Request for Qualifications and Project Proposal– 2023 New Projects

RFQ+P Process

Applicants:

Before starting this application, please prepare a .pdf file of your answers to the long answer questions LI-LIII found in the [Local Competition RFQ+P Submission Instructions]. You will be asked to attached this file at the end of this form.

This form is meant to capture the broad strokes of your new project proposal for this year's round of funding. Please note this form will not record or save your responses until it is submitted. Upon completion of this form, you may be contacted by the NYC CoC to provide additional details regarding your proposal. If the information provided is insufficient and/or your application misses the cut-off date for proposals, you may be disqualified from this year's new project funding round.

The NYC CoC reserves the right to request adjustments to this proposal once the notice of funding opportunity (NOFO) is released.

Please contact the NYC CoC Team at nyc.coc@dss.nyc.gov for questions about the form or process.

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Project Applicant Information:

* 1. Name of Organization:

[   ]

   * 2. Organization type:

   ◯ Local Government

   ◯ Non-profit 501(c)(3)

   ◯ PHA

   ◯ State Government

   ◯ Other (please specify)

[   ]

* 3. 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.

[   ]

* 4. Contact person for this application: (We may contact this person if this application is insufficient or disqualified.)

First and last name: [   ]

Title: [   ]

Phone/extension: [   ]

Email: [   ]

* 5. Project type: Select your project type. If your organization is proposing more than one type of project, please submit a separate application for each project.

○ RRH – New Project

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

○ PSH – New Project

○ PSH – Expansion of Supportive Services and/or Additional Units/Beds

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Project Details-RRH

* 6. Proposed Project Name:

Note: New projects are encouraged to choose a project name that is unique and will make the project easily

distinguishable. (e.g., "New Beginnings Housing Program" vs. "2023 CoC RRH")

* 7. Bed/Participant Capacity:

Total Number of Units:

Total Number of Beds:

8. Project borough or location of focus (if applicable):

* 9. Expected households served over one year:

* 10. Target Population(s):

- [ ] Project Serves **All** Subpopulations
- [ ] Chronic Homeless
- [ ] Veterans
- [ ] Youth (under 25)
- [ ] Families
- [ ] Other (please specify)

- [ ] Domestic Violence
- [ ] Substance Abuse
- [ ] Mental Illness
- [ ] HIV/AIDS

Project Details-PSH

* 11. Proposed Project Name:

Note: New projects are encouraged to choose a project name that is unique and will make the project easily distinguishable. (e.g., "New Beginnings Housing Program" vs. "2023 CoC RRH")

[   ]

* 12. Bed/Participant Capacity:

Total Number of Units: [   ]

Total Number of Beds: [   ]

* 13. Is this project:

○ Scattered site

○ Congregate/New Build

Other (please specify)

[   ]

14. Project address, borough, and/or location of focus:

[   ]

* 15. Target Population(s):

☐ Project Serves **All** Subpopulations	☐ Domestic Violence
☐ Chronic Homeless	☐ Substance Abuse
☐ Veterans	☐ Mental Illness
☐ Youth (under 25)	☐ HIV/AIDS
☐ Families	
☐ Other (please specify)	

[   ]

Experience of Applicant, Subrecipient(s), and Other Partners

* 16. Describe your organization's (and subrecipient(s) if applicable) experience effectively utilizing federal funds. If no experience with federal funds, describe your organizational experience utilizing state, local or private sector funding.

* 17. Please provide a dollar-value range of funding you need for your project and describe in brief how the funding will be allocated, including details about staffing levels and supportive services. Note: RRH projects are asked to limit their estimated project funding to a maximum of $1 million. This limit may be subject to change upon release of HUD's NOFO.

* 18. Briefly describe your organization's (and subrecipient(s) if applicable) financial management structure.

* 19. Describe relevant experience to operate the project type (Permanent Supportive Housing, Rapid Rehousing) you are applying for. If you have never operated a project of this type before, explain your motivation for applying and why you feel prepared to operate this type of project.

* 20. Is your agency participating in or prepared to participate in/accept referrals through NYC's coordinated entry system, CAPS (Coordinated Assessment and Placement System)?

○ Yes
○ No

21. If no, explain.

22. Please describe the process you expect to utilize if you do not expect to immediately receive referrals through CAPS.

* 23. Has your organization used Homeless Management Information System (HMIS) data to implement a project-based performance measurement system focused on continuous quality improvement? (DV projects do not upload their data to the HMIS Data Warehouse, but must maintain a comparable system, be HIPAAA compliant, and like all other projects, submit an Annual Performance Report to HUD.)

○ Yes

○ No

* 24. Please explain your answer to question 22.

[ ]

* 25. Please explain your organization's approach to Continuous Quality Improvement (CQI).

[ ]

* 26. Describe your organization's existing mechanism(s) for involvement of persons with lived experience of homelessness in any or all facets of the project operations (an advisory committee, participant feedback, participation on the organization's board) and how their involvement is valued and applied. Describe how you envision the role of persons with lived experience in shaping this new project.

[ ]

* 27. The NYC CoC encourages organizations to provide employment opportunities to the clients they serve, if appropriate. Please describe your organization's approach to this priority.

[ ]

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Project Attachment

* 28. Please upload a **.pdf** attachment responding to the long answer questions LI-LIII found in the [Local Competition RFQ+P Submission Instructions]. Please save your attachment using the format **Orgname _Projectname_ "Proposal"_"NOFO2023"_date**. Your attachment is limited to 12 pages of Calibri size 11 font with one-inch margins.

If you need assistance in uploading your responses, please contact nyc.coc@dss.nyc.gov.

Choose File   Choose File   No file chosen