Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:
- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHPD Renewal; and
- YHDP Replacement.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:
- New and Renewal Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved, they are not ranked per the FY 2022 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHPD Renewal Project Listing; and
- YHDP Replacement Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2022 CoC Priority Listing Detailed Instructions and FY 2022 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

Collaborative Applicant Name: County of Loudoun

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2022 CoC Priority Listing Detailed Instructions and FY 2022 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2023 into one or more new projects?   No

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

   To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realloc	PSH/RRH	Expansion
JT and PH -RRH	2022-09-26 10:59:...	Joint TH & PH-RRH	Good Shepherd All...	$50,000	1 Year	X	Both		
CoC Permanent Sup...	2022-09-29 12:21:...	PH	Shelter House, Inc	$200,699	1 Year	1	Both	PSH	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	X

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
This list contains no items									

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

 To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

 Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.
 https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
This list contains no items					

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal and replacement projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing.	
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing renewal projects.	X

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?	PSH/RRH	Consolidation Type
This list contains no items								

Continuum of Care (CoC) YHDP Replacement Project Listing

Instructions:

Prior to starting the YHDP Replacement Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

  To upload all YHDP replacement project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP replacement projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the YHDP Replacement Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
 https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?
This list contains no items						

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after the you approved, ranked (New and Renewal Project Listings only), or rejected project applications. You must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount your CoC's Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	$0
New Amount	$200,699
CoC Planning Amount	$0
YHDP Amount	$0
Rejected Amount	$50,000
TOTAL CoC REQUEST	$200,699

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	Certification of ...	09/30/2022
FY 2021 Rank Tool (optional)	No		
Other	No	Local competition...	09/30/2022
Other	No		

Attachment Details

Document Description: Certification of Consistency with the
Consolidated Plan HUD-2991

Attachment Details

Document Description:

Attachment Details

Document Description: Local competition scoring tool - questions

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2021 CoC Consolidated Application requires 2 submissions.
Both this Project Priority Listing AND the CoC Consolidated Application MUST
be submitted.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	09/16/2022
2. Reallocation	09/27/2022
5A. CoC New Project Listing	09/30/2022
5B. CoC Renewal Project Listing	No Input Required
5D. CoC Planning Project Listing	No Input Required
5E. YHDP Renewal	No Input Required
5F. YHDP Replace	No Input Required
Funding Summary	No Input Required
Attachments	09/30/2022
Submission Summary	No Input Required

**U.S. Department of Housing
and Urban Development**

**Certification of Consistency Plan
with the Consolidated Plan
for the Continuum of Care
Program Competition**

I certify the proposed activities included in the Continuum of Care (CoC) project application(s) is consistent with the jurisdiction's currently approved Consolidated Plan.

Applicant Name: Shelter House Inc.

Project Name: Permanent Supportive Housing

Location of the Project: Loudoun County, Virginia

Name of
Certifying Jurisdiction: Loudoun County, Virginia

Certifying Official
of the Jurisdiction Name: Ina Fernandez

Title: Director, Department of Family Services

Signature:

Date: 9/28/22

OMB Approval No. 2506-0112 (Expires 12/31/2024)

FY2022 Continuum of Care Youth Homeless Demonstration Program

Applicant Details

1. Name of Reviewer

2. Name of Organization

3. Descriptive Title of Applicant's Project

4. List the dollar amount of the request

5. Please check all eligibility criteria

☐   Be an active member of the Loudoun Continuum of Care (CoC);

☐   Be an organization that is a nonprofit that is current on Form 990 filings with the
      Internal Revenue Service

☐   Create an account in HUD's portal e-snaps; and

☐   Established standard accounting practices including internal controls, fiscal
      management accounting procedures, cost allocation plans, and reliable tracking
      methods for organizational and program budgets by revenue sources and expenses.

6. Did the organization submit all required documents?

The list includes:

- 1B - 1F: SF 424 (Legal Applicant, Congressional Districts, Compliance, Declaration)
- 1G: HUD 2880
- 1H: HUD 50070
- 1I: Cert. Lobbying
- 1J: SL-LLL
- 1K: SF 424B
- 1L: SF 424D
- 2B: Experience
- 3A: Project Detail
- 3B: Description
- 4A: Services
- 4B: Housing Type
- 5A: Households
- 6A: Funding Request
- 6C: Leased Units
- 6F: Supp Srvcs Budget
- 6G: Operating
- 6I: Match
- 6J: Summary Budget
- 7A Attachment(s)

○   Yes

○   No

7. If no to question 9, what documents are missing?

    ┌───┐
    │   │
    │   │
    └───┘

8. Assessing Applicant Risk - In evaluating applicants, a risk based approach
   is used and may consider any items such as the following: Financial
   Stability; Quality of management systems and ability to meet the
   management standards; History of performance; Reports and findings
   from audits; Applicants ability to effectively implement statutory,
   regulatory or other requirements imposed. Does the applicant address
   these factors? Are there any risks posed?

