



NYC Coalition on the Continuum of Care

Request for Proposals

**FOR NEW PERMANENT SUPPORTIVE HOUSING PROJECTS
SERVING CHRONICALLY HOMELESS INDIVIDUALS AND FAMILIES**

In the NYC CCoC FY2013 Application to HUD

****Make absolutely certain that your agency is in good standing with the local HUD office and that there are no outstanding monitoring findings or issues and conditions that might hinder your ability to be granted an award for a new project. Do this before you reply to this RFP.****

1. The deadline for submission is:

December 13th 2013 at 5:00PM

NO EXTENSIONS WILL BE GRANTED.

2. Hand deliver or mail the complete proposal packet to:

Aleida Valentin
Department of Homeless Services
33 Beaver Street, 20th Floor
New York, NY 10004

OR

Email to: avalentin@dhs.nyc.gov

3. The proposal packet consists of:

One (1) original plus four (4) copies of the completed form and additional materials.
(if hand delivered or mailed; if sent by email, one (1) copy).

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INTRODUCTION

As per the Department of Housing and Urban Development's Notice of Funding Availability (NOFA) for the FY 2013 Continuum of Care (CoC) Competition, the NYC Coalition on the Continuum of Care (NYC CCoC) is eligible to apply for new permanent supportive housing projects. This year HUD is giving priority to the creation of new permanent supportive housing projects serving chronically homeless individuals and families, with an emphasis on serving those with the longest histories of homelessness. The NOFA further stipulates a strong preference for integrating supportive housing tenants into the larger community. As such, this RFP requires that applicants show how the tenants who are housed with this funding are part of an integrated community, either in mixed-population housing or in scattered site apartments.

The NYC CCoC, herein referred to as the CoC, has \$7,608,877 available for reallocation for a new project. The Reallocation project(s) will be ranked in Tier I of the CoC Application. For more information on this please visit:

<https://www.onecpd.info/resource/3309/fy2013-fy2014coc-program-nofa/>

ELIGIBLE APPLICANTS

- **Eligible Project Applicants. (24 CFR 578.15)** Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies, as such term is defined in 24 CFR 5.100, without limitation or exclusion. For-profit entities are not eligible to apply for grants or to be sub recipients of grant funds.
- If the applicant currently receives Continuum of Care funding then their organization must be in good standing with HUD. For the purposes of this RFP the NYC CCoC defines good standing as not having lost a CoC contract in the last three years and not have any outstanding monitoring findings or Issues or Conditions at the time of this application.
- In future applications, agencies with significant amounts of recaptured funds will not be eligible to apply for reallocation funding.

ELIGIBLE PROJECTS

The projects funded via this NOFA must go toward:

- Permanent supportive housing
- 100% chronically homeless individuals or families (see Appendix A, page 25 for more details).
- New congregate supportive housing or new or expanded scattered site supportive housing. If the application is for congregate housing then the project must have and submit proof of site control at the time this application is submitted. The applicant must also have a letter from a capital funder attesting to the project timeline meeting HUD's requirements (see page 11 for more details). If the application is for a scattered site program then the applicant must submit a letter from a realtor or landlord that can attest to working with the applicant to rent up quickly.

Note: Safe Havens, transitional housing, services only, and prevention programs DO NOT qualify for this funding.

ELIGIBLE COSTS

Funds can be used by permanent supportive housing programs for the following types of eligible costs:

1. Leasing

- a. Operating (note: These costs may not be combined with rental assistance costs within the same structure.)
- b. Supportive Services (Case Management ONLY)

2. Rental assistance

- Rental assistance must be administered by a State, unit of general local government, or a public housing agency.
- It must be permanent. Short or medium term rental assistance is not allowed.
- Tenant-based, Sponsor-based and Project-based rental assistance are all allowed.

