

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 and Reallocation.
 - Consolidations and Expansions Forms – must be completed if the CoC is consolidating eligible renewal projects or applying for new projects to expand the operations of eligible renewal projects.
 - 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, CoC Renewal, YHPD Renewal, YHDP Replacement and Reallocation 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 and are not ranked per the FY 2026 CoC Program Competition NOFO:
 - UFA Costs Project Listing;
 - CoC planning 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 or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.
- Additional training resources are available online on HUD's website

1. Continuum of Care (CoC) Identification

Collaborative Applicant Name: Bakersfield-Kern County CoC (CA-604)

2. Reallocation

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2027 to create one or more new projects? Yes

Alert:

As stated in the FY 2026 CoC Program Competition NOFO:

- CoCs may reallocate YHDP projects from any Round to create new YHDP Replacement projects.
- If a CoC reallocates funding from a renewal project that was previously awarded DV Bonus funding, any new project created with such funding must be 100 percent dedicated to serving individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking and who qualify as homeless under paragraphs (1) or (4) of the definition of homeless at 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act.

2A. Reallocation - Grant(s) Eliminated

CoCs reallocating eligible CoC Renewal, DV Renewal or YHDP renewal project funds to create new project application(s) may do so by eliminating one or more expiring eligible projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Projects: (Sum of All Eliminated CoC Renewal Projects)					
\$0					
Amount Available for New YHDP Projects: (Sum of All Eliminated YHDP Restricted Projects)					
\$0					
Amount Available for New DV Projects: (Sum of All Eliminated DV Restricted Projects)					
\$589,379					
Eliminated Project Name	Grant Number Eliminated	Component Type	Funding Type	Annual Renewal Amount	Transition Grant
Alliance TH and P...	CA2041D9D042504	JOINT	DV Renewal	\$589,379	Yes

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name: Alliance TH and PH-RRH Project
Grant Number of Eliminated Project: CA2041D9D042504
Eliminated Project Component Type: JOINT
Funding Type: DV Renewal
Eliminated Project Annual Renewal Amount: \$589,379

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified.
(limit 2500 characters)

This was a voluntary grant reallocation from the project applicant to transition the projects funds to another DV eligible project through the local competition process. The applicant requested this on 7/1/2026

2A-3 Is the project being eliminated to create one or more transition grant applications? Yes

How much funding will be made available for transition grants? 0

How much funding will be made available for new Reallocation projects? \$589,379

The Collaborative Applicant confirms the new transition grant(s) are for a new program component. ☒

The Collaborative Applicant reviewed and affirms that no more than 50 percent of the funds in the new component project(s) will be for costs of eligible activities under the old component; and ☒

The CoC consented to the transition of
component and the new component project(s)
meet the standards outlined in Section II.A.3.k of
the NOFO

X

2B. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible CoC Renewal, DV Renewal and YHDP Renewal project funds to create new project applications may do so by reducing one or more expiring eligible renewal projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Project(s): (Sum of All Reduced CoC Projects)								
\$2,368,166								
Amount available for New YHDP Project(s): (Sum of All Reduced YHDP Projects)								
\$0								
Amount available for New DV Project(s): (Sum of All Reduced DV Projects)								
\$0								
Reduced Project Name	Reduced Grant Number	Funding Type	Annual Renewal Amount	Amount Retained	Amount available for YHDP Project	Amount available for DV Project	Amount available for New Project	Reallocation Type
El Programa Dulce...	CA1197L9D042512	CoC Renewal	\$6,151,791	\$3,783,625	\$0	\$0	\$2,368,166	No

Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name: EI Programa Dulce Hogar Consolidated 2024
Grant Number of Reduced Project: CA1197L9D042512
Funding Type: CoC Renewal
Reduced Project Current Annual Renewal Amount: \$6,151,791
Amount Retained by Project: \$3,783,625
Amount available for YHDP Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New DV Project(s): \$0
(This amount will auto-calculate by selecting "Save" button)
Amount available for New Project(s): \$2,368,166
(This amount will auto-calculate by selecting "Save" button)

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

This is a voluntary reallocation of program funds as requested by the Applicant - Housing Authority of the County of Kern.

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants? No

Continuum of Care (CoC) New Project Listing

Instructions:

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based on the number of new projects submitted by project applicant(s) to your CoC in the e-snaps. 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 to ensure all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Funding Type	Transition Grant	Expansion	Rank	PSH/RRH
Kern Victim TH Pr...	2026-09-25 16:56:...	TH	The Open Door Net...	\$555,697	1 Year	DV Reallocation	Yes		D13	
Kern Victim TH Ex...	2026-09-25 16:57:...	TH	The Open Door Net...	\$854,127	1 Year	DV Bonus	No	Yes	DE2	

Safe Futures Yout...	2026-09-26 15:56:...	SSO	Greater Bakersfi e...	\$245,889	1 Year	DV Bonus	No	No	D9	
BRS Pathways to S...	2026-09-25 17:48:...	TH	Bakersfi eld Recov...	\$407,000	1 Year	Bonus	No	No	18	
BRS Step Up Trans...	2026-09-25 17:48:...	TH	Bakersfi eld Recov...	\$500,000	1 Year	Realloca tion	No	No	11	
Treatme nt and Rec...	2026-09-29 12:13:...	SSO	Flood Bakersfi eld...	\$98,805	1 Year	Bonus + Realloca tion	No	No	6	
Rural Kern ACCES S...	2026-09-28 20:10:...	SSO	Flood Bakersfi eld...	\$600,000	1 Year	Bonus + Realloca tion	No	No	12	
Expedite d Outreac. ..	2026-09-28 20:35:...	SSO	Flood Bakersfi eld...	\$323,911	1 Year	Bonus + Realloca tion	No	No	8	
Casa Nueva III Pl...	2026-09-29 14:47:...	SSO	The Open Door Net...	\$228,941	1 Year	Realloca tion	Yes		10	
Phase 2 Transito ...	2026-09-29 18:46:...	TH	Bakersfi eld Rescu...	\$150,000	1 Year	Bonus	No	No	17	
Journey s of Hope ...	2026-09-29 20:18:...	TH	Casa Esperan za Tr...	\$647,154	3 Years	Realloca tion	No	No	4	
Life180 Transito ...	2026-09-30 09:21:...	TH	CityServ e Network	\$260,755	1 Year	Bonus	No	No	15	
Encamp ment Resolu.. .	2026-09-30 11:39:...	SSO	Flood Bakersfi eld...	\$107,151	1 Year	Bonus	Yes		19	
Rest & Restore	2026-09-30 11:46:...	TH	Nova Sorella Soro...	\$49,000	1 Year	Bonus	No	No	20	
The Bridge Program	2026-09-30 11:55:...	TH	Nova Sorella Soro...	\$52,430	1 Year	Bonus	No	No	23	
The Open Door Net...	2026-09-30 12:00:...	SSO	The Open Door Net...	\$346,570	1 Year	Bonus	No	No	16	
The Bloom Project	2026-09-30 11:52:...	TH	Nova Sorella Soro...	\$49,000	1 Year	DV Bonus	No	No	D21	
Benefits Access C...	2026-09-30 11:51:...	SSO	Greater Bakersfi e...	\$298,430	1 Year	Bonus + Realloca tion	No	No	14	

THE INDEPE NDENC E ...	2026- 09-30 11:59:...	TH	Nova Sorella Soro...	\$49,000	1 Year	Bonus	No	No	22	
Be Finally Free P...	2026- 09-30 12:55:...	SSO	Be Finally Free	\$420,52 8	1 Year	Bonus	No	No	24	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions 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.

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.

X

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.

X

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

EX1_Project_List_Status_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Consolidation	Accepted?	Comp Type	Rank	Expansion	PSH/RH	Consolidation Type
KHS-HMIS FY2026	2026-08-04 17:44:...	1 Year	Kern Health Systems	\$92,062		Yes	HMIS	5			
CAPK Coordinated ...	2026-08-05 17:39:...	1 Year	CAPK	\$268,035		Yes	SSO	3			
Kern Victim Trans...	2026-09-25 16:59:...	1 Year	The Open Door Net...	\$142,884		Yes	TH	1	Expansion		
EI Program Dulce...	2026-09-29 10:46:...	1 Year	Housing Authority...	\$3,783,625		Yes	PH	7		PSH	

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions 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.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

EX1_Project_List_Status_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
CA-604 Planning P...	2026-09-25 13:28:...	1 Year	Bakersfield Kern ...	\$572,929	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions 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 projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project 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 (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.

☐

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP 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 YHDP renewal projects.

☒

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

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

Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

Instructions:

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

To upload all YHDP Replacement project and YHDP Reallocation 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 projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation 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 (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

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

4. Consolidation & Expansion

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions on HUD's website.

1. Is the CoC consolidating renewal projects that will expire in Calendar Year 2027? No
2. Is the CoC expanding renewal projects that will expire in Calendar Year 2027? Yes

Alert:

Applicants applying to Expand or Consolidate existing renewal grants will not be required to submit a combined version of the application.

Projects are prohibited from being included in a consolidation and an expansion in the same fiscal year competition.