   *Please refer to page 46 and 47 of the NOFO for more information/guidance about
   assessing risk.*

   ◯   Yes, addresses items with no risks

   ◯   Yes, addresses items with risks

   ◯   No, does not address items

9. Assessing Applicant Risk - Do you have any concerns about this
   organizations ability to comply with any of the requirements above?

    ┌───┐
    │   │
    │   │
    └───┘

Experience of Applicant

10. **What is the organization's experience in effectively utilizing federal funds and performing the activities proposed in the application?**

    ○ Exceptional - **4** - The applicant outlines their history and experience in providing solutions to homelessness in the community through federal funding, with examples of prior funded projects and an extensive knowledge of leveraging grant funding. The applicant also accurately describes the organization's financial management structure.

    ○ Very good - **3** - The applicant demonstrates a history of homeless solution service provision, pointing to prior funding projects. Details on collaborative relationships or internal structure are lacking.

    ○ Good - **2** - The applicant has little history of federal, state, or local funding relationships. If prior funding history exists, it is unrelated to providing homelessness solutions. Internal finance structure is ambiguous or ill-defined

    ○ Poor - **1** - The applicant does not demonstrate a history of grant administration or the financial management resources necessary to reliably operate a federally funded program.

11. **What is the organization's experience in leveraging Federal, State, local and private sector funds?**

    ○ Exceptional - **2** - Organizational experience is laid out clearly and concisely, tying to historical funding and partnerships within the community.

    ○ Good - **1**- The organization describes its history, but has little supporting evidence or detail to define leveraging of funds for programmatic purposes.

    ○ Poor - **0**- The organization has no history of using outside funding for program facilitation, or does not answer the question.

12. **How would you rate the organization's financial management structure?**

○ Exceptional - **2** - A clear picture of the organization's financial structure and management practices is presented, following sound fiscal principles.

○ Good - **1** - The organization outlines its financial management structure, but is vague or missing detail on standard practices.

○ Poor - **0** - The organization does not present evidence of sound financial management structure, or does not answer the question

13. **On a score of 0-8, how would you rate the organization's experience?**

Project Detail

14. Select all funding programs the organization is applying for:

Proposed projects can apply for a part of OR all of the Bonus or DV Bonus funding.

☐ **Continuum of Care -** Eligible Projects Include:

☐ Permanent Housing (PH)-Permanent Supportive Housing (PSH)

☐ Joint Transitional Housing (TH)/PH-RRH

☐ Supportive Services Only

☐ CoC Planning

☐ HMIS

☐ **Continuum of Care Bonus** - Eligible Projects Include:

☐ PH-PSH

☐ PH-RRH

☐ TH/PH-RRH

☐ Supportive Services Only – Coordinated Entry

☐ **DV Bonus** - Eligible Projects Include:

☐ PH-RRH

☐ Joint TH/PH-RRH

☐ Supportive Services Only – Coordinated Entry

☐ **YHDP** - Eligible Projects Include:

☐ PH-PSH

☐ PH-RRH

☐ Joint TH/PH-RRH

☐ TH or Crisis Residential TH

☐ Supportive Services Only

☐ Supportive Services Only – Coordinated Entry

☐ Supportive Services Only – Host Home and Kinship Care

☐ HMIS

☐ Shared Housing

Project Description

15. **How would you rate the description that addresses the entire scope of the proposed project?**

○ Exceptional - **4** - The applicant provides a clear and comprehensive description of their proposed project, including scope from initiation to completion, and significant measurable detail on goals and milestones for success.

○ Very good - **3** - The applicant provides a detailed description of project. The description is lacking certain elements of scope or measurement strategies.

○ Good - **2** - The applicant lacks depth and detail on program description. There are important but correctable omissions in services provided.

○ Poor - **1** - The applicant does not provide a thorough program description. Several elements of service provision are missing or incomplete.

○ Unresponsive - **0** - The applicant does not answer this question.

