RENEWAL PROJECT SCORING FACTORS
2017 Continuum of Care Competition
APPROVED by the Housing First Solano General Membership on April 26, 2017

Letter	THRESHOLD CRITERIA	Met or Not Met?
A	**HMIS Implementation:** The project ensures it will participate in HMIS implementation, unless the project is a victim-service agency, serving survivors of domestic violence, or a legal services agency.	
B	**Coordinated Entry:** The project ensures it will participate in coordinated entry, when it is available for the project type, unless the project is a victim-service agency or serving survivors of domestic violence.	
C	**Equal Access:** The project ensures equal access for program participants regardless of sexual orientation or gender identify, in compliance with federal law and HUD policy.	
D	**Compliance with Fair Housing:** Project has policies and procedures in place which ensure compliance with the Fair Housing Act including, but not limited to, no residency requirements for project entry.	
E	**Participant Eligibility:** All program participants meet the category of homelessness applicable to the program component type and all program participants are eligible in conformity with particular grant requirements.	
F	**Eligibility Documentation:** Program complies with all HUD requirements regarding documentation of disability and homeless status.	
G	**Agency and Program Budget:** Budgets are clearly defined and adequately describe where Continuum of Care funds are spent.	

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Project's Work is Consistent with Community Needs
(10 points possible)

	Possible Points	**Points Earned**

1) Projects will receive points based on their project type:
    Permanent supportive housing for Chronically Homeless = 10
    Permanent supportive housing = 8
    Rapid Rehousing = 8
	10 points	

Outcomes   **(35 points possible)**

Has the project been performing satisfactorily and effectively addressing the need(s) for which it was designed?

Reviewers may make up to a two point adjustment within the scale to account for the fact that outcomes will naturally be lower in more difficult to serve populations, which includes, but is not limited to: low or no income, current or past substance abuse, criminal record–with the exception of restrictions imposed by federal, state, or local law or ordinance–and chronic homelessness.

	Possible Points	**Scale**	**Points Earned**
2) Utilization Rate (System Performance Measures 1, 3, 7): The project is at capacity in serving the number of homeless people it is designed to serve.	10 points	95-100% 10 pts. 90-94.9% 9 pts. 87.5-89.9% 8 pts. 85-87.4% 7 pts. 82.5-84.9% 6 pts. 80-82.4% 5 pts. 77.5-79.9% 4 pts. 75-77.4% 3 pts. 70-74.9% 2 pts. 60-79.9% 1 pt. 0-59.9% 0 pts.	

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3) Performance Measures: Has the project set and met additional performance measures for itself? Are program goals realistic but sufficiently challenging given the scale of the project?	5 points	Award 2 points for having set and met additional measures Award up to 3 additional points if the measures met are realistic and challenging	
4) Housing Retention (System Performance Measures 2, 7): The percentage of formerly homeless individuals who remain housed in the HUD permanent housing or exited to a permanent destination is at least **85%.**	10 points	95-100% 10 pts. 90-94.9% 9 pts. 87.5-89.9% 8 pts. 85-87.4% 7 pts. 82.5-84.9% 6 pts. 80-82.4% 5 pts. 77.5-79.9% 4 pts. 75-77.4% 3 pts. 70-74.9% 2 pts. 60-79.9% 1 pt. 0-59.9% 0 pts.	
5) Mainstream Services (System Performance Measure 4): Program demonstrates success in connecting clients with mainstream resources based the percentage of adult clients who are receiving one or more cash or non-cash benefits	5 points	90-100% 5 pts. 80-89.9% 4 pts. 70-79.9% 3 pts. 60-69.9% 2 pts. 40-59.9% 1 pt. 0-39.9% 0 pts.	
6) Increase in Income: (System Performance Measure 4): Percentage of adults that maintained or increased income from any source, excluding those who maintained an income of $0.	5 Points	90-100% 5 pts. 80-89.9% 4 pts. 70-79.9% 3 pts. 60-69.9% 2 pts. 50-59.9% 1 pt. 0-49.9% 0 pts.	

