

FY 2018 NEW PROJECTS RATING TOOL

Project Name: _____

Organization Name: _____

Project Type: _____

Project Identifier: _____

Eligibility Threshold Requirements:

Is the threshold met? Yes or No (No points)

	Is your agency eligible to apply for funding through HUD?
	Is your agency a 501(c)3 or eligible governmental entity?
	Does your agency have any outstanding findings from HUD or the State on any other projects your agency operates?
	Does your agency agree to enter all client level data in the Homeless Management Information System (HMIS)?
	Does your agency have any recent (within the last 24 months) organizational audit findings? (If yes, attach copy of a findings.)
	Does your agency have the financial and management capacity and experience to carry out the project as detailed in the project application and to administer federal funds?
	Does the agency currently participate or agree to participate in the CoC's Coordinated assessment system?
	PSH Project Applicants Only (mark NA if other project type): Will this permanent supportive housing project (units included in HUD application only) exclusively serve persons who meet the HUD definition of chronically homeless?

RATING FACTOR	POINTS AWARDED	MAX POINT VALUE
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EXPERIENCE

<p>A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.</p>	<input style="width: 50px; height: 30px;" type="text"/>	out of	<input style="width: 30px; height: 30px;" type="text"/>	15
<p>B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.</p>	<input style="width: 50px; height: 30px;" type="text"/>	out of	<input style="width: 30px; height: 30px;" type="text"/>	10
<p>C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.</p>	<input style="width: 50px; height: 30px;" type="text"/>	out of	<input style="width: 30px; height: 30px;" type="text"/>	5
Experience Subtotal		out of	30	

DESIGN OF HOUSING & SUPPORTIVE SERVICES

A. Extent to which the applicant		
1. Demonstrate understanding of the needs of the clients to be served		
2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served		
3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served.		
4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits		
5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.		15
B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.		5
C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		5
Design of Housing & Supportive Services Subtotal		25

TIMELINESS

A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.		10
Timeliness Subtotal		10

FINANCIAL

A. Project is cost-effective - comparing projected cost per person served to CoC average within project type.		5
B. Audit		
1. Most recent audit found no exceptions to standard practices		5
2. Most recent audit identified agency as 'low risk'		5
3. Most recent audit indicates no findings		5
C. Documented match amount		5
D. Budgeted costs are reasonable, allocable, and allowable		20
Financial Subtotal		45

PROJECT EFFECTIVENESS

Coordinated Entry Participation- 95% of entries to project from CE referrals		5
Section V Subtotal		5



TOTAL SCORE		out of	115
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Weighted Rating Score		out of	345
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PROJECT FINANCIAL INFORMATION

CoC funding requested	
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Amount of other public funding (federal, state, county, city)	
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Amount of private funding	
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TOTAL PROJECT COST	
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