**Onondaga/Oswego/Cayuga County Continuum of Care**

**2016 Local Application**

**APPLICATION FOR RE-ALLOCATION AND BONUS (NEW)**

|  |  |
| --- | --- |
| **Project Name:** |  |

|  |  |
| --- | --- |
| **Applicant Name**  **Address**  **Phone Number**  **Email** |  |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **KEY** | **QUESTION** | **POINT VALUE** |
| Narrative | A | Please provide a general description of the program including the total amount requested and a rationale for why the program should be funded.(500 word limit) | 5 points |

HUD Priority: Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Housing First | B | Do you have a policy of zero barriers to entry besides homeless and disability verification, and minimum federal safety requirements? (Policy must be attached, as “Policy B, Housing First Policy”) |  |  | 5 points |
| C | Do you have a policy that prioritizes highest-needs clients (chronic homeless)? (Policy must be attached, as “Policy C, Chronic Homeless Prioritization Policy”) |  |  | 5 points |

Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Measuring System performance Ending Youth, Family, Veteran and All Homelessness | D | Does the program have policies in place to support client-centered practice? (Policy must be attached, as “Policy D, Client-Centered Policy”) |  |  | 5 points |
| E | Define your program’s target length of stay in permanent housing or rapid rehousing. | \_\_\_\_ days | | up to  5 points |
| F | Do you have a policy and plan to ensure the project is fully and accurately participate in HMIS? (Plan must be attached as “Plan F, HMIS Plan.”) |  |  | Up to 15 points |

Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ending Chronic Homelessness | G | Do you have a Plan that will ensure 90% of participants exit to Permanent Housing or remain in Permanent Housing? (Plan must be attached as “Plan G, Exits to/Remaining in PH Plan.”) |  |  | 9 points |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strategically Allocate Resources | H | Do you have a policy that ensures 64% or more of your participants obtained non-cash benefits? 75% or more? 85% or more? (Policy must be attached as “Policy H, Mainstream Resources Policy.” | \_\_\_\_\_\_% | Up to 8 points |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LOCAL PRIORITIES/  Strategically Allocate Resources |  | What is your Target Population to be served? |  |  |
| I | Chronic Homeless |  | 15 points |
| Families |  | 10 points |
| Youth |  | 10 points |
| Re-entry |  | 5 points |
| Veterans |  | 5 points |

Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Systemic Response to Homelessness | J | Match at 25% and Leverage is at least 100% |  |  | 5 points |
| K | Annual Budget divided by number of PSH beds? |  | | Up to 5 points |
| L | Did program representative attend the NOFA Workgroup session? |  |  | 5 points |
| M | Please use this space to resolve or explain any answer you think did not accurately portray your program. Be specific. |  |  | 3 points |

Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strategically Allocating Resources | N | Drawdown efficiency: Does the agency have a plan to efficiently utilize and timely expend HUD funds? Plan must be attached, as “Plan N, Efficiency Plan.” |  |  | 0-10 points |

Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Coordinated Entry | O | PILOT Question (not scored this year): Does the program participate in Coordinated Entry? (Attend meetings, accept referrals from CE List) |  |  | 0 points |

|  |  |  |
| --- | --- | --- |
| **P** | **TOTAL** | **\_\_\_\_\_\_\_out of 100** |