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

**2019 Local Application**

**Rubric FOR Renewals**

**Applications are due August 9, 2019 at 5pm. Applications must be submitted in a single PDF to Megan Stuart,** [**mstuart@unitedway-.cny.org**](mailto:mstuart@unitedway-.cny.org)

|  |  |  |
| --- | --- | --- |
| **Project Name:** | |  |
| **Component Type** | | **RRH PSH** |
| **Applicant Name**  **Address**  **Phone Number**  **& Email** | |  |
|  |
|  |
| **Category** | | **Question** | |
| **Narrative** | | **Please describe program. (250 word limit)** | |
|  | |  | |
| **Youth Advisory Board Question** | | **How do you ensure consistent service delivery to all participants? (250 word limit)** | |
|  | | | |
| **Local Priorities** | | **Project is a:**   * **Rapid Rehousing** * **Dedicated Plus PSH** * **Youth Project**   **If PSH project, please describe agency’s willingness to convert all eligible chronically dedicated beds to dedicated plus beds.** | |
|  | | | |
| **Please report percentages of the following populations in your most recent submitted APR in Sage.** | | | |
|  | | * **Chronically Homeless: \_\_\_\_\_\_\_\_\_\_ %** * **Youth: \_\_\_\_\_\_\_\_ %** * **Fleeing DV: \_\_\_\_\_\_\_%** * **No income at entry: \_\_\_\_\_\_%** | |
| **Cost Effectiveness** | | **Annual Budget divided by number of beds (people?** | |
|  | | | |
| **NOFA Workgroup** | | **Did you attend the NOFA Workgroup? Yes/No** | |