4B. Expansion

Instructions

Project applicants can apply to expand eligible renewal projects by combining a renewal project application and up to 2 new expansion project applications. Renewal projects that are part of an expansion must have an expiration date in Calendar Year 2027 (as confirmed on the FY 2026 GIW or eLOCCS), must be the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

The Collaborative Applicant certifies that all projects listed are part of a CoC approved Expansion(s). ☒

The Collaborative Applicant certifies the accuracy of all the individual project applications related to this expansion request(s) ☒

The Collaborative Applicant certifies they have reviewed eLOCCS Operating Start Dates and Expiration dates for all grants listed ☒

CoC must complete the following fields for each Expansion Application submitted.

	Applicant Name	Stand Alone Renewal Expansion Project Pin:	Stand Alone New Expansion Application (1) esnaps Project Number	Stand Alone New Expansion Application (2) esnaps Project Number
Expansion #1:	The Open Door Network	CA0869	234945	
Expansion #2:				
Expansion #3:				
Expansion #4:				
Expansion #5:				
Expansion #6:				
Expansion #7:				
Expansion #8:				
Expansion #9:				
Expansion #10:				

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal 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 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
CoC Renewal Amount	\$4,286,606
New CoC Bonus and CoC Reallocation Amount	\$4,539,675
New DV Bonus Amount	\$1,149,016
New DV Reallocation Amount	\$555,697
YHDP Renewal and Replacement Amount	\$0
YHDP Reallocation Amount	\$0
CoC Planning Amount	\$572,929
Rejected Amount	\$0
Total Funding Request	\$11,103,923

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	HUD 2991 Consiste...	09/30/2026
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No	Project Rating an...	09/30/2026

Attachment Details

Document Description: HUD 2991 Consistency with COB and COUNTY Consolidated Plans

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Project Rating and Ranking Tool

Submission Summary

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

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Page	Last Updated
Before Starting	No Input Required
1. Collaborative Applicant	09/29/2026
2. Reallocation	09/29/2026
2A. Grant(s) Eliminated	09/30/2026
2B. Grant(s) Reduced	09/30/2026
3A. CoC New Project Listing	09/30/2026
3B. CoC Renewal Project Listing	09/30/2026
3D. CoC Planning Project Listing	09/30/2026

Project Priority List FY2026	Page 23	09/30/2026
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3E. YHDP Renewal Project Listing	No Input Required
3F. YHDP Replacement and YHDP Reallocation Project Listing	No Input Required
4. Consolidation & Expansion	09/30/2026
4B. Expansion	09/30/2026
Funding Summary	No Input Required
Attachments	09/30/2026
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R. 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: CA 604 Bakersfield Kern CoC

Project Name: FY 2026 Continuum of Care Program Competition – Consolidated Application

Location of the Project: Kern County

Name of the Federal Program to which the applicant is applying:

14.267, Continuum of Care Program — CPD-2600-DC-0025, FY 2026 Continuum of Care Competition

Name of Certifying Jurisdiction:

Certifying Official of the Jurisdiction

Name: Christian Clegg

Title: City Manager

Signature: *C. Clegg*

Date: 9.29.26

Certification of Consistency with the Consolidated Plan**U.S. Department of Housing and Urban Development**OMB Number: 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: CA 604 Bakersfield Kern CoC

Project Name: FY 2026 Continuum of Care Program Competition – Consolidated Application

Location of the Project: Kern County

Name of the Federal Program to which the applicant is applying:

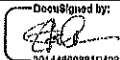
14.267, Continuum of Care Program — CPD-2600-DC-0025, FY 2026 Continuum of Care Competition

Name of Certifying Jurisdiction:

Certifying Official of the Jurisdiction
Name: Kern County

Title: Assistant County Administrative Officer

Signature:

Designated by:

SAC/ADMINISTRATOR

Date: 9/30/2026

FY 2026-27 CA 604 CoC Competition Priority Listing

Legend	Value	Funding Source	Availability
CoC	CA-604	New Projects	\$2,689,465
Estimated Annual Renewal Demand (ARD)	\$7,785,434	(reallocation funding) Domestic Violence (DV) projects (reallocation funding)	\$589,379
Tier 1 Amount	\$4,671,260	CoC Bonus	\$1,718,788
Tier 2 Amount	\$7,124,679	DV Bonus	\$2,291,717

TIER	Projects within Annual Renewal Demand	Project Rank	Score (%)	Project Status (Accepted, Rejected, Reduced Reallocated, Fully Reallocated)	Funding Source (Reallocation, DV Reallocation, CoC Bonus, DV Bonus, or N/A Renewal	New, Renewal, Expansion, Transition Project Type	Project Type	Project Serving Domestic Violence Clients (Y/N)	Organization	Project Name	Funding Requested	Amount Requested from HUD	Reallocated Funds	Notes	
N/A	N/A	Not Ranked	N/A	Accepted	CA-604 CoC Planning	New	N/A	N	Bakersfield Kern Regional Homeless Collaborative	CA-604 Planning Project	\$572,929.00	\$572,929.00	\$0.00		
CoC Planning TOTAL												\$572,929.00			
N/A	N/A	Not Ranked	N/A	Fully Reallocated	N/A	Renewal	Joint TH & PH-RRH	Y	The Open Door Network	Alliance TH and PH-RRH Project	\$0.00	\$0.00	-\$589,379.00	Applicant voluntary reallocation	

Projects within Tier 1 (\$4,671,260)	Projects within Annual Renewal Demand Funding (\$7,785,434)	1	97%	Accepted	N/A Renewal	Renewal	TH	Y	The Open Door Network	Kern Victim TH Renewal	\$142,884.00	\$142,884.00	\$0.00	
		2	94%	Accepted	DV Bonus	New/Expansion	TH	Y	The Open Door Network	Kern Victim TH Expansion	\$929,736.90	\$854,127.00	\$0.00	
		3	94%	Accepted	N/A Renewal	Renewal	CES	N	Community Action Partnership of Kern	CES	\$268,035.00	\$268,035.00	\$0.00	
		4	91%	Accepted	Reallocation	New	TH	N	Casa Esperanza	Journeys of Hope	\$647,154.00	\$647,154.00	\$647,154.00	
		5	90%	Accepted	N/A Renewal	Renewal	HMIS	N	Kern Health Systems	HMIS	\$92,061.00	\$92,061.00	\$0.00	
		6	89%	Accepted	CoC Bonus + Reallocation	New	SO	N	Flood Ministries	Treatment and Recovery Connection Project	\$399,510.75	\$98,805.78	\$98,805.78	Governing Board approved action to reduce funding for Tier 1 and have remaining project funded in Tier 2
														Total amount in the GIW was (\$6,151,791). The Applicant voluntary reallocated a portion of their funds.
		7	92%	Reduced Reallocated	N/A Renewal	Renewal	PSH	N	Housing Authority of the County of Kern	El Programa Dulce Hogar	\$3,783,625.00	\$2,568,193.22	-\$2,689,465.00	Funding requested from HUD represents 33% of expected ARD; Governing Board approved action to move placement of this project to straddle between Tier 1 and Tier 2
TIER 1 TOTAL												\$4,671,260.00		

