**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)

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