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

**2017 Local Application**

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

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| **Project Name:** |  |

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| --- | --- |
| **Applicant Name**  **Address**  **Phone Number**  **& Email** |  |
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| --- | --- | --- | --- | --- | --- |
| **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 |
|  | | | | | |
| 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.”) |  |  | 5 points |
|  | | | | | |
| 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 |
| **Category** | **Key** | **Question** | **Yes** | **No** | **Point Value** |
| LOCAL PRIORITIES | I | What is your Target Population to be served? |  |  |  |
| * Chronic Homeless |  |  | 15 points |
| * Families |  |  | 10 points |
| * Youth |  |  | 10 points |
| * Re-entry |  |  | 5 points |
| * Veterans |  |  | 5 points |
|  | | | | | |
| Systematic Response to Homelessness | J | Provide 25% match documentation. |  |  | 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 |
|  | | | | | |
| 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 |
|  | | | | | |
| Coordinated Entry | O | Will the program participate in Coordinated Entry? (Attend meetings, accept referrals from CE List) |  |  | 5 points |
| **P** | **TOTAL POINTS** | **\_\_\_\_out of 95** | | |