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

**2019 Local Application**

**Rubric FOR DV Bonus Applications (NEW)**

**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 Th-RRH**  |

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| **Applicant Name****Address****Phone Number****& Email** |  |
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| **Category** |  |
| **Narrative** | **Please provide a general description of the program including the total amount requested and a rationale for why the program should be funded. Explain type, scale and location of housing, and supportive services. (500 word limit)** |
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| **Threshold Requirements** |
| **Commitment to HMIS** | **Please indicate whether your agency currently participates in HMIS or has a plan to participate.**  |
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| **Coordinated Entry** | **Will the program participate in Coordinated Entry and follow the community’s prioritization policy? Minimum requirement is 95% of referrals from Coordinated Entry (Attend meetings, accept referrals from CE List)**  |
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| **Housing First** | **Do you have a policy of zero barriers to entry besides homeless and disability verification, and minimum federal safety requirements? (Policy must be attached, as “Policy A, Housing First Policy”** |
| **Do you have a policy that prioritizes highest-needs clients (chronic homeless)? (Policy must be attached, as “Policy B, Chronic Homeless Prioritization Policy”)** |
| **Do you have a discharge policy? (Policy must be attached, as “Policy C, Discharge/ Termination Policy”)** |
| **Do you have an Equal Access policy? (Policy must be attached, as “Policy D, Equal Access Policy”)** |
| **Financial Feasibility/Reasonable Cost** | **Please attach project budget to prove that expenses are reasonable, allocable and allowable.**  |
| **Provide 25% match documentation. Match documentation is eligible and attached.**  |
| **Provide Management Letter from Agency’s most recent fiscal audit demonstrating that agency is in good standing.**  |
| **HHC Membership** | **Is your agency a member of the HHC? If not, demonstrate commitment to HHC membership.**  |
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| **Client-centered Practice** | **Does the program have policies in place to support client-centered practice? (Policy must be attached, as “Policy E, Client-Centered Policy”)** |
| **Addressing Racial Disparity** | **Demonstrate that your agency has a policy addressing racial disparity. (Policy must be attached, as “Policy F, Racial Disparity Policy”)** |
| **Performance Measures/Community Need** |
| **Demonstrated Need**  | **Please provide local data used to determine need for project type and target population.**  |
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| **Supportive Services** | **Describe how clients will be assisted in obtaining employment, income and mainstream resources to maximize their ability to live independently. (250 word limit)** |
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| **Youth Advisory Board Question** | **How do you ensure consistent service delivery to all participants? (250 word limit)** |
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| **Project Implementation**  | **Describe your detailed plan for rapid implementation of the program, documenting how the program will be ready to begin housing the first program participant. (250 word limit)** |
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| **Retention**  | **Describe your plan to ensure 90% of participants will exit to Permanent Housing or remain in Permanent Housing.** |
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| **Serving Survivors of DV** | **Demonstrate agency’s experience serving survivors of Domestic Violence. Please be specific.**  |
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| **Cost Effectiveness**  | **Annual Budget divided by number of beds.**  |
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| **Drawdown Efficiency**  | **Drawdown efficiency: Does the agency have a plan to efficiently utilize and timely expend HUD funds? Describe experience in effectively utilizing federal, state, or other grant funds.**  |
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| **Additional Information/ Requirements**  | **Did a program representative attend the NOFA Workgroup session? Yes or No** |