Projects within Tier 2 (\$7,124,679)	7	92%	Reduced Reallocated	N/A Renewal	Renewal	PSH	N	Housing Authority of the County of Kern	El Programa Dulce Hogar	\$3,783,625.00	\$1,215,431.78	\$0.00	Remainder project funding after 33% Tier 1 allocation
	8	89%	Accepted	CoC Bonus + Reallocation	New	SO	N	Flood Ministries	Expedited Outreach & Treatment Access Project	\$399,510.75	\$323,911.92	\$323,911.92	Governing Board approved action to award additional funding for this project in Tier 2 and placement to Tier 2
	9	88%	Accepted	DV Bonus	New	SSO	Y	Greater Bakersfield Legal Assistance	Safe Futures Youth Legal Initiative	\$419,677.00	\$245,889.00	\$0.00	Governing Board approved action to adjust funding within ARD and placement to Tier 2
	10	87%	Accepted	Reallocation	New/Transition	SSO	N	The Open Door Network	Casa Nueva III Placement and Supportive Services	\$327,059.00	\$228,941.30	\$228,941.30	Governing Board approved action to adjust funding within ARD and placement to Tier 2
	11	87%	Accepted	Reallocation	New	TH	N	Bakersfield Recovery Services	Step Up	\$760,100.00	\$500,000.00	\$500,000.00	Governing Board approved action to adjust funding within ARD and placement to Tier 2
	12	84%	Accepted	CoC Bonus + Reallocation	New	SSO	N	Flood Ministries	Rural Kern ACCESS	\$794,205.50	\$600,000.00	\$600,000.00	Governing Board approved action to adjust funding within ARD and placement to Tier 2
	Total from first six projects in tier 2										\$3,114,174.00		
	ARD TOTAL										\$7,785,434.00		
	13	94%	Accepted	DV Reallocation	New/Transition	TH	Y	The Open Door Network	Kern Victim TH Transition	\$555,697.00	\$555,697.00	\$555,697.00	Governing Board approved action to swap placement of this project with Kern Victim TH Expansion
	14	91%	Accepted	Reallocation	New	SSO	N	Greater Bakersfield Legal Assistance	Benefits Access Center - Youth Adocacy Program	\$298,430.00	\$298,430.00	\$298,430.00	Governing Board action to move this project to this placement in Tier 2 for CoC Bonus funding
	15	82%	Accepted	CoC Bonus	New	TH	N	CityServe Network	Life 180	\$260,755.00	\$260,755.00	\$0.00	
	16	80%	Accepted	CoC Bonus	New	SSO	N	The Open Door Network	TODN Youth Supportive Services	\$346,570.00	\$346,570.00	\$0.00	
	Not Ranked	79%	Accepted	N/A	New	TH	N	Community Action Partnership of Kern	East Kern Housing Connection	\$707,761.00	\$0.00	\$0.00	9/29 - Applicant withdrew application
	17	79%	Accepted	CoC Bonus	New	TH	N	The Mission at Kern County	Phase 2 Transitional Housing	\$150,000.00	\$150,000.00	\$0.00	
	18	79%	Accepted	CoC Bonus	New	TH	Y	Bakersfield Recovery Services	Pathways to Safety	\$407,000.00	\$407,000.00	\$0.00	
	19	78%	Accepted	CoC Bonus	New/Transition	SSO	N	Flood Ministries	Encampment Resolution Connection and Support Project	\$107,151.00	\$107,151.00	\$0.00	
	20	76%	Accepted	CoC Bonus	New	TH	N	Nova Sorella Sorority Inc	Reset and Restore Initiative	\$49,000.00	\$49,000.00	\$0.00	
	21	75%	Accepted	CoC Bonus	New	TH	Y	Nova Sorella Sorority Inc	The Bloom Project	\$49,000.00	\$49,000.00	\$0.00	
	22	70%	Accepted	CoC Bonus	New	TH	N	Nova Sorella Sorority Inc	The Independence Pathway for Veterans	\$49,000.00	\$49,000.00	\$0.00	
	23	69%	Accepted	CoC Bonus	New	TH	N	Nova Sorella Sorority Inc	The Bridge Program	\$49,000.00	\$49,000.00	\$0.00	
	24	64%	Accepted	CoC Bonus	New	SO	N	Be Finally Free	Pathways to Hope	\$420,528.00	\$420,528.00	\$0.00	
	Total from remaining 13 remaining projects in Tier 2										\$2,742,131.00		
	TIER 2 TOTAL										\$5,856,305.00		
	GRAND TOTAL (Tier 1 + Tier 2)										\$10,527,565.00		

TOTAL DV REALLOCATED	\$555,697.00
TOTAL CoC REALLOCATED	\$2,697,243.00

*The remaining CoC reallocation funds will go to the Benefits Access Center project (funding source in eSNAPS is CoC Bonus + Reallocation)



Attachment: 1D
Local Competition Scoring Tool

Enclosed is the **BKRHC Local Competition Scoring Guide**, along with copies of the **Ranking Packets** provided to the non-conflicted Ranking Panel members for the review and evaluation of proposed new and renewal projects.

The Ranking Packet served as the standardized review tool used by each panelist to evaluate individual project applications. It included the applicable scoring criteria, maximum points available, project-specific information and performance data, and space for panelists to document scores and review comments. The packet guided panelists through the consistent application of objective criteria, including project performance, grant and financial management, utilization, HMIS participation and data quality, system performance outcomes, supportive services participation, and other applicable local competition criteria.

The Local Competition Scoring Guide and Ranking Packets collectively document the methodology used by the CoC to objectively review, score, and rank project applications in accordance with HUD requirements.

**FY 2026 HUD Continuum of Care (CoC) Notice of Funding Opportunity (NOFO)
Project Scoring Guide**

The 2026 HUD Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) Scoring Guide provides a standardized and transparent framework for evaluating project applications submitted through the local competition. The scoring methodology is designed to align with HUD's FY 2026 NOFO priorities while ensuring a fair, objective, and consistent review process for all applicants.

The Scoring Guide evaluates projects based on performance, compliance, objective criteria, and strategic alignment, including project outcomes, grant and financial management, HMIS participation and data quality, Annual Performance Report (APR) results, utilization, Coordinated Entry participation, and alignment with local priorities. Scores are used by the Ranking Panel to develop funding recommendations for consideration by the Planning and Performance Subcommittee and final approval by the Governing Board prior to submission to HUD.

Contents

NEW PROJECT SCORING GUIDE 2

RENEWAL PROJECT SCORING GUIDE 28

NEW PROJECT SCORING GUIDE

EXPERIENCE

A. **(15 Points Max)** Describe the proposed project and how it will address an identified geographic or system gap.

a. Include the anticipated number of people to be housed or served.

- **13-15 Points:** The proposed services are clearly located in, or specifically designed to address, a documented geographic or system gap identified by the CoC. The application provides strong documentation and clearly demonstrates how the project expands capacity in a priority area or service type.
- **9-12 Points:** The proposed services partially address an identified geographic or system gap, or alignment with CoC priorities is evident but limited in scope, scale, or supporting documentation.
- **1-8 Points:** The proposed services demonstrate minimal or indirect alignment with identified geographic or system gaps and lack sufficient documentation or explanation of system impact.
- **0 Points:** The proposed services do not address an identified geographic or system gap or are located in areas with no documented unmet need.

B. **(15 Points Max)** What is your organization's experience and expertise in providing the proposed services?

a. Include in your response number of years providing the services and number of years providing homelessness services in general.

- **13-15 Points:** Demonstrates experience of 4+ years with operating the same services proposed in the application. Response clearly describes organizational expertise, relevant program history, populations served, and experience providing homelessness services.
- **9-12 Points:** Demonstrates 2-3 years providing services proposed or demonstrates 4+ years of homelessness service provision but no direct experience with the services proposed in the application.
- **1-8 Points:** 1 Year experience providing homelessness services.
- **0 Points:** No prior experience providing homelessness services.

C. **(15 Points Max)** What is your organization's strategy for this program to support an increase in self sufficiency of participants in order to reduce returns to homelessness?

- **13-15 Points:** Applicant provides strategy and data from similar program that demonstrates 3-5% return rate.
- **9-12 Points:** Applicant provides strategy data from similar program that demonstrates 6-10% return rate.
- **1-8 Points:** Applicant provides anecdotal evidence of prior ability to meet low returns but does not provide data to support it.
- **0 Points:** Does not demonstrate ability or strategy to increase self-sufficiency or participants to reduce returns to homelessness.

D. **(15 Points Max)** Provide your organization's previous experience with Homeless Management Information System (HMIS) or provide a detailed explanation of your knowledge and capacity to collect and manage data.

- a. Include if your organization has experience meeting reporting requirements for state, local, and/or federally funded programs, or provide a detailed explanation of your agency's ability to fulfill these requirements.

- **8-10 Points:** Agency has experience and/or capacity to utilize HMIS and manage sensitive participant data. Agency has capacity to meet reporting requirements.
- **5-7 Points:** Agency has no experience but has capacity to utilize HMIS and manage sensitive participant data. Agency has no capacity to meet reporting requirements.
- **0 Points:** Agency has no experience and no capacity to utilize HMIS and manage sensitive participant data. Agency has no capacity to meet reporting requirements.

- E. **(15 Points Max)** Describe how your agency manages finances, including any financial systems you use. How does your agency make sure General Accepted Accounting Principles (GAAP) are in place to safeguard a funding award?
- a. If you do not have this ability, your agency must have an established agency acting as a fiscal sponsor and will need to provide a signed letter of agreement from your fiscal sponsor.

- **7-10 Points:** Applicant describes revenue, financial health, and financial management systems. Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles to safeguard all funds that may be awarded under the terms of this funding opportunity.
- **0-5 Points:** If the applicant lacks fiscal management capabilities, a signed letter of agreement stating an appropriate fiscal sponsor is provided.
- **0 Points:** Applicant do not describe revenue, financial health, and financial management systems or does not have a system that maintains checks and balances and follows Generally Accepted Accounting Principles to safeguard all funds that may be awarded under the terms of this funding opportunity.

HUD PROJECT QUALITY THRESHOLD: SUPPORT SERVICES ONLY (SSO)

- A. **(15 Points Max)** Describe the unmet needs or gaps in the current homelessness response system that make this project necessary to support individuals in exiting homelessness and achieving self-sufficiency.

- **13-15 Points:** Applicant clearly identifies significant unmet needs or system gaps that make the project necessary. Response includes strong documentation, local data, or system-level evidence demonstrating need, and clearly explains how the project will help individuals exit homelessness and achieve greater self-sufficiency.
- **9-12 Points:** Applicant identifies unmet needs or system gaps and explains how the project responds to those needs, but the response is limited in data, detail, or connection to participant outcomes.
- **1-8 Points:** Applicant provides a general or minimal description of need, but does not clearly document the gap or explain how the project will support exits from homelessness or self-sufficiency.
- **0 Points:** Applicant does not identify an unmet need or system gap, or the response does not demonstrate why the project is necessary.

B. **(10 Points Max)** Describe how the applicant will conduct a service needs assessment of all program participants at least annually.

