

**Finger Lakes Housing Consortium  
2023 New Project Application**

**A. Project Information**

**Project Name:**

**Total HUD Request: \$**

**Project Type:**     **Permanent Supportive Housing (PSH)**

**Health Care Partnership**

   **PSH**

   **RRH**

**Housing Partnership (Non-CoC Funding)**

   **PSH**

   **RRH**

**Rapid Re-Housing (RRH) Target Population: \_\_\_\_\_)**

**Transitional Housing – Rapid Re-Housing (TH-RRH)**

**DV Bonus - RRH**

**B. Recipient Organization Information**

**Organization Name:**

**Authorized Representative:**

**Address:**

**City:**

**Zip Code:**

**Telephone:**

**Fax Number:**

**Application Contact Person Information**

**Name:**

**Telephone:**

**E-Mail:**

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1. Projected Number of Households to be served: \_\_\_\_\_  
# Individuals: \_\_\_\_\_  
# Families: \_\_\_\_\_ # Adults: \_\_\_\_\_ # Children: \_\_\_\_\_
2. Target Population(s):
  - Chronically Homeless
  - Transition Age Youth (ages 18 - 24)
  - Re-Entry
  - Fleeing Domestic Violence
  - Substance Abuse History
  - Mental Health History
3. For projects proposing to serve children: Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes  No N/A
4. For projects proposing to serve children: Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?  
 Yes No  N/A
5. Are you using Housing First/Harm Reduction practices in your program:  
Does the project quickly move participants into permanent housing? Yes No  
  
Does the project ensure that participants are NOT screened OUT based on the following items?  
Having too little or no income   
Active or history of substance abuse   
Having a criminal record with exceptions for state-mandated restrictions   
History of domestic violence   
  
Does the project ensure that participants are not terminated from the program for the following reasons?  
Failure to participate in supportive service plan   
Failure to make progress on a service plan  Loss of income or failure to improve income  Being a victim of domestic violence   
Any other activity not covered in a lease agreement typically found in the project's geographic area.
6. Are any of your staff trained in SOAR? Yes No

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**Project Narrative:** (Please provide a narrative description of your proposed project. Make sure you include numbers of persons/beds, target population, type of program, how your project will address CoC priorities and how participants will achieve permanent housing goals and how be linked to mainstream resources)

**If you are proposing a project that is a Housing or Healthcare Partnership, What is the vision of your partnership?**

**Serving Households with Severe Service Needs:** How will your project ensure that households with Severe Service Needs remain engaged with program staff to reduce utilization of crisis/emergency services. What policies/procedures will be in place to engage households that demonstrate an inability to maintain regular contact with program staff and how project will ensure that the household follows through with service planning and referrals to community based services.

Describe how you will work with other community-based organizations to ensure that the service needs of your program participants will be met.

**Coordinated Entry:** (Please describe how your proposed project will participate in Coordinated Entry System, and how your program will prioritize and provide the appropriate level of services for clients with highest needs)

**What support services will be provided to program participants that will increase self-sufficiency?**  
How will the proposed project work with other community based organizations to ensure that service needs will be met?

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**HMIS: Will the project participate in Homeless Management Information System? What is your data collection process and how do you plan to monitor data quality?**

**Cost Per Bed:** (Please divide the total annual project budget by the number of proposed households to be served annually)

**Financial Management**

**Describe your organization's experience in effectively utilizing federal funds and experience in leveraging federal, state, local and private sector funds.**

**Describe your organization's financial management structure**

**Attachments: *(Please check and submit the following that apply to your project application)***

- Application
- Budget Workbook
- MOUs as required for Health Care or Housing Partnerships
- Most Recent Year Audited Financial Statement
- Documentation of Non-Profit Status

## Finger Lakes Housing Consortium 2023 New Project Application

### ASSURANCES

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

- Applicant will complete the HUD Project Application forms with the same information as contained in this application unless the Project Selection Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant
- Applicant agrees to participate fully in HMIS; data is accurate and timely entered.
- Project agrees to participate in the Coordinated Entry system, which includes using the coordinated assessments approved by the CoC.
- Applicant understands that HUD CoC funded homeless projects are monitored by FLHC as the CoC lead. This can include an annual site visit, annual submission of the applicant's most recent APR submitted to HUD, and submission of the most recent audited financial statement.
- If awarded funding, the applicant agrees to inform the Finger Lakes Housing Consortium if:
  - ✓ The organization has staff vacancies for a duration of time that could affect the projected number of participants served, or result in HUD funds not being fully expended.
  - ✓ There are changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD.
  - ✓ There is an increase/decrease of other funding to the project that could affect the projected number of participants served, services provided, ability to meet matching or leveraging requirements, etc.
  - ✓ There are significant delays in the start-up of a new project.

\_\_\_\_\_  
Name of Authorized Representative – Print

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date