|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Organization** |  | | | | | |
| **Project Name** |  | | | | | |
| **Project Type** |  | | | | | |
| **Population Served** |  | | | | | |
| **Date of Review** |  | | | | | |
| **Reviewed By** |  | | | | | |
|  | | | | | |
| **NEW AND FIRST-TIME RENEWAL PROJECT SCORING CRITERIA** | | | | | |
| **CRITERIA** | | **NON DV**  **PTS** | **DV**  **PTS** | **DATA SOURCE** | **SCORE** |
| Describe experience in effectively utilizing federal funds and performing the activities proposed in the application and describe the basic organization and management structure of the applicant including evidence of an adequate financial accounting system | | 5 | 5 | Application 2b.1 |  |
| Describe the basic organization and management structure of the applicant including evidence of an adequate financial accounting system | | 10 | 10 | Application 2b.3 |  |
| Will applicant meet Housing first and Low Barrier Approaches | | 10 | 10 | Application 3b.5 |  |
| Describe the scope of the project | | 10 | 10 | Application 3b.1 |  |
| Describe how participants will be assisted to rapidly obtain and remain in permanent housing | | 10 | 10 | Application 4a.2 |  |
| 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 | Application 4a.3 |  |
| Project is cost effective (comparing projected cost per person to average for similar type program) | | 10 | 10 | Application 6j & Supplemental Application |  |
| Serving High Needs Population: Identify subpopulations that will be served | | 10 | 10 | Supplemental Application |  |
| Coordinated Entry. Indicate what percent of enrollments your agency will commit to coming from the coordinated entry system | | 5 | 5 | Supplemental Application |  |
| Needs & Gaps Analysis. Identify what gap in your local Needs & Gaps Assessment your project fills or how this project reflects your local needs and gaps assessment | | 5 | 5 | Supplemental Application |  |
| NON DV Bonus Projects: Chronic Homeless Need (Weighted need and % of clients that are CH) | | 10 |  | 2020 PIT CH table and Supplemental Application 5a&b |  |
| 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 | Supplemental Application |  |
| **BONUS POINTS** | | | | | |
| First time renewal project without operating history | | 10 | 10 | eSNAPS |  |
| Addressing inequities to housing access | | 2 | 2 | Supplemental Application 12 |  |
| Integrating culturally specific or culturally responsive programming | | 2 | 2 | Supplemental Application 13 |  |
|  | | | | | |
| **TOTAL POINTS AVAILABLE** | | **114** | **114** | **PROJECT SCORE** |  |