**Bakersfield/Kern County CoC**

**Ranking Packet to Renew**

**Permanent Supportive Housing Project**

**Instructions:** Please complete one packet for each renewal application.

**Lead Agency Information**

CCR #:

DUNS #:

Agency Name:

Agency Address:

City:       State:       Zip:

Phone:       Fax:       email:

Grant/Application Contact Person:

Name:

Phone:       Email:

Agency Director:

 Name:

Phone:       Email:

HMIS Contact Person:

 Name:

 Phone:       Email:

**Project Information:**

Name of Project:

Project Address:

Grant amount:

Grant Term:

Expiration Date:

Program Type:

Project Description: (1,000 characters)

Primary Population:

Annual Renewal Amount for project:

Total Number of Units:

**Last Grant Cycle Funding:**

Amount Awarded:       Expended:

Narrative:

Previously approved budget amounts by activity:

|  |  |
| --- | --- |
| **Activity:** | **Budget Amount:** |
| Leased Units |       |
| Leased Structures |       |
| Rental Assistance |       |
| Supportive Services |       |
| Operations |       |
| HMIS |       |
| Administration |       |
| **Total:** |  |

Name, signature, email and phone number of person who will complete the application:

Name, signature, email and phone number of person authorized to sign the HUD application:

I certify, on behalf of my agency that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD. I also understand that projects not submitting their Letter of Intent by the deadline may be reallocated.

Executive Director/CEO/President Date

**Background Information**:

The Continuum of Care (CoC) will consider the need to continue funding for projects expiring in 2019 as required by the U.S. Department of Housing and Urban Development (HUD). However, as noted by HUD, renewal projects must meet minimum project eligibility, capacity, timeliness, and performance standards identified in the NOFA or they will be rejected from consideration for funding.

While considering the need to continue funding for projects expiring in 2019, the CoC Independent Review Panel will review the information that HUD noted in the 2018 NOFA CoC Program Competition, which is as follows:

1. When considering renewal projects for award, HUD will review financial information; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants, and will assess projects using the following criteria on a pass/fail basis:
2. Whether the project applicant's performance met the plans and goals established in the initial application, as amended;
3. Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;
4. The project applicant's performance in assisting program participants to achieve and

maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; and,

1. Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.
2. HUD reserves the right to reduce or reject a funding request from the project applicant for the following reasons:
3. Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
4. Audit/Monitoring finding(s) for which a response is overdue or unsatisfactory;
5. History of inadequate financial management accounting practices;
6. Evidence of untimely expenditures and unspent funds on prior award;
7. History of other major capacity issues that have significantly affected the operation of the project and its performance;
8. History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and
9. History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.
10. **Supportive Services for Participants (No Points)**

Please identify whether the project includes the following activities:

1. **Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?**

0 Yes 0 No

Select **“Yes”** if the project provides regular or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, or jobs. Select **“No”** if transportation is not regularly provided or cannot be provided consistently as requested.

1. **Use of a single application form for four or more mainstream programs?**

0 Yes 0 No

Select **“Yes”** if the project uses a \*single application form that allows program participants to sign up for four or more mainstream programs. Select **“No”** if application forms cover 3 or fewer mainstream programs.

**\*Agencies utilizing C4 Yourself meet this requirement.**

1. **Regular follow-ups with participants to ensure mainstream benefits are received and**

**renewed?**

0 Yes 0 No

Select **“Yes”** if the project regularly follows-up with program participants at least annually to ensure that they have applied for, are receiving their mainstream benefits, and renew benefits when required. Select **“No”** if there is no or irregular follow-up concerning mainstream benefits.

1. **Do program participants have access to SSI/SSDI technical assistance provided by the**

**applicant, a subrecipient, or partner agency?**

0 Yes 0 No

Select **“Yes”** if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency–through a formal or informal relationship. Select **“No”** if there is no or significantly limited access to SSI/SSDI technical assistance.

1. **Has the staff person providing the technical assistance completed SOAR training in the past 24 months?**

0 Yes 0 No

This question will only appear if **“Yes”** is selected to the previous question. Select **“Yes”** to indicate that the applicant, subrecipient or partner agency staff person who will be providing the SSI/SSDI technical assistance has completed SOAR training, online or in person, in the past 24 months. If more than one person will provide technical assistance, select **“Yes”** only if all persons have completed the training. Otherwise, select “No.”

1. **System Performance Measures (75 Points Total Max)**

The purpose of the HUD’s System Performance Measures is to help communities gauge their progress in preventing and ending homelessness and provide a more complete picture of how well a community is achieving this goal. The performance of each project in the CoC is crucial in the overall performance of the CoC. The source data for performance measures include the APR and HMIS.