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Budget   **(12 points possible)**

	Possible Points	Points Earned
7) Documentation: • Is agency and project budget clearly articulated, with no unnecessary or unexplained items? • Is the agency and project budget sufficient but cost-effective related to the population it is serving and the outcomes it is projecting? • Is the budget itself sufficiently detailed to provide an understanding of the full scope of activities for the project?	4 points	
8) What percentage of the project's grant funds were drawn down in the past year?	4 points	
9) Were the grant funds drawn down at least once per quarter the past operating grant year as required by HUD?	4 points	

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Agency Capacity   **(18 points possible)**

	Possible Points	Points Earned
10) Does the program have any outstanding HUD findings and/or financial audit findings from any source in the past two operating years? Consider: • The nature of the findings • Has the agency provided an explanation for these findings? • Is the agency taking corrective action? Award full points for agencies who have no HUD audits or negative audit findings. Deduct points based on the severity of audit findings.	5 points	
11) Has HUD de-obligated any of the agency's/program's grant funds in the past operating year? Consider: • The magnitude of the deobligation • Has the agency provided an explanation? • Is the agency taking action to prevent this problem in the future? Award full points for agencies who have not had any funding deobligated by HUD. Deduct points based on the severity of the deobligation.	5 points	
12) Does the agency/each agency actively participate in the Continuum of Care? Consider: • The agency's attendance and participation at CoC meetings • The agency's attendance and participation with CoC committees • Any activities the agency has participated in with or on behalf of the CoC • The agencies participation in/commitment to Coordinated Entry • Special initiatives that agency has participated in, including Healthcare and Housing, SOAR, special trainings, CSBG workshops, etc. • Any Leadership positions (i.e. serving on the Board or Committee leadership held by the agency)	5 points	

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13) CoC Competition Participation: Has the agency met all deadlines during the CoC Competition? • Note: The information for this question is created by the staff report. • Full points awarded for projects which have never missed a deadline. • No points for projects who have missed any CoC Competition deadline.	3 Points	

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HMIS   **(10 points possible)**

	Possible Points	Scale	Points Earned
14) HMIS: % of null of missing values	5 points	0-4.9% 5 pts. 5-9.9% 4 pts. 10-14.9% 3 pts. 15-100% 0 pts.	
15) HMIS: % of exiters who exit to a known destination	5 points	95-100% 5 pts. 90-94.9% 4 pts. 85-89.9% 3 pts. 0-84.9% 0 pts.	

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HUD Policy Priorities   (15 points possible)

	Possible Points	Points Earned
16) Housing First Has the project committed to and are they practicing a Housing First approach? Is that demonstrated by their policies and procedures and with verification through their APRs (reasons for exiting clients)?	5 points	
17) Chronically Homeless If a PSH project, has it dedicated its beds to serving 100% chronically homeless individuals and is that dedication reflected in its clientele? Award full points for complete dedication. Award two points for prioritization.	5 Points	
18) Serving Vulnerable Populations Award up to 5 points for agencies that serve hard-to-serve populations. Possible needs and vulnerabilities include: 1. Low or no income; 2. Current or past substance use; 3. Criminal record; 4. Having been or currently a victim of domestic violence; 5. Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) status; 6. Resistance to receiving services; 7. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing; 8. High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs; 9. Coming from the streets or other unsheltered situations, particularly youth and children; 10. Vulnerability to illness or death; or 11. Vulnerability to victimization, including physical assault, trafficking, or sex work.	5 points	

Total Points Earned: _____/100

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INSTRUCTIONS

Test Your PRESTO Login By: **August 2, 2017, 12:00 pm**
Complete Your Application By: **August 11, 2017 at 5:00 pm**

This Request for Information (RFI) must be completed for **each** renewal project submitting an application for the FY 2017 HUD CoC Program Competition.

The answers you provide to this RFI will be combined with data pulled from your project's APR (as generated from HMIS for 6/1/16 to 5/31/17) to create a PRESTO-generated report to be used by the Review and Rank Committee.

For each renewal project application, please log on to www.prestoevals.org, click the rabbit icon in the top-left corner, find the name of your project, click the blue text marked "Respond" to the right of your project name, and then **answer the renewal questions #1 through #36**. You should ignore all other questions.

