



Supplemental NOFO to Address Unsheltered and Rural Homelessness (Special Unsheltered NOFO)

New York City Continuum of Care (NYC CoC)

New Project Application

Applicant Attestation:

I attest that prior to completing this application, I read and reviewed the Special Unsheltered NOFO *Local Competition: Introduction and Instructions* document in its entirety.

Name

Date

Part 1 – 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) for the SAM system as a means of entity identification for federal awards. For more information, visit this [DUNS to UEI Transition Page](#).

2. 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): _____

3. Contact person for this application:

- a. Name: _____
- b. Title: _____
- c. Phone: _____
- d. Email: _____

4. Project Address: _____

Part 2 – Recipient and Subrecipient Information

Many of the following questions are drawn directly from the HUD application portal, e-snaps, and will be required for projects selected for inclusion in the CoC's submission to HUD. The NYC CoC will provide additional guidance on e-snaps following the application review and ranking process.

- e. Will funds requested in this new project application replace state or local government funds?

Part 3 – Project Information

1. Total Amount of HUD Assistance/CoC Program Funding Requested (for three-year grant term): _____

2. Project Type

- Permanent Supportive Housing (PSH)
- Rapid Re-housing (RRH)
- Joint Transitional – Rapid Re-housing (TH-RRH)
- Supportive Services Only, street outreach or other (SSO non-CE)
- Supportive Services Only, Coordinated Entry projects (SSO-CE)

Proposed Project Name: _____

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

3. Proposed Project Start Date: _____

4. Unit and Bed Count (PSH, RRH and TH-RRH only)

- a. Total Units: _____
- b. Total Beds: _____

5. Program Details

- a. Provide a description of the proposed project that addresses the entire scope of services and program model.

b. Describe the target population to be served through the project and how program participants will be identified.

c. Describe how program participants will be assisted to obtain and remain in permanent housing.

d. Describe how the proposed project will coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

e. For supportive services available to program participants, indicate in the table below who will provide them and how often they will be provided.

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		

- f. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

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	

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

h. Describe how your project would contribute to or complement the existing citywide strategy to address unsheltered homelessness and support those with severe service needs.

i. Will your project use a Housing First approach?

Yes

No

If yes, explain how your project will do the following:

- Eliminate barriers to program enrollment
- Prevent program termination/discharge
- Eliminate barriers to obtaining permanent housing

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

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

2. Household Composition

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

Part 5 – Coordinated Entry and HMIS

1. Coordinated Entry

CoC projects are required to participate in and/or accept referrals through NYC's coordinated entry system, [CAPS \(Coordinated Assessment and Placement System\)](#).

- a. Is your agency participating in or prepared to participate in Coordinated Entry/CAPS? Please explain.

2. HMIS

All CoC-funded projects are required to participate in New York City's [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 must have a comparable system, be HIPAAA compliant, and like all other projects, submit an Annual Performance Report (APR) to HUD.)

- a. Is your organization/agency or expected subrecipient a victim service provider and uses a comparable HMIS database?
Yes No
- b. Please tell us the type of performance management software used by your organization.
- c. 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
- d. Which projects/programs in your agency/organization utilize this system?

- e. Please list the titles of all staff proficient in this system.

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

Part 6 – Budget Information

This Special Unsheltered NOFO allows for different types of spending depending on project type. In this section, be sure to review the list of eligible cost categories that applies to your project type and complete all relevant budget tables. We also recommend you review this [more detailed breakdown](#) of eligible costs.

Note: for this Special Unsheltered NOFO, projects applying for the Unsheltered Set Aside may not request funds for acquisition, rehabilitation, or new construction.

Note: Operating costs incurred in the provision of supportive services for RRH and SSO programs (ex. Costs associated with an office location where clients receive case management) should *not* be listed under the Operating Budget. Instead, they should be listed on the Operating line of the Supportive Services Budget.

Project Type	Eligible Costs
PSH	Leasing or rental assistance, supportive services, operating costs, HMIS, project administration
RRH	Rental assistance (TBRA only), supportive services, HMIS, project administration
TH-RRH	Leasing, rental assistance, supportive services, HMIS, project administration
SSO	Supportive services, HMIS, project administration
HMIS	HMIS, project administration

1. Rental Assistance Budget

Note: Rental assistance for Rapid Re-housing projects must be tenant-based. Rental assistance cannot be paired leasing assistance or operating.

