**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**

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| --- | --- |
| **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** |