By submitting this application, your agency is certifying that the information contained in the RFI and attachments is true and accurate to the best of your knowledge.

If you are unsure whether your application is complete, you may e-mail HomeBase at solano@homebaseccc.org to confirm. HomeBase will attempt to reply to all such e-mails within 24 hours. It is each applicant's responsibility to make sure that their project application is complete before the deadline.

If you have questions regarding how to use the PRESTO website, the rules of the competition, or about the meaning of the questions in the application, please send them to: solano@homebaseccc.org.

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GENERAL INFORMATION

1. **What are your most recently completed operating year dates?** This is based on your most recently completed GRANT year, as defined by HUD.

2. **Please provide a summary description of your project.** Include the populations your project serves (e.g. homeless emancipated foster youth, chronically homeless families, etc.). Include descriptions of service delivery and linkages with other organizations. If your population is high-needs, please explain. (Please note that this summary is what will appear in the PRESTO database as the narrative for the Review and Rank Panel to see on your project's page. Please ensure that it is up to date, accurate and consistent with the other data provided in this Local Application and in your e-snaps application and APR).

3. **If your project has not yet started**, please describe your progress and timeline toward serving clients. **If your project has less than a year of data**, please describe how your operations have gone so far.

OUTCOMES

4. How many <u>beds</u> are you contracted with HUD to serve at a single point in time?

5. How many <u>units</u> are you contracted with HUD to serve at a single point in time?

6. As of the time you are filling out this questionnaire, how many <u>beds</u> are you currently serving?

7. As of the time you are filling out this questionnaire, how many <u>units</u> are you currently serving?

8. **If you are not currently operating at your contracted bed/unit inventory** please explain why. Please also explain your plan for getting to full occupancy and an anticipated timeline for getting to full occupancy. If you are currently serving more than the contracted amount, please explain how you are able to do that (i.e. overflow/seasonal beds, over-leasing, etc.)

9. For the **Mainstream Services** (Scoring Factor 5) and **Increase in Income** (Scoring Factor 6) metrics, **if not all of your clients are receiving income or mainstream benefits**, please describe your program's efforts to connect the remaining individuals with income and mainstream services. Please be specific as to the case plan for each individual without using any identifying information.

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10. **Please list any additional performance measures you have and the outcomes achieved.** Please describe how you selected the performance measure, how you determined the appropriate goal, how you encourage clients to meet that goal, and how many clients have achieved that goal. Please provide raw numbers for clients, not percentages (e.g. "30 of 40 clients pay their utilities on time for the past twelve months). *Note: These performance measures should be any you have in addition to the performance measures listed on the scoring tool (Housing Stability, Increasing or Maintaining Income, Connection to Mainstream Resources).*

BUDGET

11. What is your **CoC Project Grant Amount** for the current grant operating year?

12. How much of your CoC Project Grant Amount have you **already expended** for the current grant operating year?

13. **Do you anticipate spending all of your funds for this grant?** If not, please provide a narrative explaining why you will not spend down all of your funds.

14. Please list all of the **dates on which you drew down funds from HUD's e-LOCCs system** during the last grant year. Please list all dates as MM/DD/YY, and please separate all dates with commas. For example, if you drew down funds on December 10th, 2016 and April 2nd, 2017, you would type: "12/10/16, 4/2/17."

15. **If your drawdowns were not consistent**, please describe why there are inconsistent drawdowns.

16. Please describe your agency's **internal accounting procedures** that track eligible costs for CoC grants.

AGENCY CAPACITY

17. Has the agency or the project had any **HUD monitoring or audit findings** since January 2015? Also, does the agency or project have any outstanding HUD monitoring findings, no matter when the occurred? If so, please list them here. *(Please attach copies of correspondence about HUD findings to your submission; see the last page of this document for details.)*

18. Have any CoC funds been **formally de-obligated** for this project? If yes, please briefly indicate the amount, date, and reason.

