

Organization	Grant Opportunity	Document #	Document Role	Current Status
	New York State Supportive Housing Program (NYSSHP) 2015	TDA01-NYSSHP-2015-00001	Grantee Contract Signatory	Application in Process

PROJECT/SITE ADDRESSES

Instructions:

1. Please complete all required fields.
2. If Project Statewide is "Yes", do not enter Address Information. If Project Statewide is "No", Address information is required.
3. Select the Save button above to save your work frequently.
4. Click Forms Menu to return to the navigation links.

Name/Description:

Project Statewide

Address 1

Address 2

City

County

State

NY

Zip

Regional Council:

Agency Specific Region:

PROGRAM SPECIFIC QUESTIONS

Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.

Project Title

You should print and/or refer to the RFP-part B, Instructions to Complete the Application; while completing this application. Be aware that the application consists of both your responses to questions and your uploaded documents. The template documents are located in the Pre-Submission Upload section under the Forms menu. Remember to SAVE your work frequently.

A COMMUNITY TO BE SERVED/HOMELESS SERVICE DELIVERY SYSTEM

- 1 Please indicate which target population you will be serving and the # of beds/units in the project. For single adults and young adults state the # of beds. For families state the # of units.
- 2 Identify the service area (county, city, borough, etc.) you intend to serve and describe the community.
- 3 Identify how the delivery of homeless services are coordinated in the service area identified in question #1. Indicate if there is a Continuum of Care, a Ten Year Plan to End Homelessness, and/or some other coordinating body.
- 4 Provide the following information as it relates to the homeless service delivery system(s); who is the lead organization, what other organizations are represented (please list), how often do meetings occur, what types of activities are undertaken, how has this coordination impacted the delivery of homeless services, identify any meaningful outcomes (i.e. better service coordination, more emergency beds available, etc.). Describe the role of the local Department of Social Services (LDSS) in the planning process and describe your organizations role in the planning process.
- 5 Explain how the program described in this RFP will be coordinated with existing programs that are part of the local planning process.
- 6 Does your agency currently participate in the Homeless Management Information System (HMIS)? If not, discuss what steps your agency may take towards participating in HMIS.

B ELIGIBLE POPULATION INFORMATION

7 Define/describe your target population; be sure to include the following demographics: gender, age, economic status, family size and makeup, what % are veterans, mentally ill/disabled, ex-offenders, alcohol/substance abusers, persons living with HIV/AIDS, victims of domestic violence, other (describe).

8 Describe the special needs of the target population.

9 Describe the typical living situations for clients before they enter your program. What percentage would be homeless or near homeless prior to entry into your program?

10 Please describe the anticipated sources of income for your target population. What portion of clients will receive Public Assistance, Social Security, SSI, Disability, Employment and/or Other sources (Identify other sources)?

11 Please state and explain your anticipated recidivism rate, (% of clients who return to homelessness).

12 Discuss the relationship between the target population and the community.

C GAP ANALYSIS/HOUSING NEEDS

13 What is the Fair Market Rent (FMR) in the service area for 0, 1, 2 and 3 bedroom rental units?

14 What is the Vacancy Rate in the service area ?

15 Identify and describe any existing supportive housing programs within the service area. Be sure to include the number of units available, the services provided, target population and how you work with them.

16 Describe any critical gaps in services and/or the need for supportive housing units within the service area.

17 Describe/Explain how your program addresses the service gap(s) and/or the supportive housing needs within the service area.

18 Explain how duplication of effort will be avoided if this proposal were to be funded.

D SUPPORT SERVICE NEEDS

19 Provide an overview of the employment conditions within the service area, be sure to include the unemployment rate and major employers. Explain the employment needs of the target population and describe the current resources available to assist with their employment needs.

20 What are the mental health/supportive counseling needs of the target population? How are these needs being met and what resources exist in the service area?

21 What are the substance abuse treatment needs of the target population? How are these needs being met and what resources exist in the service area?

22 What are the life skill needs (including parenting skills) of the target population? How are these needs being met and what resources exist in the service area?

23 What are the other service needs of the target population? How are these needs being met and what resources exist in the service area?

24 Describe the impact to the service area, services and target population if this project were not funded.

E PROGRAM DESCRIPTION

25 Provide an overview of your program detailing the intake process, how you perform outreach, identify the main source of referral and explain how you determine eligibility. Discuss what happens to those determined ineligible.