Grant Term for New Projects/ Exceptions

The only projects that may apply for multiple years of funding are new construction rental assistance projects. These projects may apply for up to 5 years of funding. The grant term for all other new project applications (i.e. leasing and non-new construction rental assistance) under reallocated funding is for one year only. Projects must have begun to serve tenants within the time frame set by HUD in the 2013 NOFA.

Leasing:

1. Use:

- Where the recipient or sub recipient is leasing the structure or portions thereof, grant funds may be used to pay for 100 percent of the costs of leasing a structure or structures, or portions thereof, to provide housing or supportive services to homeless persons for up to 1 year.
- Leasing funds may not be used to lease units or structures owned by the recipient, sub recipient, their parent organization(s), any other related organization(s), or organizations that are members of a partnership, where the partnership owns the structure, unless HUD authorized an exception for good cause.

2. Requirements:

- a. Leasing structures. When grants are used to pay rent for all or part of a structure or structures, the rent paid must be reasonable in relation to rents being charged in the area for comparable space. In addition, the rent paid may not exceed rents currently being charged by the same owner for comparable unassisted space.
- b. Leasing individual units. When grants are used to pay rent for individual housing units, the rent paid must be reasonable in relation to rents being charged for comparable units, taking into account the location, size, type, quality, amenities, facilities, and management services. In addition, the rents may not exceed rents currently being charged for comparable units, and the rent paid may not exceed HUD-determined fair market rents.
- c. Utilities. If electricity, gas, and water are included in the rent, these utilities may be paid from leasing funds. If utilities are not provided by the landlord, these utility costs are an operating cost, except for supportive service facilities. If the structure is being used as a supportive service facility, then these utility costs are a supportive service cost.
- d. Security deposits and first and last month's rent. Recipients and sub recipients may use grant funds to pay security deposits, in an amount not to exceed 2 months of actual rent. An advance payment of the last month's rent may be provided to the landlord in addition to the security deposit and payment of the first month's rent.
- e. Occupancy agreements and subleases. Occupancy agreements and subleases are required as specified in § 578.77(a).

- f. Calculation of occupancy charges and rent. Occupancy charges and rent from program participants must be calculated as provided in § 578.77.
- g. Program income. Occupancy charges and rent collected from program participants are program income and may be used as provided under § 578.97.

Rental assistance:

1. Grant funds may be used for rental assistance for homeless individuals and families.
 - a. Multiple years of funding are permitted for New Project Applications, only for rental assistance for new PSH construction.
 - b. Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.
 - c. The rental assistance may be tenant-based, project-based, or sponsor-based, and may be for transitional or permanent housing.
 - d. Rental assistance must be administered by a State, unit of general local government, or a public housing agency.
 - e. HUD will only provide rental assistance for a unit if the rent is reasonable, i.e., not to exceed HUD-determined fair market rents.
 - f. The amount of rental assistance in each project will be based on the number and size of units proposed by the applicant to be assisted over the grant period; this will be calculated by multiplying the number and size of units proposed by the FMR of each unit on the date the application is submitted to HUD by the term of the grant.
 - g. For tenant-based,¹ project-based,² or sponsor-based³ rental assistance, program participants must enter into a lease agreement for a term of at least one year, which is terminable for cause. The leases must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.
2. Grant funds may be used for security deposits.
 - a. Security deposits may not exceed 2 months of rent. An advance payment of

¹ Tenant-based rental assistance is rental assistance in which program participants choose housing of an appropriate size in which to reside.

² Project-based rental assistance is provided through a contract with the owner of an existing structure, where the owner agrees to lease the subsidized units to program participants. Program participants will not retain rental assistance if they move.

³ Sponsor-based rental assistance is provided through contracts between the recipient and sponsor organization. A sponsor may be a private, nonprofit organization, or a community mental health agency established as a public nonprofit organization. Program participants must reside in housing owned or leased by the sponsor.

Organization Name: _____ Project Name: _____

the last month's rent may be provided to the landlord in addition to the security deposit and payment of first month's rent.