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19. Please indicate your agency's **level of participation in the Housing First Solano CoC meetings from January 2016 to the present**. Include detailed information regarding your agency's participation in the CoC (attendance/participation at CoC and committee meetings; contributions to CoC policies, decisions, documents; presentations to or on behalf of the CoC; participation in any special initiatives such as SOAR, Healthcare and Housing, CSBG workshops, etc., participation in/commitment to Coordinated Entry).

20. Please describe your agency's **policies for ensuring accurate HMIS data**.

HUD PRIORITIES

21. **Does your project practice a Housing First approach?** Please describe. Describe your intake policies and procedures. What is required to enter your program? What is required to stay in your program? What kinds of activities can result in a resident being asked to exit your program? If anyone exited your program for a destination other than PH, what was the reason?

22. **If your project is a permanent supportive housing project**, please also state whether you have committed to serving **100% chronically homeless persons**. If you have and that commitment is not reflected in your clientele, please explain why not (e.g. clients have been in the project since before the commitment to CH). Also, please indicate how many of your current program participants are chronically homeless. (If your project is not a PSH project, please just type "Pass.")

23. Please provide the number of individuals in your project who are part of one of the following categories. You may include persons in more than one category. If your project does not serve someone in one of the following categories, please indicate "0" for that category. For this question, please state how many people in your project have **low or no income.**

24. How many people in your project are current s**ubstance abusers** or have a history of substance abuse?

25. How many people in your project have a **criminal record**?

26. How many people in your project have been or currently are a **victim of domestic violence**?

27. How many people in your project are **Lesbian, Gay, Bisexual, Transgender, or Questioning** (LGBTQ)?

28. How many people in your project are **resistant to receiving services**?

29. How many people in your project have **significant health or behavioral health challenges** or functional impairments which require a significant level of support in order to maintain permanent housing?

30. How many people in your project are **high utilizers of crisis or emergency services, including emergency rooms, jails, and psychiatric services**, to meet basic needs?

31. How many people in your project are **coming from the streets or other unsheltered situations**, particularly youth and children?

32. How many people in your project are **particularly vulnerable to illness or death**?

33. How many people in your project are **particularly vulnerable to victimization, including physical assault, trafficking, or sex work?**

34. For the measures immediately above, please describe the total number of persons counted overall, and the **methodology for determining vulnerability**.

35. For the measures immediately above, please describe the **policies or procedures your agency uses to track this information** (regarding vulnerability).

36. If you wish, you may use this space to **comment on any factors** relevant to your application. You are not required to answer this question. If you have nothing to add here, you may just type "Pass."

Please continue to the next page to see the list of required attachments.

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ATTACHMENTS

<u>Please provide to us a copy of each of the following:</u>

a) **Financial audits** of your program or agency for the past two years; and	Please initial confirming that the audit is included:
b) <u>Any</u> **HUD monitoring letters** and/or **audit findings** received related to any HUD grant received by your agency, **AND** a copy of any **outstanding** HUD audit findings irrespective of the date of the findings; and	Please initial confirming that any HUD correspondence is included: **OR** That your program does not have any letters/findings:
c) Your **full, detailed AGENCY and PROGRAM budgets**: i) The budget submitted should correspond to your most recently completed budget year. ii) Budgets should include both CoC and non-CoC funding. iii) These budgets do not have to show actual income and expenses, however they should be detailed.	Please initial confirming that the full budget is included:
d) Your **FULL AGENCY AND PROGRAM policies** which govern program operation including, but not limited to: i) Participant entry and exit policies, ii) HMIS policies and procedures, iii) Documenting client eligibility, and iv) Budgeting and accounting policies.	Please initial confirming the full program and agency policies are included:
e) A PDF of your completed eSNAPs **Applicant Profile** and a PDF of each eSNAPs **Project Application** you are submitting; and	Please initial confirming that the eSNAPs PDFs are included:
f) Any completed match letters or, if you are waiting on achieving match, a draft letter which includes the organization committing the match as well as a timeline for when you expect to receive the signed match letter.	Please initial confirming the required match documentation is included:

I hereby certify that the information contained herein is true and accurate to the best of my knowledge. I understand that providing inaccurate data can result in consequences up to and including the loss of grant funds.

Executive Director: _____   Date: _____