

## 2017 Continuum of Care Renewal Project Evaluation Tool

### Introduction

All projects that are funded through the Delaware Continuum of Care, with grants that will expire within calendar year 2018, are eligible to apply as a renewal grant under FY2017 CoC NOFA process. This tool is used by the local CoC Scoring Committee to evaluate renewal projects.

This tool consists of 7 sections. Some of the data used to populate this tool comes directly from the project's most recently submitted Annual Performance Report.

Section	Points	%
1. Cover Page – Agency and Project Information	0	0%
2. Agency Certification	0	0%
3. Financial Assessment and Expenditure of Funds	18	13%
4. Compliance Requirements	30	21%
5. HMIS Participation & Data Quality	15	10%
6. Project Performance	40	28%
7. Policy Priorities	41	28%
Total	144	100%

### Deadlines & Submission

**LATE SUBMISSIONS WILL NOT BE ACCEPTED AND WILL NOT BE CONSIDERED FOR FUNDING.**

The submission deadline is **4:00pm on Monday August 14, 2017**. Please submit the project evaluation tool and all required supporting documentation to Housing Alliance Delaware electronically to [rbeatty@housingalliance.org](mailto:rbeatty@housingalliance.org).

### Supporting Documentation

All projects are required to submit the following supporting documentation along with this project evaluation tool by the deadline indicated above. Without the required supporting documentation, the application will be considered incomplete.

#### 1. Financial Management

- a. E-Loccs screen shot of all of the drawdowns for the most recently completed grant term for the project. If the project has not yet completed a full grant term, please submit a screen shot from E-LOCCS of any drawdowns completed on the current grant up to the date of the submission of this application.

#### 2. The project's CMIS Policies and Procedures

- a. These policies and procedures should include at minimum: Frequency of CMIS data review, which must occur, at minimum, on a monthly basis; Description of what reports are used to complete the data review; and Outline of the process for how data reviews are used to improve the project's data quality.

#### 3. The project's policies and procedures.

- a. The expectation is that these policies and procedures will include at minimum: client eligibility; referral sources/how the project identifies eligible clients; the type and duration of assistance provided to clients; any occupancy agreement or lease agreement used with clients; any program rules if applicable; cause for program termination and process for terminating assistance to clients;

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and any legal/regulatory requirements that are followed and enforced at the project level (such as fair housing, etc.).

#### 4. Full project budget using Appendix A

- a. See Appendix A for Project Budget template. This template must be used and submitted as part of this evaluation tool.

#### Appeal Process

All projects have the right to appeal their project score and/or ranking. Appeal procedures are as follows:

1. All appeals will be reviewed by the CoC Scoring Committee established by the Delaware Continuum of Care.
2. Appeals must be submitted in writing within two (2) days after project scores and/or ranking are released. Address all appeals to Rachel Beatty Stucker at [rbeatty@housingalliance.org](mailto:rbeatty@housingalliance.org).
3. Appeals should clearly outline the issue being appealed, the argument for overturning the decision, and any evidence to support the argument.
4. Appeal decisions will be emailed in writing to the agency. All decisions of the CoC Scoring Committee are considered final.

#### Dissemination of Ranking Results

- Project applicant ranking and scoring results will be placed on the Housing Alliance Delaware website and distributed by email.
- Questions about this Evaluation Tool, application deadlines, process, training, or to receive copies the materials: Please contact Rachel Beatty Stucker, [rbeatty@housingalliance.org](mailto:rbeatty@housingalliance.org).

### Section 1. Cover Page – Agency and Project Information

**Organization Name:**

**HUD Project Name:**

**HUD Grant Number:**

**Project Site Configuration Type:** Record site as follows:

- *Single site, single building:* Housing units (or service encounters) are at one site, in a single structure.
- *Single site, multiple buildings:* Housing units (or service encounters) are at one site, in multiple structures (e.g., single apartment complex with multiple buildings and project units in two or more buildings).
- *Multiple sites:* Housing units (or service encounters) are at multiple sites (e.g., scattered-site housing, outreach).