- **8-10 Points:** Applicant provides a clear and detailed plan to assess the service needs of all participants at least annually. Response describes when assessments will occur, who will conduct them, how participant needs will be documented, and how assessment results will inform service planning.
- **5-7 Points:** Applicant describes a basic process for conducting annual service needs assessments, but the response lacks detail regarding timing, staff responsibility, documentation, or how results will be used.
- **1-4 Points:** Applicant provides a limited or unclear description of service needs assessments and does not demonstrate a reliable process for assessing all participants annually.
- **0 Points:** Applicant does not describe a service needs assessment process or does not commit to assessing participants at least annually.

C. **(15 Points Max)** Describe the strategy that will be used to engage eligible participants specifically those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

- **13-15 Points:** Applicant provides a strong, participant-centered engagement strategy specifically designed for individuals with histories of unsheltered homelessness and those who are reluctant to engage in services. Response demonstrates use of trauma-informed care, harm reduction, motivational interviewing, progressive engagement, outreach coordination, and culturally responsive practices.
- **9-12 Points:** Applicant provides a reasonable engagement strategy for eligible participants, including some attention to unsheltered homelessness or service-resistant populations, but the response lacks depth, detail, or specific engagement methods.
- **1-8 Points:** Applicant provides a general engagement approach but does not clearly address the needs of individuals with histories of unsheltered homelessness or those who do not traditionally engage with services.
- **0 Points:** Applicant does not describe an engagement strategy or does not address how eligible participants will be engaged.

D. **(10 Points Max)** Describe the plan for providing supportive services to eligible participants.

- **8-10 Points:** Applicant provides a clear and comprehensive supportive services plan. Response identifies the types of services to be provided, how services will be individualized, how participants will be connected to housing and mainstream resources, and how services will support housing stability and self-sufficiency.
- **5-7 Points:** Applicant provides a basic supportive services plan, but the response lacks detail regarding service delivery, coordination, participant choice, or how services will contribute to housing stability.
- **1-4 Points:** Applicant provides a limited or unclear description of supportive services and does not demonstrate a strong plan for meeting participant needs.
- **0 Points:** Applicant does not describe a plan for providing supportive services to eligible participants.

E. **(5 Points Max)** Describe where the project will be housed and the project's geographic service area.

- **4-5 Points:** Applicant clearly identifies where the project will be housed and provides a specific geographic service area. Response demonstrates that the location and service area are appropriate for the population to be served and aligned with the project's goals.
- **2-3 Points:** Applicant identifies the project location or geographic service area, but the response lacks detail or does not clearly explain how the location supports service delivery.
- **1 Point:** Applicant provides a vague or incomplete description of where the project will be housed or the geographic area to be served.
- **0 Points:** Applicant does not identify where the project will be housed or the project's geographic service area.

- F. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

- G. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

- **8-10 Points:** Applicant provides a clear, reasonable, and well-supported budget that is directly aligned with the proposed project. Response demonstrates that costs are necessary, reasonable, allocable, and consistent with 2 CFR 200.404. Applicant clearly explains cost effectiveness, staffing levels, service costs, administrative costs, and how the budget supports project outcomes.
- **5-7 Points:** Applicant provides a budget that appears generally reasonable and aligned with the project, but the response lacks detail regarding cost effectiveness, cost justification, or consistency with 2 CFR 200.404.
- **1-4 Points:** Applicant provides a limited or unclear budget description. Costs are not well justified, and the response does not clearly demonstrate that the project is cost effective or consistent with applicable federal cost principles.
- **0 Points:** Applicant does not provide a budget description, does not demonstrate cost effectiveness, or includes costs that appear unreasonable, unsupported, or inconsistent with 2 CFR 200.404.

HUD PROJECT QUALITY THRESHOLD: TRANSITIONAL HOUSING (TH)

- A. **(10 Points Max)** Describe the plan to provide, either directly or in partnership with other organizations, the eligible supportive services needed to help program participants obtain and maintain housing.

- **8-10 Points:** Applicant provides a clear and comprehensive plan to provide eligible supportive services directly and/or through formal partnerships. Response identifies specific services, responsible staff or partner agencies, referral and coordination processes, and explains how services will help participants obtain and maintain housing.
- **5-7 Points:** Applicant provides a basic plan to provide supportive services, but the response lacks detail regarding service types, staff or partner roles, coordination, or how services will support housing stability.
- **1-4 Points:** Applicant provides a limited or unclear description of supportive services and does not demonstrate a reliable plan to meet participant needs.
- **0 Points:** Applicant does not describe a plan to provide eligible supportive services.

- B. **(10 Points Max)** Describe any prior experience the applicant has in operating transitional housing, or other similar projects, that have successfully helped homeless individuals and families exit homelessness within 24 months.

- **8-10 Points:** Applicant demonstrates strong prior experience operating transitional housing or similar housing projects that helped homeless individuals and families exit homelessness within 24 months. Response includes relevant program history, population served, length of experience, and outcomes demonstrating successful exits from homelessness.
- **5-7 Points:** Applicant demonstrates some experience operating transitional housing or similar projects, but the response provides limited outcome data or does not clearly demonstrate success within 24 months.
- **1-4 Points:** Applicant provides minimal or indirect experience with transitional housing or similar projects, with little evidence of successful exits from homelessness.
- **0 Points:** Applicant does not have prior experience operating transitional housing or similar projects.

C. **(15 Points Max)** Describe prior Transitional Housing experience and outcomes ensuring the following measures will be met. If no prior experience describe the plan.

1. At least 50% of participants will exit to permanent housing within 24 months of project enrollment.
2. At least 50% of participants will exit with increased earned income(Employment).

- **13-15 Points:** Applicant provides strong Transitional Housing experience and outcome data demonstrating the ability to meet or exceed both performance measures. Response clearly describes strategies for permanent housing placement, employment supports, income growth, case management, and performance monitoring.

- **9-12 Points:** Applicant provides some Transitional Housing experience, outcome data, or a reasonable plan to meet the required measures, but the response lacks detail in one or more areas such as housing placement, employment strategy, income tracking, or performance monitoring. If no prior experience, applicant provides a detailed and credible implementation plan to meet both measures.

- **1-8 Points:** Applicant provides limited experience, limited outcome data, or a general plan that does not clearly demonstrate the ability to meet the required permanent housing and earned income measures.

- **0 Points:** Applicant does not describe relevant experience, outcomes, or a credible plan to meet the required measures.

D. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, employment programs, health resources, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.

- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.

- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.

- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

- E. **(20 Points Max)** Describe the plan to ensure that each participant will receive at least 20 hours per week of engagement in individualized services(i.e. case management, employment training, substance use treatment, etc.). (Note: Hours may be reduced proportionately for employed participants. Hour requirements do not apply to participants who are over age 62 or with a developmental disability as defined under 24 CFR 578.3) Attach a supportive service agreement (i.e. a contract, occupancy agreement, lease agreement, or equivalent).

- **17-20 Points:** Applicant provides a detailed and realistic plan to ensure each eligible participant receives at least 20 hours per week of individualized service engagement. Response describes the types of services offered, how hours will be scheduled and tracked, how service plans will be individualized, how reductions or exemptions will be documented, and how compliance will be monitored. Applicant attaches an appropriate supportive service agreement.
- **12-16 Points:** Applicant provides a reasonable plan to meet the 20-hour weekly service engagement requirement, but the response lacks detail regarding tracking, documentation, individualized service planning, reductions, exemptions, or monitoring. Applicant provides a supportive service agreement, but it may lack detail.
- **1-11 Points:** Applicant provides a limited or unclear plan for meeting the 20-hour weekly service engagement requirement. Response does not demonstrate a reliable process for tracking hours, individualizing services, or documenting reductions and exemptions. Supportive service agreement is missing, incomplete, or not clearly connected to the requirement.
- **0 Points:** Applicant does not describe a plan to meet the 20-hour weekly service engagement requirement and does not attach a supportive service agreement.

F. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

HUD PROJECT QUALITY THRESHOLD: STREET OUTREACH (SSO-SO)

- A. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, employment programs, health resources, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

- B. **(15 Points Max)** Describe the strategy that will be used to engage eligible participants, specifically those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

- **13-15 Points:** Applicant provides a clear, detailed, and participant-centered engagement strategy specifically designed for individuals with histories of unsheltered homelessness and those who are reluctant to engage in services. Response demonstrates use of trauma-informed care, harm reduction, motivational interviewing, progressive engagement, repeated outreach contacts, flexible service delivery, and culturally responsive practices.
- **9-12 Points:** Applicant provides a reasonable engagement strategy and addresses unsheltered homelessness or service-resistant populations, but the response lacks detail regarding specific engagement methods, frequency of contact, staff roles, or follow-up procedures.
- **1-8 Points:** Applicant provides a general engagement approach but does not clearly explain how the project will engage individuals with histories of unsheltered homelessness or those who do not traditionally engage with supportive services.
- **0 Points:** Applicant does not describe an engagement strategy for eligible participants.

- C. **(10 Points Max)** Describe the applicant's history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, family reunification, transitional housing, or independent living.

