Please complete one form for each renewal project proposed for HUD funding, and email to [mjensen@arbordevelopment.org](mailto:mjensen@arbordevelopment.org) no later than **7:59 PM, August 15th, 2016**.

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| --- | --- |
| Agency & Budget Information | |
| County |  |
| Project number |  |
| Contact Name |  |
| Contact email |  |
| Contact phone |  |
| Business and Reporting Operations Max points (15 ) |  |
| Does this project have any HUD any outstanding HUD Findings? If yes please explain in less than three sentences:  (if no 5 points) |  |
| Projects drew down Funds in a timely Manner. If no please explain in less than three sentences : ( if yes 5 points) |  |
| Did this project meet its last APR benchmarks? (if yes 5 points) |  |
| Renewal Project Characteristics |  |
| Housing First Characteristics:  1) Which of following barriers to accessing housing and services will this project remove? (max 3 points)   1. Having too little or no income (Y\_) (N\_) if yes (1 point) 2. Active or history of Substance abuse(Y\_) (N\_) if yes (1 point) 3. Fleeing Domestic Violence (Y\_) (N\_) if yes (1 point) |  |
| 2) Does the project plan to remove these reasons for Termination? ( Max 5 points)   1. Failure to participate in Support Services? (Y\_) (N\_) if yes (1 point) 2. Loss of income or failure to improve income? (Y\_) (N\_) if yes (1 point) 3. failure to make progress on Service Plan(Y\_) (N\_) if yes (1 point) 4. Fleeing Domestic Violence (Y\_) (N\_) if yes (1 point) 5. Any other area not covered in a lease agreement typically found in the geographic area? (Y\_) (N\_) if yes (1 point) |  |
| Will this project designate 85% or more of its current units for the Chronically homeless? If no please explain in three sentences: if yes please demonstrate (5 points) |  |
| Does this project participate in Coordinated Entry? If no please explain in three sentences: ( 5 points) |  |
| Does this project participate in HMIS? If no please explain in three sentences (5 points) |  |
| Is this project size greater than 20 Units/Beds if no please explain in three sentences: (5 points) |  |
| Does the project specifically target disabled persons as a served population as specified in the grant application? Please Identify Population if yes (5 points) |  |
| Does the project fill a critical housing need where no alternative resource is available? If yes please explain in three sentences or less  (5 points) |  |
| Services for Participants related to income and employment:   1. Is there a good plan for assisting participants to increase their employment and or income to maximize their ability to live independently. If yes please explain in three sentences ( if yes 10 points) |  |
| PSH Projects Prioritize Chronic and Severe Service Need for Homeless Persons (max 15 points)   1. 50% or more of the people served are chronically homeless. If Yes please demonstrate ( 5 points) 2. 75% or more of the people served are chronically homeless. If yes please demonstrate ( 5 points) 3. 50% or more of the people served have two or more conditions. Please demonstrate (5 points) |  |
| Housing Stability Max Points (10)   1. PSH 75% of those housed either exited to permanent housing or remained in PSH. If Yes please demonstrate ( 5 points) 2. PSH 90% of those housed either exited to permanent housing or remained in PSH. If Yes please demonstrate ( 5 points) 3. TH 75% of leavers exited to permanent housing. . If Yes please demonstrate (5 points) |  |
| Jobs and Income growth (max 10 points)   1. 10+ % of adults increased income from employment. If yes please demonstrate (5 points) 2. 50+% of adults with increased income from all sources. If yes please demonstrate (5 points) |  |
| Mainstream benefits 75+% adults leavers participate in one or more mainstream benefits? (Y\_) (N\_) Please demonstrate if yes ( 5 points) |  |
| HMIS Participation and Data Quality (max 15 points)   1. All required data for program entry is entered in HMIS within 5-days(Y\_) (N\_) if yes ( 5 points) 2. Case managers enter all service plans and progress notes into HMIS within 30 days(Y\_) (N\_) if yes( 5 points) 3. At least 97% of the Universal data elements in HMIS are complete (Y\_) (N\_) if yes ( 5 points) |  |
| Effective Use of HUD Funding (Max points 10)   1. Less than 10% of HUD Budget not spent and recaptured by HUD (Y\_) (N\_) if no ( 5 points) 2. 85% daily unit utilization (Y\_) (N\_) if yes please demonstrate if yes ( 5 points) |  |
| System Performance Max Points (10) |  |
| This project is using a Housing first approach (Y\_) (N\_) please refer to questions above if yes ( 5 points) |  |
| Did this project dedicate any beds to serving chronic that were not dedicated in the prior year? participation (Y\_) (N\_) if yes please demonstrate if yes ( 5 points) |  |
| Active Participation in the NY501 Continuum of care Max Points (10) |  |
| Your agency has actively participated in CoC meeting in the past two years (8-15-14 to 8-15-16) (Y\_) (N\_) if yes ( 5 points) |  |
| Your Agency is currently using the CoC’s HMIS system (Y\_) (N\_) if yes ( 5 points) If no are you engaged in doing so please explain |  |

NARRATIVE