**2019 CoC Competition**

**Supplemental Application, Threshold, and Narratives**

**Renewal Project Applications**

This form and requested attachments are **due no later than close of business, Friday August 9th.** Please send documents in PDF format toROCC Project Coordinator, Jessi Adams at jessica@caporegon.org

**LATE APPLICATIONS WILL RECEIVE ZERO POINTS and won’t be included in the CoC’s 2019 consolidated application/project priority listing.**

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| --- |
| Agency Name |
| Agency Type | \_\_\_ Non-profit \_\_\_ Public Housing Authority\_\_\_ Other Unit of Local Government \_\_\_ State Government |
| Address  |
| Mailing Address(if different) |
| Primary Contact Name |  | Secondary Contact Name |  |
| Primary Contact Phone |  | Secondary Contact Phone |  |
| Primary Contact Email |  | Secondary Contact Email |  |
| Finance Contact Name |  | HMIS Contact Name |  |
| Finance Contact Phone |  | HMIS Contact Phone |  |
| Finance Contact Email |  | HMIS Contact Email |  |
|  |
| Project Name: |
| Type of Application: Renewal New/Reallocated Coordinated Entry |
| Total Grant Amount Requested: $  |

|  |
| --- |
| Supplemental Documentation |
| From eLOCCS, provide:* Printout(s) showing last two grant close-outs (final balances).
* Printout(s) showing current grant draws
 | Top 5 identified gaps/needs in local community if CAA, this information should come from ’17-’19 CSBG MGA |
| Proof of SSI/SSDI Applications: HMIS Client IDs/Case Notes Redacted  | **SPDAT HMIS Report** |

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| --- |
| APR Q6a-c; CoC ‘acceptable’ error rate = 5% or less. |
| DRAFT e-snaps project application relevant to proposed project type(s); not yet available until in e-snaps. |
| Canned APR (HMIS lead to shadow report pull to ensure accuracy) |
| ART Report 0703 – SPM Data Quality Framework |
| Supplemental Application/Proposal | (separate document) |  |
| HUD Monitoring Letter and correspondence about outstanding findings/sanctions (if applicable) |
| Copies of match/leverage letters per proposed application(s) submitted to Jessi Adams by August 30, 2019; NO EXCEPTIONS GRANTED. Do NOT provide originals. |
| Notes:For consistency, the timeframe April 1, 2018, through March 31, 2019, will be used for the APR and the random data quality reports pulled by the HMIS lead. |

Agency Director Date

CoC Program Manager Date

CoC Staff / Application Writer Date

**Threshold Requirements**

In addition to scoring criteria, all renewal projects must meet threshold criteria which will be reviewed prior to R&R. To be scored in the 2019 competition, renewal projects must meet thresholds outlined below.

**Please check each box to confirm each of the following is true:**

|  |  |
| --- | --- |
|   | Project has full and active HMIS participation, indicated by:* Every HMIS user of the project has completed required training and is active.
* Coordinated Entry participation (via SPDAT reporting).
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|   | Project meets HUD threshold requirements for renewal projects including that the project has none of the following:* Outstanding obligation to HUD in arrears or for which payment schedule has not been agreed upon;
* Audit finding(s) for which a response is overdue or unsatisfactory;
* History of inadequate financial management accounting practices;
* Evidence of untimely expenditures on prior award;
* History of other major capacity issues that have significantly impacted the operation of the project and its performance;
* History of not reimbursing sub-recipients for eligible costs in a timely manner, or at least quarterly; and
* History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.
 |

If you are unable to check one of the lines above, please provide an explanation (no more than one page).

**SCORING FACTOR: OUTCOMES**

**Factors 1A-1E**

Applicants may, but are not required to, supplement the information contained in HMIS data regarding the program’s successes in the past operating year. If the program will not score perfectly on any scoring factors, additional information about that factor can be included here (e.g. specific challenges, population served, services provided, program structure, etc.) (No more than one page, please). Regarding 1E: *if your program is currently serving participants who are ineligible for non-cash benefits, please provide the total number of adults served and the number of ineligible participants; performance measure score will be adjusted accordingly.*

If you think your project may underperform in scoring factors 1C, 1D, and 1E, documentation may be provided in the form of letter stating how many PSH clients were served in the reporting timeframe and how many were/are in the application process re: SSI/SSDI; provide relevant HMIS client ID numbers for review and confirmation.

**SCORING FACTOR: AGENCY/COLLABORATIVE CAPACITY**

**Factor 2A** Did a program representative attend 75% of the ROCC monthly meetings? Did a program representative attend the annual meeting?

**Factor 2B** Does your program have unspent grant funds for the current program year? If yes, what percentage? Please submit eLOCCs documentation.

**Factor 2C** Does your program have unspent grant funds for the past 2 program years? If yes, what percentage? Please submit eLOCCs documentation.

**Factor 2D** Does the project incorporate Coordinated Entry standards into its operations? Does the project have Coordinated Entry policies and procedures in place? Please submit a report that shows your project running VI-SPDATs on the participants, and a copy of your Coordinated Entry policies and procedures.

**HMIS Data Quality**

**Factor 3A** Does the agency utilize interim reviews and are annual interim reviews complete within the required +/-30 days?

**Factor 3B** Does the agency conduct 6 month follow up reviews?

 Does the agency conduct 12 month follow up reviews? (Y/N for next year)

**Factor 3C** Please submit canned APR Q6a-c; CoC ‘acceptable’ error rate = 5% or less.