**Metro Area Continuum of Care for the Homeless  
Program Evaluation Process & Criteria**

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| **Overview** |

Proposed new projects are evaluated annually by the MACCH New Project Committee. New project proposals will be scored by the Committee per the 2018 New Project Score Card. The purpose is to ensure that HUD funded programs are providing the highest quality housing and services and that the programs are focused on achieving outcomes to prevent and end homelessness.

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| **Process for FY2018** |

For the FY2018 CoC competition, proposals for new projects will be reviewed based on:

* Information provided by the applicant in this FY2018 New Project Preliminary Application and the related attachments.
* For first time CoC program applicants, their experience in administering similar programs and in working with the target population will also be taken into consideration.
* The MACCH New Project Committee may contact agencies that completed the New Project Preliminary Application to obtain clarifying information that will inform accurate scoring of the project in the 2018 New Project Score Card.

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| **General Instructions** |

**Please follow these general instructions when completing this application:**

* Please review this full preliminary application.
* Narrative responses can be typed into the boxes provided. Boxes will expand to accommodate text.   
  Please be sure to provide information that will allow each criterion to be scored.
* Please provide requested attachments in electronic format.
* Please name the electronic file for each attachment per the instructions provided in each criteria description.
* Questions about this preliminary application and the New and Reallocated Project Score Card should be directed to: Randy McCoy, Executive Director, Metro Area Continuum of Care for the Homeless (MACCH), rmccoy@endhomelessnesstoday.org , 417-848-0470.

**A completed New Project Preliminary Application, including all requested attachments, is due no later than 5 PM Monday, 07/30/2018. Materials should be sent to MACHH via email to** [macch.ne501@gmail.com](mailto:macch.ne501@gmail.com).

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| **General Project Information** |

**General Information**

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| Project Name: |  | | |
| Agency Name: |  | | |
| Contact Person: |  | | |
| E-mail: |  | Phone: |  |

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| Type of Project:  Permanent Supportive Housing (PSH)  Rapid Rehousing (RRH) |
| Is this a Domestic Violence (DV) Program?  Yes  No |
| Select one:  New project  Replacing a project being voluntarily reallocated |
| If replacing a reallocated project, name of Reallocated Project: |

**Agency Description**

Please provide a brief description of your agency’s history, mission and vision.

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| **Threshold Review Criteria** |

The following items will be part of a threshold review. Project applicant must commit to these threshold items to be considered for inclusion in the FY2017 MACCH CoC Application.

1. **Housing First approach per the MACCH Housing First Policy**   
   The MACCH Housing First Policy is as follows:

Participants are not screened out for:

* Having too little or no income
* Active or history of substance use
* Having a criminal record with exceptions of state-mandated restrictions
* History of domestic violence

Participants are not terminated from the program based on the following:

* Failure to participate in supportive services
* Failure to make progress on a service plan
* Loss of income or failure to improve income
* Being a victim of domestic violence
* Any other activity not covered in a lease agreement typically found in the project’s geographic area

Your response should include a plan for implementing a Housing First approach, including any previous experience implementing Housing First in other programs/projects.

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1. **Assistance with Mainstream Benefits**

Assistance in accessing and maintaining access to Mainstream Benefits should include the following:

* Provide transportation assistance to attend mainstream benefit appointments, employment training or jobs
* Use a single application form for four or more mainstream programs
* Provide annual follow-ups with participants to ensure mainstream benefits are received and renewed
* Provide access to SSI/SSDI technical assistance provided by the applicant, sub-recipient or partner agency
* Utilize SOAR trained individual to provide this technical assistance

Please provide a description of how the project will provide program participants with assistance in accessing and maintaining access to Mainstream Benefits. Your response should include a plan for providing program participants with assistance in accessing and maintaining access to Mainstream Benefits, including any previous experience your agency has in providing these services in other programs/projects.

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1. **Participation in Coordinated Entry**Participation in the CoC’s Coordinated Entry process is required of all agencies operating CoC-funded projects. Please provide a description of how the project participates.

Your response should include a plan for meeting the above-described obligations, including identification of staff that will be assigned to attend meetings and capacity and prior experience in running reports and working with referrals from other systems.

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1. **Homeless Management Information System (HMIS) Participation (or if a DV program, a comparable data base)**

Participation in the CoC’s HMIS system is required of all agencies operating CoC-funded projects. Please provide a description of the agency’s ability to meet HMIS data entry requirements.

Your response should include a plan for meeting these data entry requirements, including any prior experience your agency has in working with database programs and entering/managing client data.

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1. **MACCH (CoC) Participation**

Participation in the CoC’s governance, planning and decision-making process is required of all agencies operating CoC-funded projects.

Your response should include a description of your agency’s current participation in MACCH activities, other system-wide planning efforts, and/or your agency’s capacity to assign staff to participate in the CoC governance, planning and decision-making process.