**Length of Stay**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Max Points** | **Measure (SMP 1a)** | **Factor/Goal****Min** | **Outcome****HMIS APR** | **Points****Awarded** |
| **20** | Average number of days participants stay in project | 180 days |  |  |

**Exits to Permanent Housing**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Max Points** | **Measure (SMP 7b.1)** | **Factor/Goal****Min** | **Outcome****HMIS APR** | **Points****Awarded** |
| **25** | Percent who remain in or move to permanent housing | 90% |  |  |

**Returns to Homelessness**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Max Points** | **Measure (SPM 7b.1)** | **Factor/Goal****Max** | **Outcome****HMIS APR** | **Points****Awarded** |
| **20** | Percent of participants who return to homelessness within 12 months of exit to permanent housing | 15% |  |  |

**New or Increased Income and Earned Income**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Max Points** | **Measure (SPM 4.1, 4.2, 4.4 & 4.5)** | **Factor/Goal****Min** | **Outcome****HMIS APR** | **Points****Awarded** |
| **2.5** | New or increased earned income for project stayers | 8% |  |  |
| **2.5** | New or increased non-employment income for project stayers | 10% |  |  |
| **2.5** | New or increased earned income for project leavers | 8% |  |  |
| **2.5** | New or increased non-employment income for project leavers | 10% |  |  |

1. **Serve High Needs Population (15 Points)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Max Points** | **Measure** | **Factor/Goal****Min** | **Outcome****HMIS APR** | **Points****Awarded** |
| **5** | Percent of participants with zero income at entry | 50% |  |  |
| **5** | Percent of participants with more than one disability | 50% |  |  |
| **5** | Percent of participants entering project from place not meant for human habitation | 50% |  |  |

1. **Project Effectiveness (40 Points)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Max Points** | **Measure** | **Factor/Goal** | **Narrative****(1,000 Characters)**Include cost & formula on how the cost was determined | **Points****Awarded** |
| **20** | Project has reasonable costs per individual | Yes/No |  |  |

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| --- | --- | --- | --- | --- |
| **Max Points** | **Measure** | **Factor/Goal** | **Narrative****(1,000 Characters)** | **Points****Awarded** |
| **10** | Participation in Coordinated Entry system | Yes/No |  |  |

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| --- | --- | --- | --- | --- |
| **Max Points** | **Measure** | **Factor/Goal** | **Narrative****(1,000 Characters)** | **Points****Awarded** |
| **10** | Project has implemented housing first and has written procedures | Yes/No |  |  |

1. **Equity Factors: Agency Leadership, Governance & Policies (12 Points)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Max Points** | **Measure** | **Factor/Goal** | **Narrative****(1,000 Characters)**Include what percentage of managerial & leadership positions are filled by staff from under-represented populations. | **Points****Awarded** |
| **3** | Recipient has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial & leadership positions | Yes/No |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Max Points** | **Measure** | **Factor/Goal** | **Narrative****(1,000 Characters)**Include how many are on the board of directors & how many have lived experience | **Points****Awarded** |
| **3** | Recipient’s board of directors include representation from more than one person with lived experience of homelessness | Yes/No |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Max Points** | **Measure** | **Factor/Goal** | **Narrative****(1,000 Characters)**Explain the process in detail | **Points****Awarded** |
| **3** | Recipient has relational process for receiving and incorporating feedback from persons with lived experience | Yes/No |  |  |

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| --- | --- | --- | --- | --- |
| **Max Points** | **Measure** | **Factor/Goal** | **Narrative****(1,000 Characters)**Explain the plan in detail | **Points****Awarded** |
| **3** | Recipient has reviewed internal policies & procedures with an equity lens and has a plan for developing & implementing equitable policies that do not impose undue barriers | Yes/No |  |  |

1. **Equity Factors: Program Participant Outcomes (9 Points)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Max Points** | **Measure** | **Factor/Goal** | **Narrative****(1,000 Characters)**Explain what results of the review of participant outcomes were | **Points****Awarded** |
| **3** | Recipient has reviewed participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity and/or age | Yes/No |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Max Points** | **Measure** | **Factor/Goal** | **Narrative****(1,000 Characters)**Explain what changes were identified & what plan entails | **Points****Awarded** |
| **3** | Recipient has identified programmatic changes needed to make program participant outcomes more equitable & developed a plan to make those changes | Yes/No |  |  |

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| --- | --- | --- | --- | --- |
| **Max Points** | **Measure** | **Factor/Goal** | **Narrative****(1,000 Characters)**Explain what schedule is & who will review data | **Points****Awarded** |
| **3** | Recipient is working with CoC HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity and/or age | Yes/No |  |  |

1. **Other and Local Criteria (10 Points)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Max Points** | **Measure** | **Factor/Goal** | **Outcome****(from HMIS)** | **Points****Awarded** |
| **5** | Data Quality | 90% |  |  |
| **5** | Utilization | 90% |  |  |

|  |  |  |
| --- | --- | --- |
| **Total Pts Available** | **Project Ranking Score** | **Total Pts Awarded** |
| **161** |  |  |
|  | CoC Project Type Points | **5** |
|  | Total Points |  |