

## 2020 VIRGINIA HOMELESS SOLUTIONS PROGRAM RATING TOOL

Project Name: \_\_\_\_\_  
 Organization Name: \_\_\_\_\_  
 Project Type(s): \_\_\_\_\_  
 Reviewer's Name: \_\_\_\_\_

### Eligibility Threshold Requirements:

	Is your agency eligible to apply for funding through DHCD?
	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)?
	Has the agency had an organizational audit in the last 24 months? Were there any 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 State funds?
	Does the agency currently participate or agree to participate in the CoC's Coordinated assessment system?

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. <b>0-5 Points</b> -Experience with population; <b>6-10 Points</b> -Experience providing housing similar to that proposed in the application, or <b>11-15 Points</b> - Both experience with the population and providing housing.</p>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	out of 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>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	out of 10
<p>C. Describe experience in effectively utilizing State funds.</p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	out of 5
<b>Experience Subtotal</b>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	out of <b>30</b>

### DESIGN OF HOUSING & SUPPORTIVE SERVICES

<p>A. Extent to which the applicant</p> <ol style="list-style-type: none"> <li>1. Demonstrates understanding of the needs of the clients to be served. <b>(5 Points)</b></li> <li>2. Demonstrates how clients will be assisted in obtaining and coordinating the provision of mainstream benefits. <b>(5 Points)</b></li> <li>3. Demonstrates the project description and proposed housing and/or services fit the need of the clients to be served. <b>(5 Points)</b></li> </ol>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	out of 15
<p>B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.</p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	out of 5
<b>Design of Housing &amp; Supportive Services Subtotal</b>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	out of <b>20</b>

**ORGANIZATIONAL CAPACITY**

- A. Describe the organizational and the program staff capacity to implement the proposed project.  out of 10
- 1. Provide a description of the organizational capacity, to include governance, leadership, experience, and financial management. **(5 Points)**
  - 2. Provide a description of the program staff capacity to include experience, training, and staff to program participant ratio. **(5 Points)**

**Organizational Capacity Subtotal**  out of **10**

**FINANCIAL**

- A. Project is cost-effective - comparing projected cost per household served to CoC average within project type.  out of 5
- B. Audit
- 1. Most recent audit found no exceptions to standard practices  out of 3
  - 2. Most recent audit identified agency as 'low risk'  out of 3
  - 3. Most recent audit indicates no findings  out of 4
- C. Documented match amount.  out of 5
- D. Budgeted costs are reasonable, allocable, and allowable.  out of 20

**Financial Subtotal**  out of **40**

**TOTAL SCORE**  out of **100**