16. **Does the organization have well thought out project milestones?**

○ Yes

○ No

17. **Does the organization have specific subpopulations?**

○ Yes

○ No

18. **If yes to number 17, what are the populations?**

☐ N/A - Project Serves All Subpopulations

☐ Veterns

☐ Youth (under 25)

☐ Families

☐ Domestic Violence

☐ Substance Abuse

☐ Mental Illness

☐ HIV/AIDS

☐ Chronic Homeless

☐ Other

19. **Will the organization participate in the CoCs Coordinated Entry process?**

○ Yes

○ No

20. **HOUSING FIRST - Will the project quickly move participants into permanent housing?**

For information on Housing First go here: https://files.hudexchange.info/resources/documents/HOPWA-Factsheet-Housing-First-and-Harm-Reduction.pdf#:~:text=According%20to%20the%20U.S.%20Interagency%20Council%20on%20Homelessness%2C,including%20the%20housing%20and%20services%20funded%20by%20HOPWA.

⚪ Yes

21. **Will the project enroll program participants who have the following barriers?**

☐ Having too little or little income

☐ Active or history of substance use

☐ Having a criminal record with exceptions for state-mandated restrictions

☐ History of victimization (e.g. domestic violence, sexual assault, childhood abuse)

☐ None of the above

22. **Will the project prevent program participant termination for the following reasons?**

☐ Failure to participate in supportive services

☐ Failure to make progress on a service plan

☐ Loss of income or failure to improve income

☐ Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area

☐ None of the above

23. **Will the project follow a "Housing First" approach?**

  ○ Yes

  ○ No

24. **Will the program participants be required to live in a specific structure, unit, or locality at any time while in the program?**

  ○ Yes

  ○ No

25. **If yes to 24, explain how and why the project will implement this requirement.**

  [   ]

26. **Will more than 16 persons live in a single structure?**

  ○ Yes

  ○ No

27. **If yes to above, describe the local market conditions that necessitate a project of this size.**

  [   ]

28. **Also to yes above, describe how the project will be integrated into the neighborhood.**

29. **Is the project 100 percent Dedicated or DedicatedPLUS**

○ Dedicated

○ Dedicated Plus

○ No

30. **On a score of 1-4, how would you rate the organization's project description?**

Supportive Services for Participants

31. **How would you rate the organization's description on how program participants will be assisted to obtain and remain in permanent housing?**

   ○ Exceptional - **4** - The applicant provides significant detail on supportive services available to program participants and how they would be able to access these services. Application also includes information on collaborative referrals with mainstream health, social services, and employment services.

   ○ Very good - **3** - The applicant addresses the question of supportive services but is not comprehensive in their answer.

   ○ Good - **2** - The applicant lacks detail on supportive services. There are gaps in how participants would gain access to these services.

   ○ Poor - **1** - The applicant does not provide options for supportive services for participants or how they would facilitate access to them.

   ○

32. **How well does the organization describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participates may be eligible?**

   ○ Exceptional - **2**- Applicant provides a comprehensive coordination plan, outlining community service providers and their commitment to the program.

   ○ Good - **1** - Applicant completes this section, but coordination plan is incomplete, vague, or doesn't include buy-in from community partners

   ○ Unresponsive - **0** - Applicant does not answer the question.

33. **For all supportive services available to program participants, indicate the services the applicant with provide.**

- ☐ Supportive Services

- ☐ Assessment of Service Needs

- ☐ Assistance with Moving Costs

- ☐ Case Management

- ☐ Child Care

- ☐ Education Services

- ☐ Employment Assistance and Job Training

- ☐ Food

- ☐ Housing Search and Counseling Services

- ☐ Legal Services

- ☐ Life Skills Training

- ☐ Mental Health Services

- ☐ Outpatient Health Services

- ☐ Outreach Services

- ☐ Substance Abuse Treatment Services

- ☐ Transportation

- ☐ Utility Deposits

34. **Will transportation assistance be provided to attend mainstream benefit appointments, employment training or jobs?**

○ Yes

○ No

35. **Will the program provide annual follow-ups to ensure mainstream benefits are received and renewed?**

○ Yes

○ No

36. **Will program participants have access to SSI/SSDI technical assistance provided by the organization, a subrecipient, or partner agency?**

○ Yes

○ No

37. **If yes to above, has the staff person providing the technical assistance completed the SOAR training in the past 24 months?**

○ Yes

○ No

38. **On a score from 0-6, how would you rate the organization's supportive services for participants?**