26 Please describe the day-to-day activities and proposed services to be provided for this program. Will employment services be provided?

27 Discuss and explain any program participation requirements for clients, how support service needs are determined and how instruction in independent living skills and any other support services will be implemented?

28 Explain if support services will be provided directly, by referral, or both. If by referral, upload copies of linkage agreements with those organizations and discuss how this will enhance the project. Agreements should include a synopsis of the services to be provided and discuss how your organization will verify the provision of these services. If services are provided through subcontract; provide a description of the subcontractors experience providing the support service(s) to the target population. Upload copies of any draft contracts that would be executed with the subcontractor(s).

Upload

29 Explain/Discuss staffing the project; identify by title those within your organization who will perform the activities you've described, provide a brief job description for each title, explain the staffing pattern and discuss any consultant roles, include any special provisions (ie bilingual services) and availability during non-traditional hours.

30 Provide a brief narrative describing the building/property and also addressing the following points: Type of units; transitional and/or permanent?; Whether you own, manage or lease the properties; Is there a waiting list; Average occupancy rate; Average length of stay for residents; Average time for turnover of apartments (how long it takes for a vacated apartment to be reused); Support service space; Common areas; Other non-residential space, etc.

Upload

31 Explain your eviction policy and procedures for handling evictions. Discuss your procedures for handling other types of client incidents or behavioral issues. Are there any current problems in the management and/or operation of the project and if so, how you are addressing these problems?

F PRIORITIES

32 What percent (%) of clients will be in receipt of Medicaid upon entry to your program? Discuss how you determined this number. What are your future expectations for serving Medicaid recipients; would the % increase, decrease, or remain the same?

33 What percentage (%) of the housing units identified in this application have been (or will be) developed with Homeless Housing and Assistance Program (HHAP) funds?

34 What percentage (%) of the project's total annual direct service costs (Total cost for Personnel, Fringe, and Contractual -staffing costs) are dependent on NYSSHP funds? (meaning there are no other sources of funding that will support those costs).

35 Discuss/explain what other revenue sources (other than client rents and/or rental subsidies) support your project.

36 Discuss/explain what percentage (%) of clients will be in receipt of temporary assistance or SSI and/or what % will be veterans, formerly homeless, and/or individuals who have exceeded TANF time limits.

37 Discuss/explain what percentage (%) of clients will have transitioned from foster care or the emergency shelter system?

38 Does your application include a letter of support from your Local Social Services District and local Continuum of Care? Upload letters if available.

Upload

39 Discuss/explain your ability to operate the program for the full contract term. If all units/staff will not be available on the contract start date discuss when the program will be fully operational. Be sure to verify how many units will be operational for 100% of the contract term. For those that will become operational at a later date, include the # of units and the projected date of operation.

40 FOR NYC APPLICANTS ONLY; all others may respond with NOT APPLICABLE-Discuss/Explain/Verify how the supportive housing units identified in this application will not also be funded with New York City Department of Homeless Services (DHS) supportive housing funds. Verification may be satisfied by uploading a letter from DHS that states the applicant will not receive supportive housing funds for the specified units or by clearly demonstrating that the units are ineligible for DHS funding. Simply stating the units are ineligible is not a sufficient response.

Upload

PERSONAL SERVICES - SALARY

Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Salary position has been saved successfully, select the Add button above to add additional Salary position.
4. Click Forms Menu to return to the navigation links.

Salary Detail

In the Salary section only include staff positions related to the implementation and administration of the program. If Salary is not applicable leave this section blank.

Details

Position/Title

Role/Responsibility

in Title

Financial

Annualized Salary Per Position

STD Work Week (hrs)

% Funded %

Months Funded

Total Grant Funds

Total Match Funds

Match % %

Total Other Funds

Line Total	\$0
Category Total	\$0.00

Click here to see a summary of the detail entered for this category.

CATEGORY TOTAL SUMMARY

PERSONAL SERVICES - SALARY NARRATIVE**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

Salary Narrative

Provide an explanation of any exceptions in staffing patterns and/or annual salary costs.

PERSONAL SERVICES - FRINGE**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Fringe item has been saved successfully, select the **Add** button above to add additional Fringe items.
4. Click Forms Menu to return to the navigation links.

