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

**2018 Local Application**

**APPLICATION FOR RE-ALLOCATION, BONUS and DV BONUS (NEW)**

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| **Project Name:** |  |

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| **Applicant Name****Address****Phone Number****& Email** |  |
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| **Funding Choice** | **Please indicate the funding stream for this project:** 1. **Bonus/ Reallocation**
2. **Domestic Violence (DV) Bonus**
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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. Explain type, scale and location of housing, and supportive services. If applying for DV Bonus, please describe the projects ability to serve survivors of domestic violence, dating violence and stalking. (500 word limit) | 5 points |
| Demonstrated Need  | B | Please provide local data used to determine need for project type and target population.  | 10 points |
| Supportive Services | C | Describe how clients will be assisted in obtaining employment, income and mainstream resources to maximize their ability to live independently. (250 word limit) | 10 points |
| Project Implementation  | D | Describe your detailed plan for rapid implementation of the program, documenting how the program will be ready to begin housing the first program participant. (250 word limit) | 10 points |
| **HUD Priority** |  | **Yes** | **No** |  |
| Housing First | E | 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 A, Housing First Policy”) |  |  | 5 points |
| F | Do you have a policy that prioritizes highest-needs clients (chronic homeless)? (Policy must be attached, as “Policy B, Chronic Homeless Prioritization Policy”) |  |  | 5 points |
| G | Do you have a discharge policy? (Policy must be attached, as “Policy C, Discharge/ Termination Policy”) |  |  | 5 points |
| H | Do you have an Equal Access policy? (Policy must be attached, as “Policy D, Equal Access Policy”) |  |  | 5 points |
| Client-centered Practice | I | Does the program have policies in place to support client-centered practice? (Policy must be attached, as “Policy E, Client-Centered Policy”) |  |  | 5 points |
| J | Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible and acceptable to their needs. (Policy must be attached, as Policy F, “Access to Permanent Housing Policy”) |  |  | 5 points |
| K | Is your agency currently in HMIS? If not, do you have a plan to obtain access to HMIS? Please describe your plan. (150 word limit) |  |  | 5 points |
| Retention  | L | Describe your plan to ensure 90% of participants will exit to Permanent Housing or remain in Permanent Housing. |  |  | 10 points |
| **Category** | **Key** | **Question**  | **Yes** | **No** | **Point Value** |
| LOCAL PRIORITIES | M | What is your Primary Target Population to be served? (choose ONLY one) |
| * Chronic Homeless
 |  |  | 15 points |
| * Youth
 |  |  | 10 points |
| * Re-entry
 |  |  | 10 points |
| * Families
 |  |  | 5 points |
| * Veterans
 |  |  | 5 points |
| Financial Feasibility  | N | Please attach project budget to prove that expenses are reasonable, allocable and allowable  | 10 points |
| O | Provide 25% match documentation.  | 5 points |
| P | Cost effectiveness: Annual Budget divided by number of beds.  | 5 points |
| Q | Please attach management letter from your agency’s recent financial audit.  | 5 points |
| **Category** | **Key** | **Question**  | **Yes** | **No** | **Point Value** |
| Strategically Allocating Resources | S | Drawdown efficiency: Does the agency have a plan to efficiently utilize and timely expend HUD funds? Describe experience in effectively utilizing federal, state, or other grant funds.  |  |  | 10 points |
| Coordinated Entry | T | Will the program participate in Coordinated Entry and follow the community’s prioritization policy? Minimum requirement is 95% of referrals from Coordinated Entry (Attend meetings, accept referrals from CE List)  |  |  | 5 points |
| Additional Information/ Requirements  | U | Did a program representative attend the NOFA Workgroup session?  |  |  | 5 points |
| V | Please use this space to resolve or explain any answer you think did not accurately portray your program. Be specific.  |  |  |  |
|  |  | **TOTAL POINTS**  | **\_\_\_\_out of 140** |