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

**2018 Local Application**

**APPLICATION FOR RENEWAL**

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| --- | --- |
| **Project Name:** |  |

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| --- | --- |
| **Applicant Name**  **Address**  **Phone Number**  **& Email** |  |
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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.(500 word limit) | | | |  |
|  |  | | | **Yes** | **No** |  |
| Client Centered Policy | D | Does the program have policies in place to support client-centered practice? (Policy must be attached, as “Policy A, Client-Centered Policy.”) | |  |  | 5 points |
| HMIS Data Quality | E | Does the project fully and accurately participate in HMIS? Attach HUD Data Quality Report Framework (report should be for 7/1/17 to 7/1/18) | |  |  | 10 points |
| Local Priorities | I | 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 |
| Cost Effectiveness | J | Annual Budget divided by number of beds (people)? | |  | | 20 Points |
| Strategically Allocating Resources | M | Drawdown efficiency: how efficiently is the project using its grant funds? How much is left over and returned to HUD in FY2014 and FY2015? Produce current draws for FY2016 grants.  Does the agency have a plan in place to more fully utilize and expend timely HUD funds? Plan much be attached, as “Plan B, Efficiency Plan.” (if below 90%) | FY2014: | | | 20 points |
| FY2015: | | |
| FY2016: | | |
| Average %:\_\_\_\_\_\_\_\_ | | |
|  | | | | | | |
|  | N | Did you attend the NOFA Workgroup | | | | 5 points |
|  | P | Please use this space to resolve or explain any answer you think did not accurately portray your program. Be specific. | | | |  |
|  |  | **TOTAL POINTS** | | **\_\_\_\_out of 75** | | |

**This portion of the Renewal Application will completed by HHC Staff in regards to your Project Performance.**

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| **Category** | **Key** | **Question** | | | **Point Value** |
| Coordinated Entry | A | What percentage of clients enrolled between July 1, 2017 and June 30, 2018 came from the Coordinated Entry List? | \_\_\_\_\_\_% | | 10 points |
| **HUD Priority** |  | | **Yes** | **No** |  |
| Measuring Project Performance | B1 | RRH: On Average participants spend 15 days from project entry to Housing Move In Date. |  |  | 10 points |
| B2 | PSH: On Average participants spend 180 days in project. |  |  | 10 points |
| C1 | RRH: 90% of residents exit to Permanent Housing. |  |  | 10 points |
| C2 | PSH: 90% of residents exit to or remain in Permanent Housing. |  |  | 10 points |
| D | Less than 15% of participants returned to homelessness after 12 months in permanent housing |  |  | 10 points |
|  | **Total Points** | **\_\_\_\_\_ out of 40** | | |

**Renewal Application Ranking Summary**

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| --- | --- |
| **Renewal Application Score** | **\_\_\_\_out of 75** |
| **Project Performance Score** | **\_\_\_\_out of 40** |
| **Monitoring Score** (Attach Project Improvement Plan if needed. See Application instructions for more information) | **\_\_\_\_out of 135** |
| **TOTAL Score** | **\_\_\_\_out of 250** |