Housing Type and Location

39. List all CoC funded and Non CoC funded units and beds for this project.

☐ Single Room Occupany

☐ Single Family Home

☐ Scattered-site apartments

Housing Type and Location Detail

40. **What is the housing type?**

☐ Scattered-site apartments

☐ Single Room Occupancy (SRO) Units

☐ Single family homes/townhouses/duplexes

41. **What is the number of units/beds available?**

Funding Request

42. **Will it be feasible for the project to be under a grant agreement by September 30, 2024?**

   ○ Yes

   ○ No

43. **What type of CoC funding is this project applying for in this CoC Program Competition?**

   ○ Reallocation + CoC Bonus

   ○ Other

44. **Does this project propose to allocate funds according to an indirect cost rate?**

   ○ Yes

   ○ No

45. Select the costs for which funding is requested:

☐ Leased Units

☐ Leased Structures

☐ Rental Assistance

☐ Supportive Services

☐ Operating

☐ HMIS

46. What match source will the organization provide?

☐ Cash Commitments

☐ In-Kind Commitments

47. If providing a match, what is the dollar amount?

[   ]

48. Will the project generate program income?

○ Yes

○ No

49. **If yes to above, describe the source of program income.**

[   ]

50. **Does the attached budget accurately reflect the program outlined? Are budget expenses reasonable to attain program goals?**

○ Exceptional - **4** - The budget describes how the program serves the affected population and subpopulation. The budget is appropriate for the populations being served with a strong connection to the program description and supportive services outlined. The applicant has access to additional funding to support program goals.

○ Very Good - **3** - The budget reflects the outlined program, but with less specificity. There are correctable gaps in how the budget connects to the populations being served. The applicant has some access to other funding to support this program.

○ Good - **2** - The budget is ambiguous, with expenses not directly tied to services provided, or information missing. There is little funding available to the applicant to support this program.

○ Poor - **1** - The budget does not tie back to the program described, with significant details missing or incorrect. There is no additional funding available to the organization

51. **On a score from 0-4, how would you rate the organization's budget?**

[   ]

Additional Application Questions

52. **For New Project Applications under Permanent Housing: Permanent Supportive Housing or Rapid Rehousing:**
New permanent housing projects must receive at least 3 out of the 4 points available for this project type. New permanent housing projects that do not receive at least 3 points will be rejected.

☐ The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants (e.g. two or more bedrooms for families).

☐ The type of supportive services that will be offered to program participants will ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source.

☐ The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs, for which they are eligible to apply, that meet the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

☐ Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of

53. **How many of the above criteria are met?**

[   ]

54. Optional: Please provide a written response/comment here to the response above:

[   ]

55. **For New Project Applications under Joint TH/PH-RRH**
New Joint TH/PH-RRH component project applications must receive at least 4 out of 6 points available for this project type. New Joint TH/PH-RRH component projects that do not receive at least 4 points will be rejected.

☐ The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants (e.g. two or more bedrooms for families).

☐ The proposed project will provide enough rapid rehousing assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing. This may be demonstrated by identifying a budget that has twice as many resources for the rapid rehousing portion of the project than the TH portion, by having twice as many PH-RRH units at a point in time as TH units, or by demonstrating that the budget and units are appropriate for the population being served by the project.

☐ The type of supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing, including all supportive services regardless of funding source.

☐ The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs, for which they are eligible to apply, and meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

Program participants are assisted to obtain and remain in permanent housing in a

56. **How many of the above criteria are met?**

[ ]

57. Optional: Please provide a written response/comment here to the response above:

[ ]

Overall Feedback

58. **How would you rate the organization's justification for why the project is essential?**

○ Exceptional - **4** - There is strong evidence presented throughout the application that the proposed program aligns with the goals of the funding notice, with emphasis on communities that experience higher levels of unsheltered homeless.

○ Very Good - **3** - Evidence that the program aligns with the outlined goals of the CoC is present, but not clearly defined or missing detail.

○ Good - **2** - There is little evidence presented of alignment with CoC goals.

○ Poor - **1** - The application does not align with defined CoC goals.

59. **Overall on a scale of 1-10, how would you score the applicant's ability to deliver services?**

1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○

60. **Do you recommend moving this application forward to the joint application?**

○ Yes

○ Yes, with contingencies

○ No

61. **If yes, with contingencies, please explain.**

[   ]

62. **Are there any other comments or concerns you have regarding this application?**

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

Microsoft Forms