- **8-10 Points:** Applicant demonstrates strong prior experience partnering with first responders and law enforcement to engage people living in places not meant for human habitation. Response includes specific examples of collaboration, referral pathways, coordination practices, and outcomes connecting individuals to emergency shelter, treatment, family reunification, transitional housing, or independent living.
- **5-7 Points:** Applicant demonstrates some history of partnership with first responders or law enforcement, but the response provides limited detail, examples, or outcome information.
- **1-4 Points:** Applicant provides minimal or indirect experience partnering with first responders or law enforcement and does not clearly demonstrate successful coordination or participant connection to services.
- **0 Points:** Applicant does not demonstrate prior experience partnering with first responders or law enforcement.

- D. **(10 Points Max)** Describe how the applicant will work with first responders and law enforcement to engage people living in places not meant for human habitation and connect them with shelter, treatment programs, reunification services, transitional housing, or independent living. (Applicants must also certify that they will cooperate with law enforcement and will not interfere with or impede the enforcement of local laws such as public camping and public drug use ordinances.)

- **8-10 Points:** Applicant provides a clear and detailed coordination plan with first responders and law enforcement. Response describes communication protocols, referral processes, roles and responsibilities, outreach coordination, follow-up procedures, and how participants will be connected to shelter, treatment, reunification, transitional housing, or independent living. Applicant clearly certifies cooperation with law enforcement and non-
- **5-7 Points:** Applicant provides a general plan to coordinate with first responders and law enforcement, but the response lacks detail regarding referral processes, communication, follow-up, or specific service connections. Applicant provides the required certification but with limited explanation.
- **1-4 Points:** Applicant provides a limited or unclear plan for working with first responders or law enforcement and does not demonstrate a reliable process for connecting participants to appropriate services.
- **0 Points:** Applicant does not describe a coordination plan with first responders or law enforcement, or does not provide the required certification.

- E. **(5 Points Max)** Describe how the applicant's prior outreach experience align with the activities described in 24 CFR 578.53 (e)(13)? If no prior experience describe plan to provide all component activities and services.

- **4-5 Points:** Applicant clearly demonstrates prior outreach experience that aligns with the activities described in 24 CFR 578.53(e)(13). Response explains how the applicant has provided, or will provide, all required component activities and services, including engagement, assessment, service connection, housing-focused support, and coordination with appropriate community resources.
- **2-3 Points:** Applicant describes some relevant outreach experience or a basic plan to provide required component activities and services, but the response lacks detail or does not fully explain alignment with 24 CFR 578.53(e)(13).
- **1 Point:** Applicant provides a vague or limited description of outreach experience or planned services, with minimal explanation of how the activities align with 24 CFR 578.53(e)(13).
- **0 Points:** Applicant does not describe relevant outreach experience or a plan to provide the required component activities and services.

- F. **(10 Points Max)** Describe prior effectiveness in helping people exit places not meant for human habitation to emergency shelter, treatment programs, transitional housing, or permanent housing programs? If no prior experience describe the plan.

- **8-10 Points:** Applicant demonstrates strong prior effectiveness helping people exit places not meant for human habitation and connect to emergency shelter, treatment programs, transitional housing, or permanent housing. Response includes specific outcomes, data, examples, or performance measures showing successful exits and service connections. If no prior experience, applicant provides a detailed and credible plan to achieve these outcomes.
- **5-7 Points:** Applicant demonstrates some effectiveness or provides a reasonable plan, but the response lacks strong outcome data, detail, or evidence of successful exits from places not meant for human habitation.
- **1-4 Points:** Applicant provides limited evidence of effectiveness or a general plan that does not clearly demonstrate the ability to help people exit unsheltered homelessness.
- **0 Points:** Applicant does not describe prior effectiveness or provide a credible plan to help people exit places not meant for human habitation.

G. **(5 Points Max)** What is the project's geographic service area and why?

- **4-5 Points:** Applicant clearly identifies the project's geographic service area and provides a strong justification for why the area was selected. Response connects the service area to documented need, unsheltered homelessness, system gaps, partner coordination, or priority populations.
- **2-3 Points:** Applicant identifies the geographic service area, but the justification is limited or does not clearly explain why the area was selected.
- **1 Point:** Applicant provides a vague or incomplete description of the geographic service area with minimal justification.
- **0 Points:** Applicant does not identify the project's geographic service area or does not explain why the area was selected.

H. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

HUD PROJECT QUALITY THRESHOLD: PERMANENT SUPPORTIVE HOUSING (PSH)

- A. **(15 Points Max)** Describe how the type of housing proposed, including the inventory and configuration of units, will address the needs of program participants.

- **13-15 Points:** Applicant clearly describes the type of housing proposed, the number and configuration of units, and how the housing model is appropriate for the needs of eligible PSH participants. Response explains how unit size, accessibility, location, affordability, privacy, safety, and housing choice will support long-term housing stability.
- **9-12 Points:** Applicant describes the proposed housing type and unit inventory, but the response lacks detail regarding unit configuration, accessibility, participant needs, or how the housing model will support housing stability.
- **1-8 Points:** Applicant provides a limited or general description of the proposed housing and does not clearly explain how the inventory or unit configuration will meet participant needs.
- **0 Points:** Applicant does not describe the type of housing proposed, unit inventory, or how the housing will address participant needs.

- B. **(15 Points Max)** Describe the supportive services and assistance that will be offered to program participants to help them obtain and retain permanent housing, and how these services will be tailored to individual needs (e.g., transportation, safety planning, enhanced case management). If proposing to expand an existing permanent housing project, describe how supportive services will be expanded, including any on-site services when appropriate.

- **13-15 Points:** Applicant provides a clear and comprehensive supportive services plan that explains how services will help participants obtain and retain permanent housing. Response identifies specific services, including case management, housing stabilization, transportation, benefits assistance, healthcare connections, behavioral health referrals, safety planning, crisis response, and other individualized supports. If expanding an existing project, applicant clearly describes how services will be expanded, including on-site services when appropriate.
- **9-12 Points:** Applicant provides a reasonable supportive services plan, but the response lacks detail regarding individualization, service coordination, housing retention strategies, on-site services, or expansion of services for an existing project.
- **1-8 Points:** Applicant provides a limited or general description of supportive services and does not clearly demonstrate how services will be tailored to participant needs or support permanent housing retention.
- **0 Points:** Applicant does not describe supportive services or assistance for program participants.

- C. **(15 Points Max)** Describe how the project will ensure PSH is only provided to individuals with disabilities and families in which one adult or child has a disability in accordance with 24 CFR 578.37(a)(1)(i).

- **13-15 Points:** Applicant provides a clear and compliant eligibility verification process to ensure PSH assistance is provided only to individuals with disabilities or families in which at least one adult or child has a disability. Response describes documentation standards, intake procedures, staff responsibility, file review, confidentiality safeguards, HMIS or comparable database tracking, and ongoing quality assurance to prevent ineligible enrollments.
- **9-12 Points:** Applicant describes a generally compliant process for verifying PSH disability eligibility, but the response lacks detail regarding documentation, staff roles, file review, confidentiality, or quality assurance.
- **1-8 Points:** Applicant provides a limited or unclear description of how disability eligibility will be verified and does not demonstrate a reliable process to ensure compliance with PSH requirements.
- **0 Points:** Applicant does not describe how the project will ensure PSH is limited to eligible individuals with disabilities or eligible families.

- D. **(10 Points Max)** Describe the plan to require program participants to take part in supportive services in line with 24 CFR 578.75(h). Attach a supportive service agreement (i.e. a contract, occupancy agreement, lease agreement, or equivalent).

- **8-10 Points:** Applicant provides a clear and compliant plan requiring participation only in allowable non-disability-related supportive services as a condition of continued program participation. Response describes the required services, participant responsibilities, reasonable accommodations, documentation procedures, staff monitoring, grievance or appeal process, and how the requirement will be incorporated into a supportive service agreement. Applicant attaches an appropriate supportive service agreement.
- **5-7 Points:** Applicant provides a general plan for supportive service participation and attaches a supportive service agreement, but the response lacks detail regarding allowable service requirements, documentation, reasonable accommodations, monitoring, or participant protections.
- **1-4 Points:** Applicant provides a limited or unclear plan for supportive service participation. The supportive service agreement is missing, incomplete, or does not clearly align with 24 CFR 578.75(h).
- **0 Points:** Applicant does not describe a supportive service participation plan, requires participation in prohibited disability-related services, or does not attach a supportive service agreement.

- E. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, employment programs, health resources, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

- F. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

HUD PROJECT QUALITY THRESHOLD: RAPID REHOUSING (RRH)

- A. **(15 Points Max)** Describe the plan to ensure that tenant-based rental assistance (TBRA) will help individuals and families achieve self-sufficiency within 24 months. (Note: TBRA may only be provided for a maximum of 24 months per 24 CFR 578.37(a)(1)(ii))

- **13-15 Points:** Applicant provides a clear, detailed, and realistic plan to use TBRA as a time-limited housing intervention that helps participants achieve self-sufficiency within 24 months. Response describes housing stabilization, income growth, employment supports, benefits connections, case management, landlord coordination, rent reasonableness, participant progress monitoring, and transition planning before rental assistance ends.

- **9-12 Points:** Applicant provides a reasonable plan for helping participants achieve self-sufficiency within 24 months, but the response lacks detail regarding progress monitoring, income development, transition planning, or how participants will maintain housing after TBRA ends.

