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

**2017 Local Application**

**APPLICATION FOR RENEWAL**

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

|  |  |
| --- | --- |
| **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 | 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 |
|  | | | | | | |
| 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? | |  |  | 5 points |
|  | | | | | | |
| Ending Chronic Homelessness | G | What is the percentage of persons exiting to a permanent housing destination and who did not return to homelessness? | |  |  | 9 points |
|  | | | | | | |
| Strategically Allocate Resources | H | What is the percentage of your participants obtaining non-cash benefits? | | \_\_\_\_\_\_% | | Up to 8 points |
| **Category** | **Key** | **Question** | | **Yes** | **No** | **Point Value** |
| LOCAL PRIORITIES/  Strategically Allocate Resources | 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 |
|  | | | | | | |
| Measuring System Performance | 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 |
|  | | | | | | |
| Strategically Allocating Resources | M | Drawdown efficiency: how efficiently is the project using its grant funds? How much is left over and returned to HUD in FY2013 and FY2014? Produce current draws for FY2015 grants.  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%) | FY2013: | | | 0-10 points |
| FY2014: | | |
| FY2015: | | |
| Average:\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | | | | |
|  | O | Please use this space to resolve or explain any answer you think did not accurately portray your program. Be specific. | | | | 3 points |
| Coordinated Entry | P | What percentage of clients enrolled between July 2016 and July 2017 came from the Coordinated Entry List? | | \_\_\_\_\_\_% | | 5 points |
| **Q** | **TOTAL POINTS** | | **\_\_\_\_out of 105** | | |