



New York City Continuum of Care

2022 New Project Application:

Rapid Re-housing (including expansions)

Application

All information requested in this application is required, and the CoC reserves the right not to review applications that:

- Are submitted late or are incomplete.
- Are submitted by ineligible applicants
- Do not indicate that the proposed project will meet all eligibility requirements
- Exceed the following maximum page limit: *20-pages total using a 12-point font with one-inch margin for Part B: e-snaps information & part C: NYC CoC Local Priorities. Please see the “checklist” on the last page of this RFP for an example of how to number narrative responses requiring the use of pages separate from this document.*
- Propose costs that deviate substantially from the norm in the locale for the type of structure or kind of activity proposed.

Applications are due by 5:00pm on August 23, 2022

Please contact the NYC DSS FHPR Team at nyc.coc@dss.nyc.gov for questions about the form or process. This application consists of three (3) parts:

- **Part A: Project Contact Information**
- **Part B: Additional e-snaps Information**

Section corresponds with required sections in [e-snaps](#) (the electronic CoC Application and Grants Management System used by HUD). If a project’s application is accepted, an *e-snaps* account will need to be created by the organization and information included in this application can be referred to in order to complete the *e-snaps* application. Training is available on how to complete the application and reference materials can be found [here](#).

- **Part C: NYC CoC Local Priorities**

Answer the questions in this section, which are not included in the *e-snaps* application and request additional detail beyond what is required in *e-snaps*.

The New Project Review Committee and Independent Review Team (IRT) reserves the right to request further information to assess an application and organization’s ability to successfully implement a new project.

Applicant Attestation:

I attest that prior to completing this application, I read and reviewed the *2022 CoC NOFO Introduction and Instructions* document in its entirety.

Name

Date

Part A: Project Contact Information

1. Project Applicant Information:

a. Name of Organization: _____

b. Organization Type

Units of Local Government Non-profit 501(c)(3) PHA

State Government Other: _____

c. SAM Unique Entity ID (UEI): _____

Note: on April 4, 2022, the U.S. Government transitioned from using the Dun & Bradstreet data universal numbering system (DUNS) to the new government-issued Unique Entity Identifier (UEI) in the SAM system as a means of entity identification for federal awards. For more information, visit this [DUNS to UEI Transition Page](#).

2. Project Type

RRH – New Project

RRH – Expansion of Supportive Services and/or Additional Units/Beds

Proposed Project Name: _____

Note: For brand new projects, applicants are encouraged to choose a name that is unique and which will make the project easily distinguishable from other projects. (For example, *New Beginnings Housing Program* would be better than *2022 CoC RRH*)

3. Sub-Recipient Organization (if applicable):

a. Name of Organization: _____

b. Organization Type

Units of Local Government Non-profit 501(c)(3) PHA

State Government Other: _____

c. SAM Unique Entity ID (UEI): _____

4. Contact person for this application:

a. Name: _____ Title: _____

b. Phone: _____

c. Email: _____

5. Project Address: _____

Organization Name _____ Project Name _____

6. Bed/Client Capacity

- a. Total Number of Units: _____
- b. Total Number of Beds: _____
- c. # Households Served: _____
- d. # People Served: _____

7. Target Population(s): select all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Chronic Homeless | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Other |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> N/A – Project Serves All Subpopulations |
| <input type="checkbox"/> Youth (under 25) | <input type="checkbox"/> Mental Illness | |
| <input type="checkbox"/> Families | <input type="checkbox"/> HIV/AIDS | |

8. Project Term

- One year

** Note: Applicants interested in a grant term longer than one year should contact the CoC at nyc.coc@dss.nyc.gov*

9. Is this an expansion project? Yes No (if no, skip to *Part B: E-SNAPS Information*)

If this is an expansion project, please indicate:

- a. Is this project seeking expansion funds to replace other funding sources?
 Yes No

Note: use of expansion funds to replace other sources is *not permitted*.

- b. Grant name of the eligible renewal project that is requesting expansion:

- c. Grant # of the eligible renewal project that is requesting expansion (ex. NY1234):

Note: component type (RRH) of the existing project must be identical to the component type of the proposed expansion project (RRH).

Note: expansion projects should submit this New Project RFP with the budget only for the expansion components of the project. (The applicant will separately submit a budget as part of their annual renewal.)

Part B: E-SNAPS Information

The following questions will have to be completed in *e-snaps*. If a project is recommended to be included in the application for CoC funds, they may use their responses from this RFP to respond to questions in the *e-snaps* application. Instructions to create an [e-snaps account](#) and an [e-snaps toolkit](#) may be helpful should the application be selected.