Project Eligibility Threshold:

The only persons who may be served by any permanent supportive housing projects are those who come from the streets, emergency shelters, safe havens, institutions, or transitional housing. Projects funded under the Permanent Housing Reallocation must exclusively serve 100 percent chronically homeless individuals and families.

- Persons coming from transitional housing must have originally come from the streets or emergency shelters.
- Disabled individuals and families who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing are eligible for permanent supportive housing even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing. As participants leave currently operating projects, participants who meet this eligibility standard must replace them.
- Persons exiting institutions where they reside for 90 days or less and came from the streets, emergency shelter, or safe havens immediately prior to entering the institution are also eligible for permanent supportive housing.

For congregate housing

If a congregate residence, does the applicant have site control? ☐Yes ☐No Please attach proof of site control. This is an eligibility requirement for congregate housing.

If a congregate residence please describe the status of the construction, when construction is expected to be completed and how the applicant will ensure the project meets HUD's deadlines for new construction and rent-up. The applicant is also required to attach a letter from a capital funder verifying the construction timeline.

Please see page 23 of the NOFA.

In order to expend funds within statutorily required deadlines, applicants funded for sponsor-based and project-based rental assistance must execute the grant award and begin providing rental assistance within 2 years. However, HUD strongly encourages all rental assistance to begin within 12 months. Applicants that are unable to begin rental assistance within the 12 month period should consult with the local field office.

For scattered site

If scattered site describe how long the rent up process will take and what the process will be for filling all of the units in a timely manner. Please attach a letter from a realtor or other landlord that can attest to working with the applicant to rent up quickly.

Organization Name: _____

Project Name: _____

APPLICATION

New York City Coalition on the Continuum of Care

**RFP for New Continuum of Care Permanent Supportive Housing Reallocation Programs
Under the 2013 HUD NOFA for Continuum of Care Homeless Assistance**

I. Applicant Information:

Project Applicant:

Legal Name of Applicant:		
Applicant Address: (street, city, state & zip)		
Applicant Phone:	Applicant Fax:	Applicant EIN Number:
Applicant Executive Director / President / CEO:		Executive Director's E-mail:
Project Name: (Must be uniquely identifiable from other HUD funded projects in first word of name.)		
Project Borough:	Project Congressional District(s):	Project 6-digit Geographic Code: 364436

Is this a private nonprofit organization that is tax-exempt under Section 501(c) (3) of the IRS Code? ☐Yes ☐No

If applying for Rental Assistance:

Rental Assistance Administrator Information: (Must be State, local government or PHA)

Rental Assistance Administering Agency and Contact Person:	
Rental Assistance Administrator Address / Location: (street, city, state & zip)	
Rental Assistance Administrator Phone:	Rental Assistance Administrator Fax:

Contact Information:

Address to Send Correspondence to: (street, city, state & zip)		
Contact Name:		Contact Title:
Contact Phone:	Contact Fax:	Contact E-Mail:

Organization Name: _____

Project Name: _____

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Organization Name: _____

Project Name: _____

II. Project Data:

1. **Grant Amount Requested: (annual amount)** _____
2. **Project Capacity (Number of Units):** (at one point in time) _____
3. **Participant Count:** In each category shown in the chart below, estimate, ***when the program is fully operational***, the number of proposed participants expected to receive rental assistance at a point in time. Include each participant only once, in either Part I or Part II. Part I should only include persons with disabilities who will not have a family member living with them.

Number of Participants

Number of Individuals

Number of Families

Number of Individuals in Families

Total Number

Organization Name: _____

Project Name: _____

III. Project Populations

For FY2013, applicants may submit project applications to create one or more Permanent Housing Reallocation projects, which are new permanent supportive housing projects that serve chronically homeless individuals and families, with priority on serving those with the longest histories of homelessness.

NOTE: Projects may limit admission to, or provide a preference for, subpopulations of homeless persons and families who need the specialized supportive services that are provided in the housing. While the housing may offer services for a particular type of disability, no otherwise eligible individual with a disability, who may benefit from the services provided, may be excluded on the grounds that they do not have a particular disability pursuant to 24 CFR 578.93(b)(7).