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1. **Serve Literally Homeless**

For CoC-funded projects, 100% of the proposed program participants must come from the following: street or other locations not meant for human habitation; emergency shelters; safe havens; or fleeing domestic violence.

NOTE: The percent served that are literally homeless will be calculated using data from APR Question 20a1 - Residence Prior to Program Entry:   
(Total Emergency Shelter + Total Place Not Meant for Human Habitation) ÷ Total = % Literally Homeless.

Your response should include a plan describing how the project will serve 100% literally homeless households.

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1. **Fiscal/Reporting Capacity**Agencies must comply with HUD regulations regarding timely submission of Annual Performance Review data reports, timely drawdown of funds, expenditure of funds and timely resolution of any HUD findings resulting from HUD monitoring. Please provide evidence of the agency’s capacity to fulfill these requirements.

Your agency should provide evidence of capacity for fiscal compliance and/or prior experience, including a description of your agency’s process for drawdown of funds and ability to enter, maintain and run data reports.

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1. **HMIS Data Quality**

Quality data is a crucial to monitoring and improving performance of projects and the CoC. Please describe your agency’s capacity and experience, along with processes in place, to ensure data quality will be able to meet the CoC’s standards. The CoC’s current standards are as follows:

* Below 10 percent null or missing values for the Universal Data Elements as recorded in the HMIS based on the number of unduplicated client records.
* Below 10 percent of refused or unknown values for the Universal Data Elements as recorded in the HMIS based on the number of unduplicated client records.

Your response should include a clear plan for entering high quality data into HMIS (or, if DV, a comparable data management system) for both CoC and non-CoC funded homelessness programs, including agency capacity and prior experience in entering and maintaining program/client data and processes currently in place or to be enacted to ensure data quality will meets CoC standards.

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1. **Financial Practices & Status**Please attach your agency’s audit opinion letter, which should indicate acceptable financial practices and sound financial status. Please name the file: [AgencyName]\_9\_AuditLetter
2. **Expansion projects   
   \*\*Only for applicants requesting expansion of an existing project\*\***Please describe what part of the project is being expanded and demonstrate that CoC funding will NOT be used to replace other funding sources. Your response should also describe what aspects of the project are being expanded and by how much, including information about the number of housing units, number of households served, and/or the level of service to be provided.

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| **Scored Criteria Review Items** |

The following criteria will be part of a scoring process. Information provided by the applicant will be scored according to the scale and standards described in the *New and Reallocated Project Score Card*. Please carefully review the *New and Reallocated Project Score Card* to ensure that your agency’s responses will provide the reviewer with the information needed to score your agency’s proposed project according to these criteria.

**11-17. Project Description**

Please provide a description of no more than 2000 words of the project for which your agency is seeking funding. This description should include information that will enable the CoC to score criteria 11 to 17a-e of the *New and Reallocated Project Score Card*. Please review the detailed scoring/scaling information described in the *New and Reallocated Project Score Card* to ensure that the project description includes all necessary information. If you are partnering or coordinating with another agency or agencies that will provide additional expertise for this project, please be sure to describe their role and demonstrate their expertise or prior experience where appropriate.

The criteria are as follows:

1. **Voluntary Reallocation**

Please review the information on voluntary reallocation provided under the “General Project Information” section at the beginning of this Preliminary Application to ensure that it is correct. In addition, please provide an explanation of the following:

* the agency’s decision to reallocate the current program;
* the agency’s decision to replace the current program with the proposed program;
* the agency’s reasoning regarding how the proposed program will help the CoC meet its goals more effectively and/or efficiently than the current program.

1. **Community Need**

Please describe how this project will address a community need as identified through the CoC’s By-Name-List and Coordinated Entry process. This may refer to the project type, program model, population served and/or other factors. Please refer to the CoC’s RFP for New and Reallocated Projects for more information about the community needs identified through the CoC’s By-Name-List and Coordinated Entry process.

1. **Populations/Sub-populations Served**

Please describe the population or subpopulation that this project will serve. Projects will be evaluated on whether they serve one or more of the four Opening Doors priority populations (chronically homeless, veterans, families, youth) AND/OR meet a community need identified in the MACCH 10-Year Plan AND/OR establish a compelling case of need among a population or subpopulation not identified by Opening Doors or the MACCH 10-Year Plan.

1. **Housing/ Supportive Services Plan**

Please provide a clear plan for addressing the target population’s housing and supportive services needs. This may include partnering or coordinating with agencies that will provide additional expertise. Description should include the following:

• # of housing units to be provided

• # of households to be served

• Services to be provided

• Whether project is site-based or scattered-site

• Whether project is leasing or rental

1. **Prior Agency Experience Working with Target Populations/Sub-populations**

Please describe your agency’s prior experience in working with the population or subpopulation to be served by this project. If available, please provide outcome measures from similar projects/programs operated by your agency as evidence of success in working with the population or subpopulation to be served by this project.