1. **Proposed Project Start Date:** _____

Note: We encourage new project applicants to start 10/1/23 to ensure alignment with the federal fiscal year and the annual NYC CoC project evaluation cycle.

a) Will it be feasible for the project to be under grant agreement by 12/1/23?

Yes

No

2. **Total Amount of HUD Assistance/CoC Program Funding Requested:** _____

3. **Experience of Applicant, Subrecipient(s), and Other Partners**

a) Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Note: if you have minimal or no experience utilizing federal funds, please describe your experience utilizing state, local or private sector funding.

b) Describe your organization's (and subrecipient(s) if applicable) financial management structure.

4. Project Description

a) Provide a description that addresses the entire scope of the proposed project.

- b) If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

- c) For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If multiple structures, complete one column for each structure.

Project Milestones	Days from Execution of Grant Agreement (i.e. HUD Contract)
Begin hiring staff or expending funds	
Begin program participant enrollment	
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	
Leased or rental assistance units or structure, and supportive services near 100% capacity	
Closing on purchase of land, structure(s), or execution of structure lease?	n/a
Start rehabilitation	n/a
Complete rehabilitation	n/a
Start new construction	n/a
Complete new construction	n/a

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Will the project enroll program participants who have the following barriers? (Select all that apply)

- Having too little income
- Active or history of substance use
- Having a criminal record with exceptions for state-mandated restrictions
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse)
- All of the above
- None of the above

Note: we expect that all applicants will select “all of the above,” in accordance with Housing First policies.

Will the project prevent program participant termination for the following reasons? (Select all that apply.)

- Failure to participate in supportive services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area
- All the above
- None of the above

Note: we expect that all applicants will select “all the above,” in accordance with Housing First policies.

5. Project Expansion Information (Respond if Applicable)

Will this expansion project increase the number of program participants?

- Yes No

If increasing the number of homeless persons served, indicate how the project is proposing to do so:

Category	Current	Proposed	New Total
Number of persons			
Number of units			
Number of beds			

Will this expansion project provide additional supportive services to program participants?

- Yes No

- a) If providing additional support services to homeless persons served, indicate how the project is proposing to do so, and describe the reasons for the supportive service increase.

- b) **For expansion of supportive services only:** Describe your current resources for providing supportive services and explain why you are currently not utilizing other government funded supportive services resources (DOHMH, OASAS, OMH, etc.). Why is your organization seeking CoC funds for services?

Will this expansion project bring existing facilities up to government health or safety standards?

Yes

No

6. Supportive Services for Participants

Note: be sure to address the following in your responses below:

- Needs of target population and services required
- How tenants will access these services
- Coordination with other providers and mainstream systems
- How tenants will access SSI/SSDI and other mainstream benefits
- Unique needs of youth (if applicable)

- a) Describe how participants will be assisted to obtain and remain in permanent housing.

- c) Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. Describe how participants will be assisted to both increase their employment and/or income and to maximize their ability to live independently.

7. Please complete the chart below, indicating the expected provider of each supportive service and the expected frequency of service provision:

Supportive Service	Service Provider (Applicant, Partner, Other)	Service Frequency (Daily, Weekly, Bi-weekly, Monthly, Bi-monthly, As Needed)
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management (minimum once/month)		
Child Care		
Education Services		
Employment Assistance & Job Training		
Food		
Housing Search and Counseling Services		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

Will the organization provide transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?

Yes

No

Will regular follow-ups with participants occur to ensure mainstream benefits are received and renewed?

Yes

No

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

Yes

No

Has the staff person providing the technical assistance completed SOAR training in the past 24 months?

Yes

No

8. Housing Type and Location

a) Total Units: _____

b) Total Beds: _____

9. Households Table

	Households with <u>at Least</u> One Adult and One Child	Adult Households <u>without</u> Children	Households with <u>Only</u> Children	Total
Number of Households				
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households <u>without</u> Children	Persons in Households with <u>Only</u> Children	Total
Persons over age 24				
Persons ages 18-24				
Accompanied Children under age 18				
Unaccompanied Children under age 18				
Total Persons				

10. Describe the outreach plan (e.g. collaboration with a referral agency and/or social services contracting agency) to bring these homeless participants into the project.

Note: Be sure to include a contingency plan to ensure project rent-up in accordance with the described timeline if enough eligible applicants are not identified in a timely manner.

Also, please enter the percentage of project participants you expect will come from each of the following locations:

- ___ Directly from the street or other locations not meant for human habitation
- ___ Directly from emergency shelters
- ___ Directly from safe havens
- ___ Persons fleeing domestic violence
- ___ **Total of above percentages**

11. Funding Request

Select the costs for which funding is being requested:

- Rental Assistance
- Supportive Services
- HMIS
- Project Administration

Note: Acquisition, rehabilitation, new construction, leasing, and operating costs are not eligible cost under RRH. For more information, visit this [CoC eligible costs guide](#).

a) Describe how your organization leverages community partnerships and draws upon all available resources, including non-HUD funding. How does your organization take advantage of all opportunities and resources and provide the best possible housing and support services to the clients it serves?

