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

**2022 Local Renewal Application**

**Applications are due August 26th at 5 pm**

**Applications must be submitted in a single PDF to**

**The HHC via email:** **hhc@unitedway-cny.org**

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| **Agency and Project Information** |
| Agency Name: |  |
| Program Name: |  |
| Application Contact Person: |  |
| Component Type: |  [ ]  RRH [ ]  PSH [ ]  Th-RRH |
| County Serving: |  [ ]  Cayuga [ ]  Onondaga [ ]  Oswego [ ]  Multi-County  |

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| **Narrative Response Questions** |
| Serving Intersectional Identities 5 points | Describe how your program will provide consistent help across intersectional identities. (e.g. LGBTQIA+, youth, BIPOC, etc.) (250 words) |
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| Lived Experience:5 points | Describe how your program plans to elevate the voices of and employ people with lived experience of homelessness to create better support for your clients. (250 words) |
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| Person Centered Planning: 5 points | Describe how your program supports and engages the individuals served throughout their participation in the project. (250 words)  |
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| Connection to Healthcare Services:5 points | Describe your strategy to ensure clients are connected with and have ongoing access to appropriate healthcare services. (250 words) |
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| Racial Equity:5 points | How does your project work to eliminate racial disparities in housing outcomes? (250 words)  |
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|  **Project Competition Report** | **Percentage** | **Points** |
| **Utilization:**Did your project meet its projected number or either households or persons served during the year (100% utilization?) |  | 5 |
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| **Vulnerable Populations:**What percentage of clients served in FY2021 were in the following categories: |  |  |
| Chronically Homeless |  | 5 |
| Youth |  |
| Domestic Violence |  |
| **Data Quality:**Were all of the following error rates below 5% for Q6 for your FY2020 APR?* Personally-Identifying Information
* Universal Data Elements
* Income and Housing Data Quality
* Chronic Homelessness
 |  | 5 |
| [ ]  Yes [ ]  No |
| **Coordinated Entry Participation:**What percentage of new entries to the project during FY2021 were matched to your project through the coordinated entry system?  |  | 5 |
| **Permanent Housing Placement and Retention:**For **PSH**, what percentage of clients served in FY2021 either stayed in the project or exited to a permanent housing destination? For **RRH**, of the clients who exited your project, what percentage of clients served in FY2021 exited to a permanent housing destination? |  | 10 |
| **Employment growth – All Clients:**What percentage of clients enrolled in your program during the FY2021 had increased their employment income since entering the program? |  | 5 |
| **Income Growth – All Clients:**What percentage of clients enrolled in your program during the FY2021 had increased their non-employment cash income since entering the program? |  | 5 |
| **Health Insurance:**What percentage of leavers in your project had health insurance upon exit from the project? |  | 4 |
| **Non-Cash Benefits:**What percentage of leavers enrolled in your project had other non-cash benefits upon exit from the project? |  | 4 |
| **Time to Move-in:**For **RRH**, what was the average time for households to move into housing after enrolling in the project?  |  | 2 |
| **Fund expenditure:**Were all funds expended in the last completed program year? |  | 5 |
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| **APR Submission:** Was the project’s most recent APR submitted on time? | [ ]  Yes [ ]  No | 5 |
|  |
| **Monitoring:**Were there significant findings for your project during CoC monitoring? | [ ]  Yes [ ]  No | 15 |
| **Total Competition Score (out of 75)** |  |  |
| **Total Narrative Score (out of 25)** |  |  |
| **Total Renewal Score (out of 100)** |  |  |

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| **Agency Certification**  |
| Project Certification of objective criteria: |  [ ]  Accept [ ]  Dispute  [ ]  Dispute and Request Meeting with Committee  |
| If the agency disputes the report, please describe which of the objective criteria are incorrect.  |  |
| Signature: |  |
| Printed Name: |  |