1. **Project Staffing**

The MACCH CoC has a strong preference for applications that include case management and client navigation services that will help support the project’s participation in the CoC’s Coordinated Entry process. Please describe the program model and the proposed level of staffing for this project, including the number of households, type of population/subpopulation to be served and general staff duties. Please describe how staffing levels will support the project’s participation in the CoC’s Coordinated Entry process.

1. **CoC Standards**

Projects will be expected to meet CoC standards. Within your project description:

* Please provide a plan for how your agency will ensure that the proposed project will meet the standards established by the CoC for the below measures, including setting target numbers related to project performance.
* Where possible, please provide evidence of your agency’s prior experience and/or success in meeting these or similar standards in other CoC funded and non-CoC funded projects/programs.
* Current CoC-funded grantees should note that performance data gathered through the Project Renewal application process for other CoC-funded projects will be reviewed.

Please carefully review the detailed scoring/scaling information described in the *New and Reallocated Project Score Card* for each of these measures to ensure your description includes information responsive to the detailed scoring/scaling.

* 1. **Unit Utilization**

Please describe how your agency will ensure that the unit utilization rate for the project will be at or above the CoC standard of 85%.

* 1. **Housing Stability**

Please describe how your agency will ensure that the recidivism rate (returns to emergency shelter and transitional housing projects after exit) of persons who exit to permanent housing will be at or below CoC standard of 20% at 12 months post-exit.

* 1. **Exits to Permanent Housing**

Please describe how your agency will ensure that at least 80% of persons served by the proposed project will exit to permanent housing destinations or retain permanent housing.

* 1. **Increasing Participant Income**

Please describe how your agency will ensure that at least 35% of adults served will increase their overall income.

* 1. **Connecting Program Participants to Mainstream Benefits**

Please describe how your agency will ensure that at least 56% of adults served (current and those who leaver) are enrolled in one or more non-cash mainstream benefits.

***Please use this space to provide your project description. NOTE: the box will expand to accommodate text. Please limit the project description to no more than 2000 words.***

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1. **Project Budget**

Please use the budget forms to provide a budget for the proposed project. The budget should be clearly presented and appropriate to the number of households being served. Please use the “Description of Use” column for the following:

* A description of or details showing how specific line items were determined/calculated.
* For any FTE, a general description of the position, including the position title, general duties and whether the position is newly created or existing.

A list of eligible costs under each Program Component can be found in the CoC Interim Rule: <https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/>

Only complete those sections of the Budget that are relevant to the project being proposed. Please note, that no project can have both Operating Costs and Rental Assistance. Include a narrative regarding how costs were calculated (attach a separate page if necessary). Please include HMIS costs within the table below (for the proposed project).

**Operating Costs**

| **Program Component** | **Requested Budget** | **Description of Use** |
| --- | --- | --- |
| *List the Operating Costs line items requested* | *Provide the funding amount requested for the line item. Include mention of any matching funds.* | *Provide a brief description of the line item* |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **TOTAL OPERATING** | **$** |  |

**Supportive Services**  
Note: if there is no funding requested for case management, please indicate how case management will be funded in the space provided below this table.

| **Program Component** | **Requested Budget** | **Description of Use** |
| --- | --- | --- |
| *List the Supportive Services line items requested* | *Provide the funding amount requested for the line item* | *Provide a brief description of the line item* |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **TOTAL SUPPORTIVE SERVICES** | **$** |  |

If your proposed budget does not include a funding request for case management, please use the space below to indicate how case management will be funded:

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**Leasing or Rental Assistance**:   
Based on 2017 Fair Market Rents (FMR) for Omaha-Council Bluffs, NE-IA HUD Metro FMR Area

Please indicate whether you are requesting Leasing funds or Rental Assistance:

Leasing  Rental Assistance

Complete the following chart:

| **Unit Type** | **Number of Units** | **x** | **FMR** | **x 12 months** | **Annual Budget Request** |
| --- | --- | --- | --- | --- | --- |
| 0 Bedroom |  | x | $568 | x 12 | $ |
| 1 Bedroom |  | x | $715 | x 12 | $ |
| 2 Bedrooms |  | x | $894 | x 12 | $ |
| 3 Bedrooms |  | x | $1,203 | x 12 | $ |
| 4 Bedrooms |  | x | $1,315 | x 12 | $ |
| **TOTAL LEASING OR**  **RENTAL ASSISTANCE** |  |  |  |  | **$** |

**Summary Budget**

|  | **Amount** |
| --- | --- |
| Subtotal (Operating, Support Services, Leasing or Rental Assistance) | $ |
| Administrative Costs (cannot exceed 10% of the total of the above) | $ |
| **TOTAL GRANT REQUEST** | **$** |

1. **State/Federal Funder Findings**

Please indicate whether your agency has received a Finding from any Federal or State funder during the past two immediately concluded fiscal years. If your agency has received a Finding, please provide an explanation of the Finding and whether it has been reconciled.

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