**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**](mailto: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) |
|  | |
| 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) |
|  | |
| Person Centered Planning:  5 points | Describe how your program supports and engages the individuals served throughout their participation in the project. (250 words) |
|  | |
| 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 |
|  | | |
| **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 |
|  | | |
| **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: |  |