Part A

Check the target population category for which you will designate beds in the proposed project.

✓ if population will be served by project	Target Populations	Total Number of Beds/Units to be designed and set aside for Priority Populations (see Part B)	% Total Beds/ Units
	Chronically Homeless Individuals		
	Chronically Homeless Families		

Part B

Please check any subpopulations that will receive preference in the proposed project. (If you check more than 2 target populations please explain in your project narrative questions 1 and 4a how you will effectively serve all of the populations checked). Remember: ALL INDIVIDUALS AND FAMILIES MUST QUALIFY AS HOMELESS AS PER HUD'S DEFINITION!

✓ if population will be served by project	Target Populations	Number of Beds/ Units for families	Number of Beds/Units for Unaccompanied Youth	Number of Beds/ Units for Single Adults	Total Number of Beds/Units to be designed and set aside for Priority Population
	Disabled Veterans				
	People with chronic chemical dependencies who have not been effectively served by traditional models of treatment and are actively using/chronically relapsing				
	Youth (up to age 25)				
	People with mental illness and high service needs (including dually-diagnosed and people with personality disorders)				
	Undocumented Individuals and Families				
	People with severe physical disabilities				
	People living with HIV/AIDS				
	Survivors of Domestic Violence				
	Employed people who are Shelter Residents and/or utilize Drop-in or Emergency Services				
	People of Transgender Experience				
	People with histories of incarceration within the past one year and/or people precluded from federal housing assistance due to their criminal histories ⁴				

⁴ In order to be eligible for funding, the person cannot have been incarcerated for 90 days immediately prior.

Organization Name: _____

Project Name: _____

IV. Project Information

1. Is this a leasing or rental assistance project? ☐ Leasing ☐ Rental Assistance
a. If rental assistance, is this new construction? ☐ Yes ☐ No
b. If yes, how many years of funding are you applying for (1-5)? _____

2. Is this a congregate or scattered site project? ☐ Congregate ☐ Scattered Site

3. Are you applying for only one project ☐ Yes ☐ No
If you are applying for more than one project, please complete separate applications.

4. Please verify the project's timeliness.

5. Please complete the chart by entering the number of months planned from grant execution to the following milestones:

First Unit Occupied	Supportive Services Begin	Last Unit Occupied
months	months	Months
months	months	months

V. Scoring Breakdown:

VI Organizational Experience and Capacity (25 points)

- Overall experience (10 points)
- Organizational budget (10 points)
- Contract experience (5 points)

VII Program Proposal (75 points)

1) Leveraging (10 points)

2) Target Population (10 points)

- Homeless population to be served

3) Program Structure (12 points)

- Housing where participants will reside
- Staffing plan

4) Service Design (28 points)

- Supportive services
- Program Utilization

5) Evaluation (15 points)

- Outcomes
- Quality assurance
- Consumer Involvement

VI. Organizational Experience and Capacity (25 points)

1. Overall Experience

- a) Describe your organization's experience providing supportive housing, including but not limited to: the number of people served in your supportive housing programs/residences, type(s) of supportive housing provided and what populations your organization serves/specializes in.

If your organization does not currently operate supportive housing please provide details on other homeless services your organization provides and number of people served in these programs.

- b) Describe your experience linking clients/tenants to services in the community.

2. Organizational Budget - What is the organization's annual budget? What percentage of this budget is for homeless service programs?

3. Contract experience

- a. Describe your experience with HUD CoC contracts. Please provide the following for any current or former CoC contracts (note: only list each program once, not each renewal contract for the same program): project name, component type, contract amount, term of contract, number of units/beds and a brief description of population served. If your organization does not received any CoC contracts please list all similar local, state and federal government grants or contracts your organization has currently and provide the amount of the contract, services the contract covers and the number of people served with the contracts.
- b. Has your organization ever given up or lost a HUD contract. If yes, please explain.
- c. Does your organization have any outstanding monitoring findings or issues and conditions? If yes, please explain.
- d. Have there been any delays in implementing your organization's
- a. HUD contracts? If yes please explain why.

