

# FY2016-2018 Virginia Homeless Solutions Program Evaluation Tool

VA-505 Hampton/Newport News/Poquoson/Williamsburg/York County/James City County Continuum of Care  
March 1, 2016

<b>Project Name:</b>	<b>Total Participants/Units:</b>
<b>Applicant:</b>	<b>Total VHSP Funds Requested:</b>

*\*The CoC Program Administrator will review the Supplemental Applications along with supporting documents and verify some of the information below prior to the review by the Program Monitoring Committee.*

<b>Attendance</b>	<b>Agency participation rate on the GVPHC Program Monitoring Committee since January 2015:</b> _____  <b>Agency participation rate on the GVPHC General Membership Committee since January 2015:</b> _____	
<b>Submission of Documents</b>	<b>Supplemental Application was received on or before the submission deadline:</b> <span style="color: red; font-weight: bold;">March 4, 2016 at 3:00 p.m.</span> <span style="background-color: yellow;">If no, when was the application received?</span> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Applicant submitted copies of all required attachments?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Is this project part of a larger project?	Yes    No
2. Does the applicant demonstrate community-wide collaborations that are appropriate for the population served and ensure that clients have access to necessary resources, including participating in coordinated assessment?	Yes    No
3. Does the applicant demonstrate the leveraging of cash or in-kind resources to meet the VHSP 25 percent match requirement?	Yes    No
4. Has the agency received any findings from the State or HUD within the last 24 months?	Yes    No
5. Does the proposed project meet the priorities set forth in the Federal Strategic Plan to End Homelessness and the GVPHC Vision to ensure that homelessness is rare, brief and non-recurring?	Yes    No
<b>Please circle the code that most closely reflects your assessment of each of the following statements.</b>	
	<b>4 = Strongly agree      3 = Agree      2 = Disagree      1 = Strongly Disagree</b>
6. Does the applicant have a solid plan to reduce the lengths of homeless episodes?	4    3    2    1    N/A
7. Does the applicant have a solid plan to reduce returns to homelessness?	4    3    2    1    N/A
8. Does the proposed cost per household seem reasonable for the target population?	4    3    2    1    N/A
9. Does the applicant have a solid plan to reach the hard to serve homeless population and/or a prioritized population?	4    3    2    1    N/A