12. Rental Assistance Budget

Unit size	FY22 Fair Market Rent*	Number of Units	12 Months	Total RA (FMR x # of Units x 12)
Efficiency/0 BR	\$2,018		x 12	
1 BR	\$2,054		x 12	
2 BR	\$2,340		x 12	
3 BR	\$2,952		x 12	
4 BR	\$3,173		x 12	
The FMRs for unit sizes larger than four bedrooms are calculated by adding 15 percent to the four bedroom FMR, for each extra bedroom. For example, the FMR for a five-bedroom unit is 1.15 times the four-bedroom FMR, and the FMR for a six-bedroom unit is 1.30 times the four-bedroom FMR. FMRs for single-room occupancy units are 0.75 times the zero-bedroom (efficiency) FMR.				
Totals:				

Total RA Request for Grant Term: _____

Total Units: _____

Rental Assistance type: Tenant-based (TBRA)

Project-based and sponsor-based rental assistance are not allowable under RRH. For more information: [CoC Eligible Costs](#) and [CoC Rental Assistance Guide](#)

13. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The costs listed are the **only** costs allowed under [24 CFR 578.53](#).

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g., 1 FTE Case Manager Salary + benefits, or childcare for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field should be calculated based on the sum of the annual assistance requests entered for each activity.

Total Request for Grant Term: This field is calculated based on the total amount requested for each eligible cost multiplied by the grant term.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Eligible Costs	Quantity AND Description	Annual Assistance Requested
Assessment of Service Needs	<i>(e.g., 0.5 FTE Program Director at \$xx,xxx at %xx fringe benefits)</i>	
Assistance with Moving Costs	<i>(e.g., truck rental, hiring a moving company)</i>	
Case Management	<i>(e.g., counseling, coordinating and developing services, including program supervisor staff costs, obtaining benefits, providing risk assessment, providing housing and service plan)</i>	
Child Care	<i>(e.g., providing childcare vouchers, provision of meals/snacks if licensed childcare center)</i>	
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outpatient Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		
Operating Costs	<i>(e.g., direct provisions of services, costs of labor and supplies incurred in directly providing support services, work related telephone for staff, community meeting expenses, etc., if considered directly related to services)</i>	
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

14. HMIS Budget: Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity.

Eligible Costs	Quantity AND Description	Annual Assistance Requested
Equipment	<i>(e.g., computers, tablets)</i>	
Software	<i>(e.g., HMIS vendor contract)</i>	
Services		
Personnel		
Space & Operations		
Total Annual Assistance Requested		
Grant Term		
Total Request for Grant Term		

15. **Sources of Match:** The recipient or subrecipient must match all grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources.

Note: Be as specific as possible and include the office or grant program as applicable.

<u>Name of Source</u>	<u>Source Type</u> (indicate government or private)	<u>Commitment Type</u> (indicate cash or in-kind)	<u>Amount of Commitments</u>

Summary for Match

Total Value of Cash Commitments: _____

Total Value of In-Kind Commitments: _____

Total Value of All Commitments: _____

16. Summary Budget

Eligible Costs	Annual Assistance Required (Applicant)	Grant Term	Total HUD Assistance Requested for Grant Term (Applicant)	Total Assistance Expected from Other Sources*
1a. Acquisition				
1b. Rehabilitation				
1c. New Construction				
2a. Leased Units				
2b. Leased Structures				
3. Rental Assistance				
4. Supportive Services				
5. Operating (not eligible under RRH)				
6. HMIS				
Other (please specify):				
Other (please specify):				
Other (please specify):				
7. Sub-total Costs Requested				
8. Admin (Up to 10%)				
9. Total Assistance + Admin Requested				
10. Cash Match				
11. In-Kind Match				
12. Total Match				
13. Total Budget				

***Note:** applicants will not be penalized for receiving funds from non-HUD sources. This information has no bearing on project scoring and is used only by the CoC Review Committee to get a clearer picture of the project.

17. Are you proposing to include indirect costs in your budget?

YES

NO

i. If Yes, please select which type of rate you are using:

de minimis rate of 10% other rate (specify rate): _____

ii. If you are using a rate **other than the de minimis rate**, please provide an explanation/justification:

Part C: NYC CoC Local Priorities

1. Describe how this project will prepare clients for the conclusion of rental assistance (24 month maximum) – what support will be provided to ensure that clients will be successful in permanent housing, can wind-down supportive services, and prevent them from returning to the program, or worse, homelessness?