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	
Total Annual Assistance Requested				
Total Request for Grant Term		(annual assistance x 3)		

Total Request for Grant Term _____

Total Units _____

Rental Assistance type: Tenant-based Project-based Sponsor-based

For more information: [CoC Eligible Costs](#) and [CoC Rental Assistance Guide](#)

2. Supportive Services Budget

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

Eligible Costs	Quantity AND Description	Annual Assistance Requested
Assessment of Service Needs (e.g., 0.5 FTE Program Director at \$xx,xxx at %xx fringe benefits)		
Assistance with Moving Costs (e.g., truck rental,		

<i>hiring a moving company)</i>		
<i>Case Management (e.g., counseling, coordinating and developing services, including program supervisor staff costs, obtaining benefits, providing risk assessment, providing housing and service plan)</i>		
<i>Child Care (e.g., providing childcare vouchers, provision of meals/snacks if licensed childcare center)</i>		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services <i>(e.g. housing navigation)</i>		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outpatient Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		
<i>Operating Costs (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		
Total Request for Grant Term	(annual assistance x 3)	

3. Operating Budget

Note: Operating funds may be used to pay the costs of the day-to-day operation of transitional and permanent housing in a single structure or individual units. RRH and SSO applicants should not complete this section.

Eligible Costs	Quantity AND Description	Annual Assistance Requested
Maintenance/Repair <i>(e.g., maintenance and repair of housing)</i>		
Property Taxes and Insurance		
Replacement Reserve <i>(e.g., scheduled payments based on the life of a system of the housing, like a roof, HVAC, etc.)</i>		
Building Security (for a structure with more than 50 percent of the units or area is paid with grant funds)		
Electricity, Gas, and Water		
Furniture (stays with unit, aside from mattresses) <i>(e.g., 15 dressing tables for 15 PSH units)</i>		
Total Annual Assistance Requested		
Total Request for Grant Term	(annual assistance x 3)	

4. HMIS Budget

Note: Enter the quantity and total budget request for each HMIS cost. HMIS costs are eligible under all project types in this application.

Eligible Costs	Quantity AND Description	Annual Assistance Requested
Equipment (e.g., computers, tablets)		
Software (e.g., HMIS vendor contract)		
Services		
Personnel		
Space & Operations		
Total Annual Assistance Requested		
Total Request for Grant Term	(annual assistance x 3)	

5. Sources of Match

Note: 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. 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>

Match Summary

Total Amount of Cash Commitments: _____

Total Amount of In-Kind Commitments: _____

Total Amount of All Commitments: _____

6. Summary Budget

Eligible Costs	Annual Assistance Required	Total HUD Assistance Requested for Grant Term (3 years)
2a. Leased Units		
2b. Leased Structures		
3. Rental Assistance		
4. Supportive Services		
5. Operating		
6. HMIS		
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		

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

YES NO

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

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

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

Part 7 - Questions specific to project type

The questions below correspond to specific project types. Please complete all questions relevant to your project type.

1. PSH (none)

2. RRH

- a. Please explain your plan to prevent returns to homelessness for participants following program exit, including how you will support participants in maintaining permanent housing following the conclusion of rental assistance support.

3. TH-RRH

- a. Will this project include replacement reserves in the operating budget (for the TH portion of the project)?

- b. If yes, you must attach supporting documentation that includes the following:
 - Total amount of funds that will be placed in reserve during the grant term
 - System(s) to be replaced that includes the useful life of the system(s)
 - Repayment schedule that includes the payment amount.

4. SSO (Coordinated Entry)

- a. Will the coordinated entry process cover the CoC's entire geographic area?

- b. Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance?

- c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.
- d. Will the coordinated entry process use a comprehensive, standardized assessment process?
- e. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services
- f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups?
- Adults without children
 - Adults accompanied by children
 - Unaccompanied youth
 - Households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)
 - Persons at risk of homelessness

Application Review Checklist

- I have read the entire Special NOFO Local Competition Introduction and Instructions document

- I have answered all questions relevant to my project type in this application

- I have submitted a completed application as a single PDF document, labeled with the following nomenclature:

Organization name_Project Type_SpecialNOFO_Date

The application should be emailed to the NYC CoC email (nyc.coc@dss.nyc.gov) no later than **5:00pm on 9/14/22**. Use the following subject line in your email:

Special NOFO New Project Submission_[NAME OF ORGANIZATION]