Single site, single building     Single site, multiple buildings     Scattered/Multiple sites

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**HOUSING TYPE**

- |  |   |
|--|---|
| <input type="checkbox"/> Single apartment (non-SRO) units  | <input type="checkbox"/> Dormitory/hotel/motel          |
| <input type="checkbox"/> Single homes/townhouses/duplexes  | <input type="checkbox"/> Shared housing                 |
| <input type="checkbox"/> Single Room Occupancy (SRO) units | <input type="checkbox"/> Non-residential: services only |

**PROJECT TYPE**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Supportive Services Only project | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Safe Haven        | <input type="checkbox"/> Permanent Supportive Housing     | <input type="checkbox"/> Rapid Re-Housing     |
| <input type="checkbox"/> Coordinated Entry |   |   |

<b>Household Types Served:</b>	
<b>Household Type</b>	<b>Check all that apply</b>
Families with Children	
Single Adults	
Adult-Only Families	
Children-Only households (under age 18)	
Unaccompanied youth (ages 18 to 24)	

<b>Primary Contact Person about this grant:</b>	
Title/Position:	Phone Number (with extension):
Email Address:	
<b>Secondary Contact Person about this grant:</b>	
Title/Position:	Phone Number (with extension):
Email Address:	

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**Section 2. Agency Certification**

**Certification and Acknowledgement**

I certify on behalf of my agency that all information contained in this evaluation tool is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information may result in the noncompetitive ranking of this project or the removal of this project from the funding pool.

Printed Name: \_\_\_\_\_  
Executive Director/CEO/President

Signature: \_\_\_\_\_  
Executive Director/CEO/President

Date \_\_\_\_\_

**Section 3. Financial Assessment and Expenditure of Funds [18 points/13%]**

Grant Information	
<b>Renewal Grant Award – 2017 Anticipated</b> (from 2017 GIW)	\$ _____
<b>Cash Match</b> (no less than 25%)	\$ _____
<b>Total (Award + Match)</b>	\$ _____

<b>Total CoC grant award in most recently completed contract year</b>	\$ _____
<b>Amount of funding returned to HUD in the most recently completed contract year</b>	\$ _____

If any amount of funding was returned to HUD in the most recently completed grant term, you must thoroughly explain the reason why dollars were returned and provide a clear and detailed strategy that your agency will implement, or has already implemented, to ensure that this does not occur again in the future. Returning unused funds to HUD may impact your agency’s ability to re-apply for those funds.

Please provide a thorough explanation below:

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**1. Did this project return any funds to HUD in the most recently completed grant term? [5 points]**

N/A for projects without a full grant term.

- Yes  No

If yes, how much was returned: \$ \_\_\_\_\_

If yes, please provide a detailed and thorough description of the reasons why funds were returned and your plan to prevent this from occurring in the future. Be advised that returning funds to HUD is a very serious concern, and the CoC may consider reallocating those funds to other projects or project types.

**2. How often does your agency draw down HUD funds from LOCCS? [3 points]**

- At Least Quarterly  Less than Quarterly

**3. Does your agency have 90 days working capital to ensure liquidity while awaiting reimbursement? [2 points]**

- Yes  No

**4. Housing Emphasis [8 points]**

Housing emphasis focuses on the use of funds for housing related purposes, including acquisition/rehabilitation/new construction, leasing, rental assistance and operating costs. Please indicate below how much of the grant's funds are used for housing related activities, supportive services, and other costs.

Budget Lines	Amount	Percentage of Total Grant
Housing Dollars	\$	
Supportive Services Dollars	\$	
Other (Admin, HMIS, etc.)	\$	

**Section 4. Compliance Requirements [30 points/21%]**

**APR Submission**

**1. Have you been able to submit this project's most recent APR by the HUD deadline? [5 Points]**

- Yes  
 No; provide an explanation explaining why the project was not able to submit the most recent APR by the submittal deadline.  
 N/A for projects without a full grant term.

Explanation:

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**2. HUD Monitoring**

**Has this project been monitored by HUD since the last and most recent CoC NOFA?**

Yes  No

• **Date of your last monitoring report:** \_\_\_\_\_

*If yes,*

**a. Were there findings in your monitoring report?**

Yes  No  N/A

**b. Are there findings with corrective actions that will be or have been implemented?**

Yes (Attach all applicable correspondence with HUD, including agency letter explaining plan for corrective action)

No  N/A

**c. Were there outstanding project findings with no corrective actions taken?**

Yes  No

**HEARTH Act Compliance**

**3. Fair Housing [5 Points]**

Does your project implement Affirmatively Furthering Fair Housing as detailed in 24 CFR 578.93(c) of the CoC Interim Rule? (The project markets their housing and services to those least likely to apply in the absence of specific outreach, and provides participants with information on their fair housing and civil rights.)