Fringe Detail

Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. Provide a brief explanation of the percentage and composition of the fringe benefit structure. If fringe is not applicable, leave this section blank.

Details**Fringe -****Type/Description****Justification****Financial:****Total Grant Funds****Total Match funds**

Match % %

Total Other funds

Line Total	\$0
Category Total	\$0.00

[Click here to see a summary of the detail entered for this category.](#)

[CATEGORY TOTAL SUMMARY]

PERSONAL SERVICES - FRINGE NARRATIVE**Instructions:**

1. Please complete narrative field.
2. Select the **Save** button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

Fringe Narrative

Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. Provide a brief explanation of the percentage and composition of the fringe benefit structure. If the budgeted fringe benefits represent an exception of the current NYS rate, please explain the difference.

CONTRACTUAL**Instructions:**

1. Please complete all the required fields.
2. Select the **Save** button above to save your work frequently.
3. Once a Contractual item has been saved successfully, select the **Add** button above to add additional Contractual items.
4. Click Forms Menu to return to the navigation links.

Contractual Detail

In the Contractual Services section should include costs for services rendered to the project under a format or written agreement such as direct provision of

services by contractual arrangement. If Contractual is not applicable leave this section blank.

Details

Contractual -
Type/Description
Justification

Financial
Total Grant Funds
Total Match Funds

Match % %

Total Other Funds

Line Total	\$0
Category Total	\$0.00

Click here to see a summary of the detail entered for this category.

| CATEGORY TOTAL SUMMARY |

TRAVEL

Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Travel item has been saved successfully, select the Add button above to add additional Travel items.
4. Click Forms Menu to return to the navigation links.

Travel Detail

This section is used to itemize travel costs. If Travel is not applicable leave this section blank.

Details

Travel - Type/Description
Justification

Financial
Total Grant Funds
Total Match Funds

Match % %

Total Other Funds

Line Total	\$0
Category Total	\$0.00

Click here to see a summary of the detail entered for this category.

| CATEGORY TOTAL SUMMARY |

EQUIPMENT

Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an Equipment item has been saved successfully, select the Add button above to add additional Equipment items.
4. Click Forms Menu to return to the navigation links.

Equipment Detail

This section is used to itemize both purchased and rental equipment costs. If Equipment is not applicable leave this section blank.

Details

Equipment - Type/Description
Justification
Purchase/Rent? *

Financial
Total Grant Funds
Total Match Funds

Match % %

Total Other Funds

Line Total	\$0
Category Total	\$0.00

Click here to see a summary of the detail entered for this category.

| CATEGORY TOTAL SUMMARY |

EQUIPMENT NARRATIVE

Instructions:

1. Please complete narrative field.
2. Select the Save button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

Equipment Narrative

Provide documentation regarding bids received for equipment purchases. This field can be used to reference additional documents that are submitted with the application/contract.

Provide a justification for any exceptional equipment purchase/rental costs as related to the program needs. For example, a program may have a dollar threshold whereby equipment purchases of a certain amount must be justified. For ongoing or multiyear contract, justification is required for new items of equipment only.

OTHER EXPENSES DETAIL

Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

Other Expenses Detail

If Other Expenses is not applicable, leave this section blank.

Details

Other Expenses -
Type/Description
Justification

Financial
Total Grant Funds
Total Match funds
Match % %
Total Other funds

Line Total	\$0
Category Total	\$0

Click here to see a summary of the detail entered for this category.

| CATEGORY TOTAL SUMMARY |

OTHER NARRATIVE

Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

Other Expenses Narrative

If applicable, please provide an explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby the other cost category expenses of a certain amount must be justified.

EXPENDITURE SUMMARY

Instructions:

1. Save this form to display a roll-up of the category budget details.
2. Click Forms Menu to return to the navigation links.