VII. Program Narrative (75 points)**Timely Implementation (10 points)****Leveraging (10 points)****1. Leveraging:**

How will your agency leverage other resources to ensure that services are provided in an effective manner? What, if any, city, state or other federal government funding will provide this leveraging? Are there other services within the applicant's organization that will be able to provide services (e.g. employment programs)?

Please fill out Leveraging chart on page 21. 5 points will be given for meeting a 1.5:1 ratio of leveraged dollars to CoC funds. Up to an additional 5 points will be given for exceeding the 1.5:1 ratio.

Target Population (10 points)**2. Homeless population to be served.** Briefly describe the following:

- a. Their characteristics (for example, people living with HIV/AIDS; survivors of domestic violence; veterans, etc.) and need for housing and supportive services.
- b. The NOFA states that "at least 75 percent of the proposed program participants come from the street or other locations not meant for human habitation, emergency shelters, or safe havens." How will your program ensure that this requirement will be met. How will chronicity be determined?
- c. The outreach plan to bring them into the project. Please include how the project will make contact with target populations. Identify the **specific NYC programs** that you will outreach to, along with the outreach and recruitment activities you will employ. Include specific information related to the applicant's prior experience with referral sources.

Program Structure (12 points)**3. Housing where participants will reside.** Demonstrate for each of the following:

- a. How the type, scale (e.g., number of units, number of persons per unit), and location of the proposed housing will fit the needs of the participants.
- b. That basic Community Amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) will be readily accessible (e.g., walking distance, bus, etc.) to your clients.

4. Staffing Plan: Describe your proposed program staffing plan, including:

- a. Expected staff to tenant ratio and the job titles and credentials/experience of the staff.
- b. Describe the services each staff member will provide in accordance with the

proposed program model and services; how the staff will make sure all needs of the program are met.

Service Design (28 points)

5. **Supportive services the participants will receive.** Demonstrate for each of the following:
- a. Identify the specific services that will be provided to assist the chronically homeless population that your project will serve.
 - b. How the type (e.g., case management, job training) and scale (e.g., the frequency and duration) of the supportive services proposed will fit the needs of the participants.
 - c. Where the supportive services will be provided and what transportation will be available to participants to access those services.
 - d. The details of your plan to ensure that all homeless clients will be individually assisted to identify, apply for and obtain benefits under each of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, NYS Child Health Plus, SSI, Food Stamps, Workforce Investment Act and Veterans Health Care programs.
 - e. How program participants will be assisted to obtain and remain in permanent housing in a manner that fits their needs.
 - f. How program participants will be assisted to both increase their incomes and live independently using mainstream housing and service programs in a manner that fits their needs.
 - g. Identify those services you will directly provide and those which will be obtained by referral to other organizations. Specify the other organizations that will provide services.
 - h. Please briefly describe how your project will fill a gap in homeless housing and services in the New York City Continuum of Care system.
6. **Program Utilization**
- a. What steps will you take to assure that your units are quickly occupied after any vacancy? For example, do you maintain a waiting list and/or what do you do to prepare a unit for occupancy by a new family or individual?
 - b. If relevant, cite past experience in accomplishing this.

Evaluation (15 points)**7. Outcomes**

Programs will be required to work with DHS and the NYC CCoC to track measures of success. Describe specifically how the services that you will provide will assist the participants to increase their incomes and enhance their ability to live independently.

8. Quality Assurance

- a. Describe your plans to implement a system of quality assurance, program evaluation, and consumer satisfaction in order to ensure that your program provides a high quality of services to its consumers.
- b. For proposals with well-defined strategies for improving employment rates and income amounts for the population to be housed, please describe how outcomes to be measured.

