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

**2016 Local Application**

**APPLICATION FOR RENEWAL**

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

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

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

HUD Priority: Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Housing First | B | Does the program have 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 | Does the program prioritize 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 | Average length of stay in permanent housing?   * 365 days or more = 5 points * 182.5 -365 days = 3 points * Less than 182.5 days = 0 points | \_\_\_\_ days | | up to  5 points |
| F | Does the project fully and accurately participate in HMIS? |  |  | Up to 15 points |

Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ending Chronic Homelessness | G | What is the percentage of persons exiting to a permanent housing destination and who did not return to homelessness? |  |  | Up to 9 points |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strategically Allocate Resources | H | What is the percentage of your participants obtaining non-cash benefits? | \_\_\_\_\_\_% | Up to 8 points |

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

Yes No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Measuring System Performance | K | Match at 25% and Leverage is at least 100% | |  |  | 5 points |
| L | Annual Budget divided by number of PSH beds? | |  | | Up to 5 points |
| M | Drawdown efficiency: how efficiently is the project using its grant funds? How much is left over and returned to HUD in 2014 and 2015?  Does the agency have a plan in place to more fully utilize and expend timely HUD funds? Plan much be attached, as “Plan N, Efficiency Plan.” (if below 90%) |  | | | 0-10 points |
| 2014: | | |
| 2015: | | |
| Average: | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Strategically allocate resources | | N | Did program representative attend the NOFA Workgroup Meeting? |  |  | 5 points | |
|  | O | | Please use this space to resolve or explain any answer you think did not accurately portray your program. Be specific. 3 points | | | |

Yes No

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

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