- **1-8 Points:** Applicant provides a limited or general description of how TBRA will support self-sufficiency, but does not clearly demonstrate how participants will be prepared to maintain housing within the 24-month limit.

- **0 Points:** Applicant does not describe a plan to help participants achieve self-sufficiency within 24 months or proposes assistance inconsistent with the TBRA time limit.

- B. **(10 Points Max)** Describe the type of supportive services and assistance that will be offered to ensure program participants obtain self-sufficiency and exit homelessness (case management, substance use treatment, mental health treatment, & employment).

- **8-10 Points:** Applicant provides a clear and comprehensive supportive services plan that directly supports participant self-sufficiency and exits from homelessness. Response identifies specific services, including case management, housing navigation, employment assistance, substance use treatment connections, mental health treatment connections, benefits advocacy, transportation, life skills, and other individualized supports.

- **5-7 Points:** Applicant provides a basic supportive services plan, but the response lacks detail regarding service delivery, participant choice, coordination with treatment providers, employment supports, or how services will lead to self-sufficiency.

- **1-4 Points:** Applicant provides a limited or unclear description of supportive services and does not demonstrate how services will help participants exit homelessness or increase self-sufficiency.

- **0 Points:** Applicant does not describe supportive services or assistance for program participants.

C. **(20 Points Max)** Describe prior homelessness project experience and outcomes ensuring the following measures will be met. If no prior experience describe the plan.

1. At least 50% of participants will exit to permanent housing within 24 months of project enrollment.
2. At least 50% of participants will exit with increased earned income(Employment).

- **17-20 Points:** Applicant demonstrates strong prior homelessness project experience and provides outcome data showing the ability to meet or exceed both required performance measures. Response clearly describes prior success with permanent housing exits, earned income increases, employment supports, housing stabilization, performance tracking, and corrective action when outcomes fall below target.

- **12-16 Points:** Applicant demonstrates some relevant homelessness project experience or provides a reasonable plan to meet the required measures, but the response lacks strong data or detail in one or more areas such as housing placement, employment strategy, income tracking, or performance monitoring. If no prior experience, applicant provides a detailed and credible plan to meet both measures.

- **1-11 Points:** Applicant provides limited experience, limited outcome data, or a general plan that does not clearly demonstrate the ability to meet the required permanent housing and earned income measures.

- **0 Points:** Applicant does not describe relevant experience, outcomes, or a credible plan to meet the required measures.

- D. **(10 Points Max)** Describe the plan to require program participants to take part in supportive services in line with 24 CFR 578.75(h). Attach a supportive service agreement (i.e. a contract, occupancy agreement, lease agreement, or equivalent).

- **8-10 Points:** Applicant provides a clear and compliant plan requiring participation only in allowable non-disability-related supportive services as a condition of continued program participation. Response describes the required services, participant responsibilities, reasonable accommodations, documentation procedures, staff monitoring, grievance or appeal process, and how the requirement will be incorporated into a supportive service agreement. Applicant attaches an appropriate supportive service agreement.
- **5-7 Points:** Applicant provides a general plan for supportive service participation and attaches a supportive service agreement, but the response lacks detail regarding allowable service requirements, documentation, reasonable accommodations, monitoring, or participant protections.
- **1-4 Points:** Applicant provides a limited or unclear plan for supportive service participation. The supportive service agreement is missing, incomplete, or does not clearly align with 24 CFR 578.75(h).
- **0 Points:** Applicant does not describe a supportive service participation plan, requires participation in prohibited disability-related services, or does not attach a supportive service agreement.

- E. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, employment programs, health resources, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

F. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources

TIMELINESS

- A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin serving the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days and 180 days after grant award

- **8-10 Points:** Applicant provides a clear, detailed, and realistic implementation plan demonstrating readiness to begin serving the first program participant quickly after grant award. Response includes specific activities and milestones for 60 days, 120 days, and 180 days; identifies staffing, partnerships, referral processes, participant enrollment, service delivery start-up, and operational readiness.
- **5-7 Points:** Applicant provides a reasonable implementation plan with general activities for 60 days, 120 days, and 180 days, but the response lacks detail regarding staffing, participant enrollment, service delivery, partnerships, or readiness to serve the first participant.
- **1-4 Points:** Applicant provides a limited or vague implementation plan. Timeline is incomplete, lacks clear milestones, or does not demonstrate how the project will be ready to begin serving participants.
- **0 Points:** Applicant does not provide an implementation plan, does not include a 60/120/180-day schedule, or does not demonstrate readiness to begin serving participants after grant award.

FINANCIAL

- A. **(15 Points Max)** Describe experience in effectively utilizing federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.

• **13-15 Points:** Applicant demonstrates extensive experience successfully administering federal funding, including HUD grants and other public funding. Response provides clear, specific examples of effective grant management practices, including regular and timely drawdowns, timely reimbursement of subrecipients (if applicable), timely submission of required reports, prompt resolution of monitoring or audit findings, and a strong history of fiscal and programmatic compliance. Applicant demonstrates strong administrative and financial capacity with little or no history of compliance concerns.

• **9-12 Points:** Applicant demonstrates satisfactory experience administering federal or other public funding. Response describes generally effective grant management practices, including timely drawdowns, reporting, and compliance activities, but provides less detail, limited supporting examples, or identifies minor compliance, monitoring, or reporting issues that were resolved appropriately without significantly affecting grant performance.

• **1-8 Points:** Applicant demonstrates limited experience administering federal funding or provides a vague or incomplete response. Response lacks sufficient detail regarding grant management practices, drawdowns, reporting, monitoring, reimbursement of subrecipients (if applicable), or resolution of findings. Response identifies recurring compliance concerns, delayed reporting or reimbursements, unresolved monitoring findings, or otherwise does not adequately demonstrate the administrative capacity to effectively manage federal funds.

• **0 Points:** Applicant does not respond to the question or does not demonstrate experience effectively administering federal or public funding.

B. Audit

1. **(5 Points Max)** Most recent audit found no exceptions to standard practices.

- **5 Points:** Applicant's most recent audit found no exceptions to standard practices.
- **0 Points:** Applicant's most recent audit found exceptions to standard practices.

2. **(5 Points Max)** Most recent audit identified agency as 'low risk.'

- **5 Points:** Applicant's most recent audit identified agency as 'low risk.'
- **0 Points:** Applicant's most recent audit did not identify agency as 'low risk.'

3. **(5 Points Max)** Most recent audit indicates no findings.

- **5 Points:** Applicant's most recent audit found indicates no findings.
- **0 Points:** Applicant's most recent audit found indicates findings.

LIVED EXPERIENCE

Points are based on the Factor/Goal:

- **5 Points:** Yes.
- **0 Points:** No.

OTHER AND LOCAL CRITERIA

Points are based on the Factor/Goal:

- **5 Points:** Yes.
- **0 Points:** No.

RENEWAL PROJECT SCORING GUIDE

2026 Renewal/ Expansion Project Scoring Guide

Any project meeting or exceeding factor/goal receives max points.

	Factor/Goal	Points	Factor/Goal	Points	Factor/Goal	Points	Factor/Goal	Points	Factor/Goal	Points	Factor/Goal	Points
Length of Stay PSH (180 day min goal)	180+	25	160-179	20	140-159	12	120-139	8	100-119	4	0-99	0
Length of Stay RRH (60 day max goal)	1-60	25	61-80	20	81-100	12	101-120	8	121-140	4	141+	0
Length of Stay TH (270 day max goal)	1-270	25	270-300	20	301-320	15	321-340	10	341-360	5	361+	0
Exit to Permanent Housing	90.0% +	20	80.0 - 89.9%	17	70.0-79.9%	15	60.0-69.9%	10	50.0-59.9%	5	0.0-49.9%	0
Returns to Homelessness	0-14.9%	25	15.0-19.9%	20	20.0-24.9%	12	25.0-29.9%	8	30.0-34.9%	4	35.0%+	0
Unsubsidized Permanent Housing	20% +	10	15.1 - 19.9%	8	10.1 - 15%	6	5.1 - 10%	4	1.1 - 5%	2	0.0 - 1%	0

New or increased Income and Earned Income												
Minimum new or increased earned income for project stayers	20%	5.5	15.01 - 19.9%	4	10.1 - 15%	3	5.1 - 9.9%	2	0.9 - 5%	1	0.0-0.9%	0
Minimum new or increased non-employment income for project stayers	25%	4.5	20 - 24.9%	3.5	15 - 19.9%	2.5	10 - 14.9%	1.5	5 - 9.9%	0.5	0.0 - 4.9%	0
Minimum new or increased earned income for project leavers	20%	5.5	15.01 - 19.9%	4	10.1 - 15%	3	5.1 - 9.9%	2	0.9 - 5%	1	0.0-0.9%	0
Minimum new or increased non-employment income for project leavers	25%	4.5	15.01 - 19.9%	3.5	10.1 - 15%	2.5	5.1 - 9.9%	1.5	0.9 - 5%	0.5	0.0-0.9%	0