9. Consumer Involvement

- a. Describe your agency's existing mechanism(s) for consumer input/involvement and how that information is used.
- b. Describe how you would obtain consumer feedback in this new program.

Organization Name: _____

Project Name: _____

BUDGET FOR NEW PERMANENT SUPPORTIVE HOUSING PROPOSALS

All Applicants must complete the Budget and Matching Funds Chart in this application

Leasing and non-new construction Rental Assistance program please Use the Total Amount Requested Over a **One-Year (1)** Grant Period

PROPOSED BUDGET CHECKLIST

The following items must be completed in order for the CoC to rank your proposal. Items that are not completed or completed incorrectly will lose points.

- ☐ Budget
- ☐ Matching Funds Chart
- ☐ Project Leveraging Letter

Organization Name: _____

Project Name: _____

BUDGET FOR NEW PERMANENT SUPPORTIVE HOUSING PROJECT

A	B	C	D	E
Case Management				
Personnel Services				
Position Name		# FTE	Annual Salary	Total Salary
Subtotal PS				
Fringe				
Case Management Subtotal				
Leasing				
Leasing Subtotal				
Rental Assistance				
Unit Type	Number of Units	Fair Market Rents	Number of Months	Total Rent (Multiply B*C*D)
SRO Unit				
0 Bedroom (Studio)				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4 + Bedrooms				
Rental Assistance Subtotal				
Case Management + Leasing + Rental Assistance Subtotal				
Administrative Cost			7%	
TOTAL AMOUNT REQUESTED				

Organization Name: _____

Project Name: _____

MATCHING FUNDS CHART

Identify Sources and Amounts of Matching Funds for the length of the grant requested (only new construction rental assistance projects can apply for more than one year of funding). Please note that firm commitments of matching funds will be weighed heavily in assessing the viability of the project. **All matching funds included on the Summary Budget form must be listed in this table and on the Project Leveraging Chart.** You do not need to include copies of the written agreements for matching funds when you submit your proposal to DHS. However, you will need to provide the written commitments to HUD at the time of technical submission.

Make extra copies of this chart if necessary.

SUMMARY CHART A: Matching Funds (25% except for leasing)

Source (cash or in kind)	Written Commitment ? Yes or No	Annual Amount	Up to 5 Year Amount
TOTAL Match			
The total of this must equal 25% of the amount requested for Support plus Operating.			

INSTRUCTIONS FOR PROJECT LEVERAGING

Leveraging includes all funds, resources, and/or services that the applicant can secure on behalf of the client being served by the proposed project. While leveraging includes all cash matching funds, it is broader in scope, including any other services, supplies, equipment, space, etc., that are provided by sources other than HUD. An example of leveraging would include a project that provides case management through Medicaid or Office of Mental Health funding. The total costs involved in delivering the case management (percentage of salary, fringe, OTPS) can be included in leveraging. **It is suggested though not required that the amount leveraged by your project combined with your cash match funds should equal at least $1\frac{1}{2}$ times the amount of your grant request to HUD.** See the HUD NOFA for additional information on leveraging.

- **Column 1, Type of Leveraged Contribution.** In this column, identify both the general and specific types of leveraging the project will use. Types of leveraging include **Cash** (such as rent, client program fees, private donations, etc.), **Services** (such as case management, IT services, addiction treatment, child care, health/medical, employment & job training, housing & support services, psychosocial & vocational, etc.), **Equipment** (such as clothing, computer supplies, office supplies, etc.), **Buildings**, and **Materials**.
- **Column 2, Source or Provider.** Identify the source or provider of each leveraged contribution. Sources include contributions from a City agency (such as NYC-DHS, NYC-DMH, NYC-ACS, NYC-HRA, NYC-HPD), State agency (such as NYS-OMH, NYS-OASAS, NYS-OTDA), other Federal source (such as US-FEMA), Medicaid, Foundation (specify source), Hospital (specify source), private contributions, or other source. These sources may also be services provided by other organizations (specify source).
- **Column 3, Value of Written Commitment.** Provide the dollar amount of the written agreement committing the leveraged resources. Donated Professional Services should be valued at the customary rate; volunteer time should be valued at \$10 per hour. Donated buildings should be valued at their fair market value or fair rental value minus any chart to the SHP, SRO, or S+C Programs

At the bottom of the chart, fill in the total amount of leveraged resources.