Yes  No

If yes, this must be reflected in the project's policies and procedures to receive full points. Please describe specific ways that your project affirmatively furthers fair housing:

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**4. Age/Gender Participation [5 Points]**

Under the HEARTH Act, any project receiving McKinney funds to provide emergency shelter, transitional housing, or permanent housing to households with children under age 18 shall not deny admission to any household based on the age/gender of any children under age 18.

**Does the project accept all households with children under age 18 without regard to the age and/or gender of the children?**

- Yes. If yes, this must be reflected in the project's policies and procedures to receive full points.
- No
- N/A (Project does not serve households with children)

**5. Consumer Participation [5 Points]**

Under the HEARTH Act, each recipient or sub recipient is required to provide for the participation of not less than one (1) homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this subtitle.

**Does the project have the participation of at least one (1) homeless or formerly homeless individual on the board of directors or other equivalent policymaking entity for the agency?**

- Yes
- No

**6. Equal Access to Housing Regardless of Sexual Orientation, Gender Identity, or Familial Status [5 Points]**

HUD published a final rule (77 FR 53579) for the Equal Access to Housing in HUD Projects regardless of Sexual Orientation or Gender Identity, as well as a definition of "family." HUD is implementing the policy to ensure that its core programs are open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, marital status or familial composition.

**Does the project accept all households without regard to sexual orientation, gender identity, or familial status?**

- Yes. If yes, this must be reflected in the project's policies and procedures to get full points.
- No

**Section 5. HMIS Participation & Data Quality [15 Points/10%]**

HMIS participation is a priority for the Delaware Continuum of Care and HUD. HMIS participation and good data quality are essential in assisting the Delaware CoC measure success in implementing our strategic plan and in meeting HUD HEARTH Performance Measures. All agencies that serve homeless persons (except victim service providers) are expected to participate in the data collection for HMIS, which includes completing the necessary training and certifications.

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**1. Does your agency currently have policies/procedures in place to regularly check the project’s HMIS data quality that includes the items outlined below? [5 Points]**

- Frequency of HMIS data review, which must occur, at minimum, on a monthly basis;
- Description of what reports are used to complete the data review; and
- Outline of the process for how data reviews are used to improve the project’s data quality.

Yes, policies and procedures have been put in place that outline frequency of data review, a description of what reports are used, and an outline of the process for how data reviews are used improve the project’s data quality. HMIS policies and procedures must be attached in order to receive credit for this response.

No

**2. Data Quality (HMIS or Comparable Database) [10 Points]** N/A for projects without a full grant term.

The Universal Data Standards contain demographic and project-specific questions about project participants. Data Quality refers to the extent that the Universal and Project-Specific Data Elements recorded in HMIS or Comparable Database accurately reflect the extent of homelessness in our continuum of care. The target is an error rate of 5% or less for each data element to receive full points. Please complete this chart using your project’s most recently completed Annual Performance Report. If this project has not yet completed a full grant term, please indicate N/A.

Data Element	Error Rate
Name	
SSN	
Date of Birth	
Race	
Ethnicity	
Gender	
Veteran Status	
Project Entry Date	
Relationship to Head of Household	
Client Location	
Disabling Condition	
Destination	
Income (at entry)	
Income (at exit)	



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**Section 6. Project Performance [40 Points/28%]** The data used to complete this section comes from the project's Annual Performance Report (APR). This entire section is N/A for projects without a full grant term.

**1. Housing Stability**

**Permanent Support Housing ONLY: % of participants who achieved housing stability [20 Points]**

a. Total number of participants who exited PH program to PH destination (23a & 23b)	
b. Total number of participants served in PH program (5a.1.)	
c. Total number of participants who stayed in PH program (5a.8.)	
d. % of participants that achieved housing stability (a + c) / (b)	

**Transitional Housing and Rapid Re-Housing ONLY: % of participants that moved into permanent housing [20 Points for RRH; 13 Points for TH]**

a. Number of participants who exited TH program, including unknown destination (5a.5.)	
b. Number of participants that moved to PH upon exit (23a & 23b)	
c. % of exiting participants that exit to permanent housing (b/a)	

**Transitional Housing ONLY: Average Length of Stay [7 Points]**

d. Average Length of Stay for Leavers Only (in Days) (22b)	
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**2. Increased or Maintained Income [12 Points]**

**Transitional Housing and Rapid Re-Housing ONLY**

TH and RRH projects will be scored on the rate of adults who increased their cash income from any source from project entry to exit, in section (a) below.

