUDGET:
PSH, RRH, TH, AND SSO PROJECTS

All projects providing supportive services should complete the "Supportive Services Budget".

Eligible Costs	Quantity and Description	Assistance Requested
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		

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SUPPORTIVE SERVICES BUDGET (CONTINUED):
PSH, RRH, TH, AND SSO PROJECTS

All projects providing supportive services should complete the "Supportive Services Budget".

Eligible Costs	Quantity and Description	Assistance Requested
Utility Deposits		
Operating Costs (SSO only)		
Total Assistance Requested		

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HMIS BUDGET:
PSH, RRH, TH, AND SSO PROJECTS

Eligible Costs	Quantity and Description	Assistance Requested
Equipment		
Software		
Services		
Personnel		
Space and Operations		
Total Assistance Requested		

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PROJECT ADMINISTRATION BUDGET:
PSH, RRH, TH, AND SSO PROJECTS

Up to 10 percent of any CoC project grant may be used for project administration costs, excluding planning grants or Unified Funding Agency (UFA) costs.

Eligible Costs- salaries, wages, and related costs for:	Assistance Requested
Preparing/amending program budgets and schedules	
Developing systems to ensure compliance with program requirements	
Developing agreements with subrecipients/contractors to carry out program activities	
Monitoring program activities for progress and compliance with program requirements	
Preparing reports and other documents directly related to the program for submission to HUD	
Coordinating the resolution of audit and monitoring findings	
Managing people whose primary responsibilities are described above	
Travel costs incurred for monitoring of subrecipients	
Administrative services performed under third-party contracts or agreements (ex: legal services, accounting services, audit services)	
Other costs for goods and services required for program administration (ex: rental or purchase of equipment, insurance, utilities, office supplies, and rental and maintenance (but not purchase) of office space)	
Costs for providing and attending trainings and conferences related to youth homelessness	
Costs of carrying out the environmental review responsibilities	
Total Annual Assistance Requested	

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SPECIAL PROJECT QUESTIONS

ONLY for Domestic Violence Bonus Applicants (10 points): Describe agency's experience working with victims/survivors of Domestic Violence and indicate whether your organization is a Victim Service Provider.

ONLY for Coordinated Entry Applicants (10 points): 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.

ONLY for Healthcare Project Applicants: 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.

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SPECIAL PROJECT QUESTIONS (CONTINUED)

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.

ONLY for Subsidized Partnership Project Applicants: Please attach a funding letter from a housing organization demonstrating commitment of either:

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

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APPEALS PROCESS

Who may appeal?

An agency may appeal a decision concerning a project application submitted by that agency. The agency, project, and project application must meet the CoC and HUD threshold requirements as outlined in the Project Application Rubrics and CoC Request for Proposals. YHDP Applications will not be ranked, and no scoring outcomes will be provided to projects. Because of this, decisions regarding YHDP project applications are not eligible for appeal.

What may be appealed?

The appeals process applies only to project scoring and ranking. There is no appeal for project tiering. An appeal may not be submitted if: all questions on the application were not completed, all required attachments were not submitted with the application, and/or the application was not submitted by the required deadline

What is the timing of the appeal process?

Formal appeals may only be submitted by a project within three (3) business days of a project receiving their ranking. Appeals must be submitted in writing to the Collaborative Applicant, who will then forward to the Ranking Committee. The written appeal must consist of a brief statement no longer than one page, and can be in the form of a letter, memo or email. Any appeal via email must be sent to the Human Services Coalition, the Collaborative Applicant and Lead Agency.

How are appeals decisions made?

The ranking committee and the CoC Governance committee will review all appeals. Appeals are decided by majority vote and may not be overturned by the full CoC.

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SCORING AND NOTES

Staff Notes:

YHDP Threshold:

Agency Experience (5 points)

Youth Involvement and Lived Experience (5 points)

Alignment with YHDP Mission, Vision, and CCP (10 points)

Scoring:

Narrative Questions (60 points)

Performance Measures (30 points)

Budget Questions (10 points)

Total (100 points)

Special Project Bonus (10 points)

Total Score (out of 100 points)**:**