

New & 1st-Time Renewal Project Scoring Tool - 8/9/19

See also Guide for New Project Applicants

		Pts	Nov DV	DV	Data Source
1	Describe the experience in effectively utilizing federal funds and performing the activities proposed in the application	5	5	5	Application 2B.1
	Excellent	5			
	Good	3-4			
	Fair	2			
	Poor	0-1			
2	Describe the basic organization and management structure of the applicant including evidence of an adequate financial accounting system.	10	10	10	Application 2B.3
	Excellent	6-10			
	Good	3-6			
	Fair	1-3			
	Poor	0-1			
3	Will applicant meet Housing First and Low Barrier approaches Yes or No in 3B.5.d		10	10	Application 3B.5.d
4	Describe the entire scope of the project.	10	10	10	Application 3B.1
	Excellent/best	6-10			
	Good	3-6			
	Fair	1-3			
	Poor	0			
5	Describe how participants will be assisted to rapidly obtain and remain in permanent housing	10	10	10	Application 4A.2
	Excellent	6-10			
	Good	3-6			
	Fair	1-3			
	Poor	0			
6	Describe how clients will be assisted to increase earned income, other unearned income and access mainstream services to maximize ability to live independently.	15	15	15	Application 4A.3
	Excellent	12-15			
	Good	6-11			
	Fair	1-5			
	Poor	0			

7	Project is cost effective (comparing projected cost p/p to ave.) by program type.	10	10	10	Application 6J & Supplemental, est # for 1 yr.
	70% or <	10			
	71%-79%	9			
	81%-89%	8			
	91%-99%	7			
	100%	6			
	101%-110%	5			
	111%-120%	4			
	121%-130%	3			
	131%-140%	2			
	141%--150%	1			
	151% or >	0			
8a	FOR NON DV BONUS PROJECTS - Chronic Homeless Need				
	8a.1. Weighted Need Factor (% of CH in community)	5	10		PIT (see table)
	8a.2. % of Clients to be served that are CH	5			Application 5B
	85%-100%	5			
	75%-84%	4			
	65%-74%	3			
	55%-64%	2			
	45%-54%	1			
8b	DV BONUS PROJECTS ONLY. Please describe how you will improve safety of your clients and how you will use data or other information to track and document improved safety.	10		10	Supp. App Narrative
	Excellent	9-10			
	Good	6-8			
	Fair	5			
	Poor	0-4			
9	Serving High Needs Population	10	10	10	Supp. App
	1. Serving Chronically Homeless				
	2. Having little or no income (use 30% of AMI)				
	3. # of persons with more than 1 disability				
	4, Having a criminal history with state mandated exceptions				
	5. History of domestic violence				
	5. or >	10			
	4	8			
	3	6			
	2	4			
	1	1			
10	Coordinated Entry				
	Indicate what percent of enrollments your agency will commit to coming from the coordinated entry system.	5	5	5	Supplemental Application
	100%	5			
	95%-99%	4			

	90%-94%	3		
	Less than 90%	0		
11	Needs and Gaps Analysis - Project Prioritization	5	5	5
	Identify what gap in your local Needs and Gaps Assessment your project fills or how this project reflects your local assessment.			
				Supplemental Application
	Excellent descr.	5		
	Good Desc.	3-4		
	Fair desc.	2		
	Poor description	0-1		
			<hr/>	
			100	100
12	Points Awarded to First-time renewal without operating history		10	10