- a.**
1. Total # of Adults who exited, Leavers Only (5a.6.): \_\_\_\_\_
  2. Total # of Adults with Increased Income from any source from Entry to Exit (19a.2., column 8 row 5):  
\_\_\_\_\_
  3. Rate of adults with Increased Income from any source from Entry to Exit: \_\_\_\_\_ (2/1)

**Permanent Support Housing ONLY**

PSH projects will be scored on the rate of adults who maintained or increased cash income from any source, from project entry exit, in section (b) below.

- b.**
1. Total # of adults who exited, Leavers Only (5a.6): \_\_\_\_\_
  2. Total # of adults who maintained income at Exit (19a.2., column 3 row 5): \_\_\_\_\_
  3. Total # of adults who increased income at Exit (19a.2., column 8 row 5): \_\_\_\_\_
  4. Rate of adults who maintained or increased income from Entry to Exit (2 + 3) / (1): \_\_\_\_\_

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**3. Bed Utilization Rate [5 Points]**

*Your project's bed utilization rate for the calendar year 2016 will be calculated by Housing Alliance Delaware using data from CMIS. You do not need to respond to this question. This question is N/A for RRH projects.*

**Section 7. Policy Priorities [41 points/28%]**

**1. Housing First [10 points]**

Does your project have policies and procedures in place that ensure program staff follow a Housing First model (offers quick access to permanent housing with permanent housing as the primary focus, without preconditions such as programmatic compliance, clinical treatment, sobriety, etc.)?

Yes  No

- If yes, this must be reflected in the project's policies and procedures in order to receive full credit.
- **Explanation:** Please provide a detailed explanation below of how your project utilizes a housing first approach when working with clients served by the project. Please make reference to specific policies, procedures, or clinical/programmatic approaches adopted and in place at the project-level that clearly reflect housing first.

**2. Low Barrier Access [8 Points]**

Does your project provide low barrier access to services and housing assistance for all clients eligible for assistance, regardless of income, active or history of substance abuse, criminal records (with the exception of state mandates), etc.?

Yes  No

- If yes, this must be reflected in the project's policies and procedures in order to receive full credit.
- **Explanation:** Please provide a detailed description of the policies and procedures in place that ensure clients are not screened out of being able to access assistance due to programmatic preconditions.

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**3. Severity of Need [8 Points]**

- **Rate of Adults Served with Disabling Condition:** % \_\_\_\_\_

*To calculate:*

13a.2. – Number of Conditions at Entry for Total Persons

1 Condition + 2 conditions + 3 or more conditions + Condition Unknown = Sum of people served with a disabling condition at entry

Divide this sum by the total # of adults served in 5a.2. for the rate of adults with a disabling condition.

**4. Participation in CoC Planning [5 Points]**

- Does your agency have an individual with voting membership on the Delaware CoC?

Yes       No

- How many quarterly CoC membership meetings did a representative of your agency attend in 2016 and 2017? #: \_\_\_\_\_

For each meeting attended, please provide the date of attendance:

Date(s) Attended: \_\_\_\_\_

**5. Chronic Homelessness [10 Points]** This question is only relevant to PSH projects. All other projects will receive N/A.

1. Number of beds in PSH project: \_\_\_\_\_
2. Number of beds dedicated to serving the chronically homeless: \_\_\_\_\_
3. Number of beds prioritized for the chronically homeless upon turnover: \_\_\_\_\_
4. Rate of project beds for the chronically homeless =  $(2+3)/(1)$  = \_\_\_\_\_

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**Appendix A. Program Budget**

Please provide your ***annual project budget***. We use the term “budget” to mean the spending plan for the project for the most recently completed budgeting period during the current year in which the project is operating. This information should include the sum of all project costs ***and all funding sources, public and private***. The total annual project budget covers all costs including overhead and administration attributable to the particular project(s). ONLY include funds that are part of your annual operating budget. If your project has acquisition or construction financing, but that debt does not have regular or annual payments, do not include these funds. If your organization also receives in kind donations, only include the value of these donations if they are critical to the project’s operations.

**CoC Funds**

***TOTAL Amount of CoC Renewal FUNDS:***

**Other Public Funds**

Type of Funds (ESG, OCS, Grant in Aid, CDBG, HDF, DHSS, CSBG, etc.)	Amount of Funds	COMMENTS
<b><i>TOTAL Public FUNDS:</i></b>		

**Private Funds & In-Kind Resources**

Type of Funds (donation, foundation, in-kind, etc.)	Amount of Funds	COMMENTS
<b><i>TOTAL Private FUNDS:</i></b>		

***TOTAL Project Budget:***