Category of Expense	Grant Funds	Match Funds	Match % Calculated	Match % Required	Other Funds	Total
1. Personal Services						

a) Salary	\$0	\$0	%	%	\$0	\$0
b) Fringe	\$0	\$0	%	%	\$0	\$0
Subtotal	\$0	\$0	%	%	\$0	\$0
2. Non Personal Services						
a) Contractual	\$0	\$0	%	%	\$0	\$0
b) Travel	\$0	\$0	%	%	\$0	\$0
c) Equipment	\$0	\$0	%	%	\$0	\$0
d) Space/Property & Utilities	\$0	\$0	%	%	\$0	\$0
e) Operating Expenses	\$0	\$0	%	%	\$0	\$0
f) Other	\$0	\$0	%	%	\$0	\$0
Subtotal	\$0	\$0	%	%	\$0	\$0
Total	\$0	\$0	%	%	\$0	\$0
PERIOD TOTAL	\$0	\$0	%	%	\$0	\$0

MATCH WORKSHEET

Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an match item has been saved successfully, select the Add button above to add additional match items.
4. Click Forms Menu to return to the navigation links.

Match Worksheet

Detail

Provide detail on the match amounts identified in the detail worksheets. Complete the Form of Documentation Provided column and provide required matching funds documentation with the application/contract package.

Details

Source of Matching Funds

Describe Match Source

(I.E. Local, State, Federal, or Private)

Form of Documentation Provided

Financial

Match Amount *

Line Total	\$0
Match Worksheet Detail Total	\$0.00
Budget Detail Match Total	\$0

| CATEGORY TOTAL SUMMARY |

WORK PLAN OVERVIEW FORM

Instructions:

The purpose of this form is to capture organizational information necessary for application processing, as well as a detailed accounting of the proposed or funded project. It is made up of three sections:

1. Project Summary
2. Organizational Capacity
3. Project Details - Objectives, Tasks and Performance Measures

If applicable, specific instructions/requirements for completing these sections may be found in the Grant Opportunity under which you are applying. Click Forms Menu to return to the navigation links.

Work Plan Period From To

Project Summary

Provide a high-level overview of the project, including the overall goal and desired outcomes. Include information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.

Organizational Capacity

Describe the staffing, qualifications and ongoing staff development/training activities, and relevant experience of the provider organization to support the project.

OBJECTIVES AND TASKS

Instructions:

1. Select the View/Add link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective	
Objective Name	
TARGET POPULATION	
Objective Description	
Define the Target Population	

OBJECTIVES AND TASKS

Instructions:

1. Select the View/Add link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective	
Objective Name	
HOUSING MODEL	
Objective Description	
Define your housing model based on term limitations. A Permanent housing model sets no limitation on length of stay, a Transitional housing model limits the length of stay to some predetermined amount of time. Both allows for both models.	

OBJECTIVES AND TASKS

Instructions:

1. Select the View/Add link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective	
Objective Name	
OCCUPANCY RATE	
Objective Description	
Provide the occupancy rate for the program. It should be calculated as the average number of occupied beds (or units) divided by the number of funded beds (or units).	

OBJECTIVES AND TASKS

Instructions:

1. Select the View/Add link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective	
Objective Name	
UNDULICATED COUNT OF ALL RESIDENTS TO DATE (over age 18)	
Objective Description	
At time of application, please provide an estimate of the unduplicated count of residents to be served annually. If awarded a contract, it will be required to enter an actual count each reporting period.	

OBJECTIVES AND TASKS

Instructions:

1. Select the View/Add link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective	
Objective Name	

UNDUPLICATED COUNT OF CHILDREN (those under 18 years old)

Objective Description

At time of application, please provide an estimate of the unduplicated count of children (under 18) to be served annually. If awarded a contract, it will be required to enter an actual count each reporting period.

OBJECTIVES AND TASKS

Instructions:

1. Select the View/Add link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
Objective Name
CLIENT AVERAGE LENGTH OF STAY (months)
Objective Description
Provide the average length of stay in your program. This amount is an average derived from the total length of stay of all residents served to date.

DEFINE TASKS

Objective: TARGET POPULATION

Task

Enter your target population, Singles, Young Adults, or Families

DEFINE TASKS

Objective: HOUSING MODEL

Task

Enter your housing model: Permanent, Transitional or Both.

DEFINE TASKS

Objective: OCCUPANCY RATE

Task

Enter average occupancy rate percentage, rounded to the nearest whole number.

DEFINE TASKS

Objective: UNDUPLICATED COUNT OF ALL RESIDENTS TO DATE (over age 18)

Task

Enter the number of unduplicated residents served to date (over age 18).