Serve High Need Populations												
Percent of participants with zero income (PSH, RRH, TH, SSO)	50.0%+	5	40.0-49.9%	4	30.0-39.9%	3	20.0-29.9%	2	10.0-19.9%	1	0.0-9.9%	0
Percent of participants with more than one disability (PSH, RRH, TH, SSO)	50.0%+	5	40.0-49.9%	4	30.0-39.9%	3	20.0-29.9%	2	10.0-19.9%	1	0.0-9.9%	0
Percent of participants entering project from place not meant for human habitation (PSH, RRH, TH, SSO)	50.0%+	5	40.0-49.9%	4	30.0-39.9%	3	20.0-29.9%	2	10.0-19.9%	1	0.0-9.9%	0

Project Effectiveness - Narrative Based Point Scale		
PSH, RRH, TH, SSO- Project has reasonable costs per individual	Yes	Up to 25
PSH, RRH, TH, SSO- Coordinated Entry Participation	Yes	Up to 10

Equity Factors: Lived Experience		
PSH, RRH, TH, SSO- BODs includes representation from 1+ person with lived experience	Yes	Up to 5
PSH, RRH, TH, SSO- Relational process for receiving/incorporating feedback from persons with lived experience	Yes	Up to 5

Other and Local Criteria				
Data quality at or above 90%	90.0%+	5	0.0-89.9%	0
Utilization at or above 90%	90.0%+	10	0.0-89.9%	0
Acknowledge that service participation will be mandatory and that you will be able to provide a program agreement, lease agreement, or some other policy upon request verifying this.	Yes/No	10		
Describe the sources of your 25% match. Points will be awarded to projects that leverage housing and healthcare resources not currently funded through CoC or ESG funding.	Yes/No	Up to 5		
If your project includes CoC-funded units that require program participants to engage in substance abuse treatment as a condition of continued participation in the program, consistent with 24 CFR 578.75 explain how many total units and how many require SUD participation.	Yes/No	Up to 5		

Domestic Violence Addendum												
Percentage of DV clients who exited with a Safety Plan	90.0%+	5	80.0 - 89.9%	4	70.0 - 79.9%	3	60.0 - 69.9%	2	50.0 - 59.9%	1	0.0-49.9%	0
Percentage of DV clients who received legal advocacy, or court accompaniment services	14.0%+	5	11.0 - 13.9%	4	8.0 - 10.9%	3	5.0 - 7.9%	2	2.0 - 4.9%	1	0.0-1.9%	0
Percentage of adult DV clients who received education, job skills training, resume or GED assistance	75.0%+	5	63.0 - 74.9%	4	51.0 - 62.9%	3	39.0 - 50.9%	2	27.0 - 38.9%	1	0.0-26.9%	0

**Bakersfield/Kern County CoC
Ranking Packet to Renew
Coordinated Entry Project**

Instructions: Please complete one packet for each renewal application.

Lead Agency Information

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:

Note – please provide information on last completed grant cycle (if applicable; the only time this may not be applicable is if this project was funded via a new project application last year & a full grant cycle has not completed yet.)

Amount Awarded: Amount Expended:

Dates of grant cycle:

Narrative (1,000 characters):

Proposed budget amounts by activity:

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

Name and Signature of Person who will complete the application:

Name and Signature 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.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:
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I. Experience	(30 points)
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All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(15 Points Max)** Describe the experience of the applicant and sub-recipients (if any) in providing services similar to those proposed in the application.

- B. **(15 Points Max)** Describe experience in effectively utilizing federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.

Points Awarded for I.A	Points Awarded for I.B

II. HUD Project Quality Threshold

(100 points)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(25 Points Max)** Describe the plan to ensure that the Coordinated Entry System will be easily available and accessible for all persons within the CoC's geographic area who are seeking homelessness assistance, including those with disabilities.
- B. **(25 Points Max)** Describe the strategy for advertising the Coordinated Entry System, including how the approach will specifically reach homeless households with the highest needs.
- C. **(25 Points Max)** Describe the standardized assessment process the applicant will use to evaluate and prioritize program participants.
- D. **(25 Points Max)** Describe how the project will ensure that program participants are directed to appropriate housing and services that fit their needs.

Points Awarded for II.A	Points Awarded for II.B	Points Awarded for II.C	Points Awarded for II.D

III. Financial (35 points)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to A-1, A-2, & A-3 should cumulatively be 1,000 characters or less).

- A. Audit
1. **(5 Points Max)** Most recent audit found no exceptions to standard practices.
 2. **(5 Points Max)** Most recent audit identified agency as 'low risk.'
 3. **(5 Points Max)** Most recent audit indicates no findings.
- B. **(20 Points Max)** Budgeted costs are reasonable, allocable, and allowable.

Points Awarded for III. A1	Points Awarded for III.A2	Points Awarded for III.A3	Points Awarded for III.B

IV. Project Effectiveness (20 points)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
10	Project provides training to agencies utilizing the Coordinated Entry System at least quarterly and upon agency request.	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
10	Project staff participates in professional development to ensure compliance with all HUD and other relevant standards.	Yes/No		

V. Lived Experience**(10 points)**

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
5	Project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g)).	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	Project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
195		
	Total Points	

**Bakersfield/Kern County CoC
Ranking Packet for Supportive Services Only CoC Project**

Instructions: Please complete one packet for each new project application.

Lead Agency Information

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:

Program Type:

Primary Population:

Project Description: (1,000 characters)

Total Number of Units:

Proposed budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Leverage (25% Match)	
Total:	

Leveraged resources (amount and line item):

Percentage dedicated to Supportive Services:

Name and Signature of Person who will complete the application:

Name and Signature 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.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:

I.	EXPERIENCE	(75 Points Total Max)
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All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(15 Points Max)** Describe the proposed project and how it will address an identified geographic or system gap.
 - a. Include the anticipated number of people to be housed or served.

- B. **(15 Points Max)** What is your organization’s experience and expertise in providing the proposed services?
 - a. Include in your response number of years providing the services and number of years providing homelessness services in general.

- C. **(15 Points Max)** What is your organization’s strategy for this program to support an increase in self-sufficiency of participants in order to reduce returns to homelessness?

- D. **(15 Points Max)** Provide your organization’s previous experience with Homeless Management Information System (HMIS) or provide a detailed explanation of your knowledge and capacity to collect and manage data.
 - a. Include if your organization has experience meeting reporting requirements for state, local, and/or federally funded programs, or provide a detailed explanation of your agency’s ability to fulfill these requirements.

- E. **(15 Points Max)** Describe how your agency manages finances, including any financial systems you use. How does your agency make sure General Accepted Accounting Principles (GAAP) are in place to safeguard a funding award?

Points Awarded for I.A	Points Awarded for I.B	Points Awarded for I.C	Points Awarded for I.D	Points Awarded for I.E

II. HUD PROJECT QUALITY THRESHOLD

(75 Points Total Max)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to C-1 and C-2 should cumulatively be 1,000 characters or less).

- A. **(15 Points Max)** Describe the unmet needs or gaps in the current homelessness response system that make this project necessary to support individuals in exiting homelessness and achieving self-sufficiency.
- B. **(10 Points Max)** Describe how the applicant will conduct a service needs assessment of all program participants at least annually.
- C. **(15 Points Max)** Describe the strategy that will be used to engage eligible participants specifically those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
- D. **(10 Points Max)** Describe the plan for providing supportive services to eligible participants. Attach a supportive service agreement (i.e. a contract, occupancy agreement, lease agreement, or equivalent).
- E. **(5 Points Max)** Describe where the project will be housed and the project's geographic service area.
- F. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
- G. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

Points Awarded for II.A	Points Awarded for II.B	Points Awarded for II.C	Points Awarded for II.D	Points Awarded for II.E	Points Awarded for II.F	Points Awarded for II.G

III. TIMELINESS (10 Points Total Max)

- A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin serving the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days and 180 days after grant award (1,000 characters max).

Points Awarded for III.A

IV. FINANCIAL (30 Points Total Max)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to B-1, B-2, & B-3 should cumulatively be 1,000 characters or less).

- A. (15 Points Max) Describe experience in effectively utilizing federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.
- B. Audit
1. (5 Points Max) Most recent audit found no exceptions to standard practices.
 2. (5 Points Max) Most recent audit identified agency as 'low risk.'
 3. (5 Points Max) Most recent audit indicates no findings.

Points Awarded for IV.A	Points Awarded for IV.B1	Points Awarded for IV.B2	Points Awarded for IV.B3

VI. Lived Experience (10 Point Total Max)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
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			Include how many are on the board of directors & how many have lived experience	
5	New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one	Yes/No		

VI. Other and Local Criteria (10 Point Total Max)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the sources of your match funding completely	Points Awarded
5	Describe the sources and amounts of your 25% match. Points will be awarded to projects that leverage supportive services not currently funded through CoC or ESG funding.	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Describe the plan for SUD treatment in detail	Points Awarded
5	Will your project have on site Substance Use Disorder Treatment.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
210		
	CoC Project Type Points	

Bakersfield/Kern County CoC
Ranking Packet for New Street Outreach CoC Project

Instructions: Please complete one packet for each new project application.

Lead Agency Information

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:

Program Type:

Primary Population:

Project Description: (1,000 characters)

Total Number of Units:

Proposed budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Leverage (25% Match)	
Total:	

Leveraged resources (amount and line item):

Percentage dedicated to Supportive Services:

Name and Signature of Person who will complete the application:

Name and Signature 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.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:

I.	EXPERIENCE	(75 Points Total Max)
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All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(15 Points Max)** Describe the proposed project and how it will address an identified geographic or system gap.
 - a. Include the anticipated number of people to be housed or served.