2. All new CoC projects are required to adhere to HUD’s “Housing First” requirements. Please describe how the practice is implemented at your agency. Include recipient/sub-recipient experience with, and a description of the program design for, implementing Housing First.

3. All CoC projects are required to participate in/accept referrals through NYC’s coordinated entry system, CAPS (Coordinated Assessment and Placement System). RRH projects have not yet been fully integrated into CAPS but will be in the future. Is your agency participating in or prepared to participate in “Coordinated Entry/CAPS”? Please explain.

yes

no

4. All CoC-funded projects are required to participate in our Homeless Management Information System (HMIS), which captures project data that is used to measure performance and drive decision-making. (DV projects do not upload their data directly in to our HMIS, but have a comparable system, be HIPAAA compliant, and like all other projects, submit an Annual Performance Report (APR) to HUD.)

a. Please tell us the type of performance management software used by your organization.

b. Please select which of the following metrics are tracked by the performance management software:

- utilization/capacity
- population and sub-population information
- income and entitlement benefits
- employment rates
- housing destinations upon exit

c. Which programs in your agency/organization utilize this system?

d. Please list the titles of all staff proficient in this system:

- e. **Has your organization used this system to implement a program-based performance measurement system focused on continuous quality improvement? If so, please describe:**

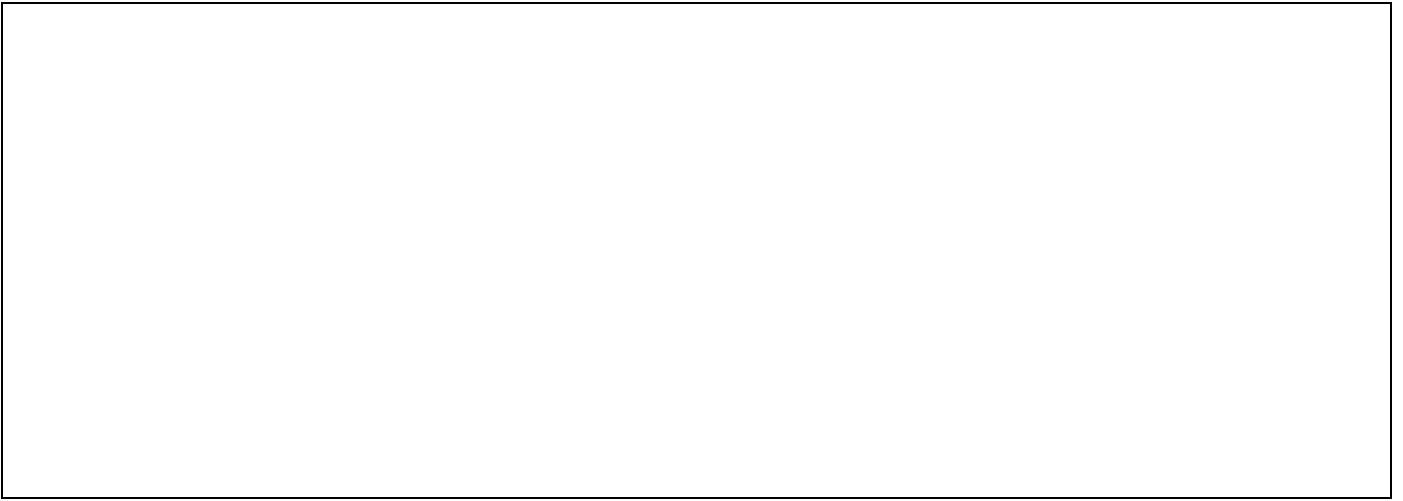
- 5 . **Will your agency employ homeless and/or formerly homeless individuals in this project?**

yes

no

The NYC CoC encourages organizations to provide employment opportunities to clients it serves, if appropriate. If yes, please describe the role of these individuals in the project.

6. **Describe your agency's existing mechanism(s) for involvement of Persons with Lived Experience (PWLEx) in any or all facets of the program operations (an advisory committee, participant feedback, participation on the organization's board) and how that information is used. Describe how you would obtain PWLEx feedback in this new program.**



Application Review Checklist

- All information in *Part A: Project Contact Information* is complete.
- All questions contained in *Part B: E-snaps Information* have been answered.
- All questions contained in *Part C: NYC CoC Local Priorities* have been answered.
- The completed application is submitted as a single PDF document and labeled with the following nomenclature:
 - 2022 CoC New Project RFP_NAME OF ORGANIZATION_PROJECT NAME
- The application should be emailed to the NYC DSS FHPR Team (nyc.coc@dss.nyc.gov) no later than **5:00pm** on **08/23/22**.
 - Use the following subject line in your email: 2022 CoC New Project RFP Submission_[NAME OF ORGANIZATION]