DEFINE TASKS

Objective: UNDUPLICATED COUNT OF CHILDREN (those under 18 years old)

Task

Enter the unduplicated number of children served to date.

DEFINE TASKS

Objective: CLIENT AVERAGE LENGTH OF STAY (months)

Task

Enter the average length of stay in months, please round to the nearest whole number.

PERFORMANCE MEASURE

Instructions:

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the *Save* button.

- 3. To add another *Performance Measure*, when applicable, select the Add button above.
- 4. Click Forms Menu to return to the navigation links.

Objective: OCCUPANCY RATE

Task:

Performance Measure Name

Integer

PERFORMANCE MEASURE

Instructions:

- 1. Enter a *Performance Measure* in the field(s) provided below.
- 2. Select the Save button.
- 3. To add another *Performance Measure*, when applicable, select the Add button above.
- 4. Click Forms Menu to return to the navigation links.

Objective: UNDUPLICATED COUNT OF ALL RESIDENTS TO DATE (over age 18)

Task:

Performance Measure Name

Integer

PERFORMANCE MEASURE

Instructions:

- 1. Enter a *Performance Measure* in the field(s) provided below.
- 2. Select the Save button.
- 3. To add another *Performance Measure*, when applicable, select the Add button above.
- 4. Click Forms Menu to return to the navigation links.

Objective: UNDUPLICATED COUNT OF CHILDREN (those under 18 years old)

Task:

Performance Measure Name

Integer

PERFORMANCE MEASURE

Instructions:

- 1. Enter a *Performance Measure* in the field(s) provided below.
- 2. Select the Save button.
- 3. To add another *Performance Measure*, when applicable, select the Add button above.
- 4. Click Forms Menu to return to the navigation links.

Objective: CLIENT AVERAGE LENGTH OF STAY (months)

Task:

Performance Measure Name

Integer

PERFORMANCE MEASURE

Instructions:

- 1. Enter a *Performance Measure* in the field(s) provided below.
- 2. Select the Save button.
- 3. To add another *Performance Measure*, when applicable, select the Add button above.
- 4. Click Forms Menu to return to the navigation links.

Objective:

Task:

Performance Measure Name

Narrative

PRE-SUBMISSION UPLOADS**Instructions:**

1. Select the **Browse** button to locate an upload.
2. Select the **Save** button above to load it into the system.
3. If the Grant Opportunity you are applying for requires that a specific document be uploaded, a link to the Document Template will appear under the upload row. Click the link to download and save the Document Template to your computer. Once you have filled out the Document Template you can use the associated Upload row to upload the document as part of your application.

Review the descriptions to determine the need for the document. To see/review the document go to Document Template and click on the link. Complete the document as instructed, rename it and save it to your computer. Once the completed document is saved to your computer, click BROWSE, find your document on your computer, click/highlight your document then click SAVE to upload your document to the application. For outside documents (ie Letter of Support, verification documents for Matching Funds, etc.), scan and save the document to your computer (or if it was sent to you via an email attachment, open the attachment, and save it to your computer) then follow the same directions beginning with BROWSE.

LDSS Documents

FOR DSS APPLICANTS ONLY, all others may disregard. If you are a Local District of Social Services download the LDSS Documents, complete the information page and funding summary page and upload to your application.

Document Template: [Click here](#)

Notice to LDSS of Intent to Apply - Support Letter format

Notify your LDSS of your intent to apply and request a letter of support. Format documents are provided. Upload the support letter once it is received.

Document Template: [Click here](#)

Agreement

Sign and date as indicated. Upload.

Document Template: [Click here](#)

Site Locations

Use the Excel form provided. List each site for which you are requesting funds on a separate line, provide the additional information as applicable. Upload.

Document Template: [Click here](#)

Project Operations Data - FIVE tabs

Use the Excel form provided. Complete each of the FIVE tabs within the workbook. Upload your completed Excel workbook.

Document Template: [Click here](#)

EEO Policy and MWBE Documents

Complete all sections as indicated. Upload.

Document Template: [Click here](#)

Grantee Quick Start Guide

Use this document to aid you in completing your application in Grants Gateway.

Document Template: [Click here](#)

Continuum of Care Letter of Support

Notify your local CoC of your intent to apply and request a letter of support. Format documents are provided. Upload the support letter once it is received.

Document Template: [Click here](#)