*****Please include a letter from funder confirming leveraging amounts.*****

Organization Name: _____ Project Name: _____

PROJECT LEVERAGING CHART

Please complete the attached chart by indicating all additional resources that will be leveraged by your project. You will need to show proof of these resources if your project is selected for funding by HUD. **See Instructions** on the following page (use as many pages as necessary). You do not need to attach copies of commitment letters when submitting your proposal to DHS.

1 Type of Leveraged Contribution		2 Source or Provider	3 Value of Written Commitment.
<u>General</u> MUST choose one: Cash, Services, Equipment, or Building	<u>Specific</u> i.e., rent, case mgmt., computer supplies, etc.		
Example: Services –	Case Management	NYS-Office Mental Health	\$56,250

Total Amount of Leveraged Resources

RFP CHECKLIST

The following items must be included in order for the NYC CCoC to rank your proposal. Items that are incomplete or completed incorrectly will lose points.

- ☐ One Original plus four (4) Copies of Completed Application (or one e-mailed copy with attachments).
- ☐ Letter of support from government funder confirming leveraging funding.
- ☐ If congregate, proof of site control.
- ☐ If new congregate, letter from capital funder verifying construction schedule.
- ☐ If scattered site, letter from realtor or landlord.
- ☐ Budget Reports filled out accurately and completely.
- ☐ Matching Funds chart filled out accurately and completely.

What to Expect Upon Submission of Application to DHS on December 13th, 2013:

- 1) 12/18/13: Decision by new project application committee and your application score.
- 2) 12/30/13 Selected Project Applications due in *esnaps*.

Energy Star Initiative

Will your project use Energy Star Appliances?

Yes or No

The Department of Housing and Urban Development has adopted a wide-ranging energy action plan for improving energy efficiency in all program areas. As a first step in implementing the energy plan, HUD, the Environmental Protection Agency (EPA), and the Department of Energy (DOE) have signed a partnership to promote energy efficiency in HUD's affordable housing programs, including public housing, HUD insured housing, and housing financed through HUD formula and competitive programs.

The purpose of the Energy Star partnership is to promote energy-efficient affordable housing stock while protecting the environment. Applicants constructing, rehabilitating, or maintaining housing or community facilities are encouraged to promote energy efficiency in design and operations. They are urged especially to purchase and use products that display the Energy Star label.

Applicants providing housing assistance or counseling services are encouraged to promote Energy Star materials and practices, as well as buildings constructed to Energy Star standards, to both homebuyers and renters.

Applicants are encouraged to undertake program activities that include developing Energy Star promotional and information materials, providing outreach to low- and moderate-income renters and buyers on the benefits and savings when using Energy Star products and appliances, utilizing Energy Star-designated products in the construction or rehabilitation of housing units, and replacing worn products or facilities such as light bulbs, water heaters, furnaces, etc., with Energy Star products to reduce operating costs.

Communities and developers are encouraged to promote the designation of community buildings and homes as Energy Star compliant.

For further information about Energy Star see <http://www.energystar.gov> or call (888) 782-7937, or 8 (888) 588-9920 (TTY).

Appendix A: **HUD DEFINITIONS**

Permanent Supportive Housing:

PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.

Applicable Section of the HUD Definition of Homelessness:

1. Individuals and families who lack a fixed, regular, and adequate nighttime residence.
 - I. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, etc.
 - II. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or
 - III. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

McKinney-Vento Act Definition of Chronically Homeless

- *Chronically homeless.* (1) An individual who: Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility;
- or (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

<https://www.onecpd.info/resources/documents/CoCProgramInterimRule.pdf>