- B. **(15 Points Max)** What is your organization’s experience and expertise in providing the proposed services?
 - a. Include in your response number of years providing the services and number of years providing homelessness services in general.

- C. **(15 Points Max)** What is your organization’s strategy for this program to support an increase in self-sufficiency of participants in order to reduce returns to homelessness?

- D. **(15 Points Max)** Provide your organization’s previous experience with Homeless Management Information System (HMIS) or provide a detailed explanation of your knowledge and capacity to collect and manage data.
 - a. Include if your organization has experience meeting reporting requirements for state, local, and/or federally funded programs, or provide a detailed explanation of your agency’s ability to fulfill these requirements.

- E. **(15 Points Max)** Describe how your agency manages finances, including any financial systems you use. How does your agency make sure General Accepted Accounting Principles (GAAP) are in place to safeguard a funding award?

Points Awarded for I.A	Points Awarded for I.B	Points Awarded for I.C	Points Awarded for I.D	Points Awarded for I.E

II. HUD PROJECT QUALITY THRESHOLD

(75 Points Total Max)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to C-1 and C-2 should cumulatively be 1,000 characters or less).

- A. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
- B. **(15 Points Max)** Describe the strategy that will be used to engage eligible participants, specifically those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
- C. **(10 Points Max)** Describe the applicant's history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, family reunification, transitional housing, or independent living.
- D. **(10 Points Max)** Describe how the applicant will work with first responders and law enforcement to engage people living in places not meant for human habitation and connect them with shelter, treatment programs, reunification services, transitional housing, or independent living. (Applicants must also certify that they will cooperate with law enforcement and will not interfere with or impede the enforcement of local laws such as public camping and public drug use ordinances.)
- E. **(10 Points Max)** Describe how the applicant's prior outreach experience align with the activities described in 24 CFR 578.53 (e)(13)? If no prior experience describe plan to provide all component activities and services.
- F. **(15 Points Max)** Describe prior effectiveness in helping people exit places not meant for human habitation to emergency shelter, treatment programs, transitional housing, or permanent housing programs? If no prior experience describe the plan.
- G. **(5 Points Max)** What is the project's geographic service area and why?

Points Awarded for II.A	Points Awarded for II.B	Points Awarded for II.C	Points Awarded for II.D	Points Awarded for II.E	Points Awarded for II.F	Points Awarded for II.G

III. TIMELINESS (10 Points Total Max)

- A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin serving the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days and 180 days after grant award (1,000 characters max).

Points Awarded for III.A

IV. FINANCIAL (30 Points Total Max)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to B-1, B-2, & B-3 should cumulatively be 1,000 characters or less).

- A. (15 Points Max) Describe experience in effectively utilizing federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.
- B. Audit
1. (5 Points Max) Most recent audit found no exceptions to standard practices.
 2. (5 Points Max) Most recent audit identified agency as 'low risk.'
 3. (5 Points Max) Most recent audit indicates no findings.

Points Awarded for IV.A	Points Awarded for IV.B1	Points Awarded for IV.B2	Points Awarded for IV.B3

VI. Lived Experience (10 Point Total Max)

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
5	New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one	Yes/No		

VI. Other and Local Criteria (10 Point Total Max)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the sources of your match funding completely	Points Awarded
5	Describe the sources and amounts of your 25% match. Points will be awarded to projects that leverage supportive services not currently funded	Yes/No		

	through CoC or ESG funding.			
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Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Describe the plan for SUD treatment in detail	Points Awarded
5	Will your project have on site Substance Use Disorder Treatment.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
210		
	CoC Project Type Points	

Bakersfield/Kern County CoC
Ranking Packet for New Transitional Housing CoC Project

Instructions: Please complete one packet for each new project application.

Lead Agency Information

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:

Program Type:

Primary Population:

Project Description: (1,000 characters)

Total Number of Units:

Proposed budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Leverage (25% Match)	
Total:	

Leveraged resources (amount and line item):

Percentage dedicated to Supportive Services:

Name and Signature of Person who will complete the application:

Name and Signature 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.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:

I.	EXPERIENCE	(75 Points Total Max)
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All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(15 Points Max)** Describe the proposed project and how it will address an identified geographic or system gap.
 - a. Include the anticipated number of people to be housed or served.

- B. **(15 Points Max)** What is your organization’s experience and expertise in providing the proposed services?
 - a. Include in your response number of years providing the services and number of years providing homelessness services in general.

- C. **(15 Points Max)** What is your organization’s strategy for this program to support an increase in self-sufficiency of participants in order to reduce returns to homelessness?

- D. **(15 Points Max)** Provide your organization’s previous experience with Homeless Management Information System (HMIS) or provide a detailed explanation of your knowledge and capacity to collect and manage data.
 - a. Include if your organization has experience meeting reporting requirements for state, local, and/or federally funded programs, or provide a detailed explanation of your agency’s ability to fulfill these requirements.

- E. **(15 Points Max)** Describe how your agency manages finances, including any financial systems you use. How does your agency make sure General Accepted Accounting Principles (GAAP) are in place to safeguard a funding award?

Points Awarded for I.A	Points Awarded for I.B	Points Awarded for I.C	Points Awarded for I.D	Points Awarded for I.E

II. HUD PROJECT QUALITY THRESHOLD

(75 Points Total Max)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to C-1 and C-2 should cumulatively be 1,000 characters or less).

- A. **(10 Points Max)** Describe the plan to provide, either directly or in partnership with other organizations, the eligible supportive services needed to help program participants obtain and maintain **housing**.
- B. **(10 Points Max)** Describe any prior experience the applicant has in operating transitional housing, or other similar projects, that have successfully helped homeless individuals and families exit homelessness within 24 months.
- C. **(15 Points Max)** Describe prior Transitional Housing experience and outcomes ensuring the following measures will be met. If no prior experience, describe the plan.
 - 1. At least 50% of participants will exit to permanent housing within 24 months of project enrollment.
 - 2. At least 50% of participants will exit with increased earned income (Employment).
- D. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
- E. **(20 Points Max)** Describe the plan to ensure that each participant will receive at least 20 hours per week of engagement in individualized services (i.e. case management, employment training, substance use treatment, etc.). (Note: Hours may be reduced proportionately for employed participants. Hour requirements do not apply to participants who are over age 62 or with a developmental disability as defined under 24 CFR 578.3) Attach a supportive service agreement (i.e. a contract, occupancy agreement, lease agreement, or equivalent).
- F. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

Points Awarded for II.A	Points Awarded for II.B	Points Awarded for II.C	Points Awarded for II.D	Points Awarded for II.E	Points Awarded for II.F

III. TIMELINESS (10 Points Total Max)

- A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin serving the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days and 180 days after grant award (1,000 characters max).

Points Awarded for III.A

IV. FINANCIAL (30 Points Total Max)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to B-1, B-2, & B-3 should cumulatively be 1,000 characters or less).

- A. (15 Points Max) Describe experience in effectively utilizing federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.
- B. Audit
1. (5 Points Max) Most recent audit found no exceptions to standard practices.
 2. (5 Points Max) Most recent audit identified agency as 'low risk.'
 3. (5 Points Max) Most recent audit indicates no findings.

Points Awarded for IV.A	Points Awarded for IV.B1	Points Awarded for IV.B2	Points Awarded for IV.B3

VI. Lived Experience (10 Point Total Max)

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
5	New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one	Yes/No		

VI. Other and Local Criteria (10 Point Total Max)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the sources of your match funding completely	Points Awarded
5	Describe the sources and amounts of your 25% match. Points will be awarded to projects that leverage supportive services not currently funded	Yes/No		

	through CoC or ESG funding.			
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Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Describe the plan for SUD treatment in detail	Points Awarded
5	Will your project have on site Substance Use Disorder Treatment.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
210		
	CoC Project Type Points	

**Bakersfield/Kern County CoC
Ranking Packet to Renew
HMIS Project**

Instructions: Please complete one packet for each renewal application.

Lead Agency Information

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:

Note – please provide information on last completed grant cycle (if applicable; the only time this may not be applicable is if this project was funded via a new project application last year & a full grant cycle has not completed yet.)

Amount Awarded: Amount Expended:

Dates of grant cycle:

Narrative (1,000 characters):

Proposed budget amounts by activity:

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

Name and Signature of Person who will complete the application:

Name and Signature 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.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:

I. Experience	(30 points)
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All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(15 Points Max)** Describe the experience of the applicant and sub-recipients (if any) in providing services similar to those proposed in the application.

- B. **(15 Points Max)** Describe experience in effectively utilizing federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.

Points Awarded for I.A	Points Awarded for I.B

II. HUD Project Quality Threshold

(100 points)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(20 Points Max)** Describe how HMIS funds will be expended to further the CoC's HMIS implementation and ability to use the HMIS as a proactive case management tool to promote treatment and recovery for CoC projects utilizing the database.
- B. **(20 Points Max)** Describe how the applicant will ensure that the HMIS will collect all Universal Data Elements (UDEs) as set forth in the most recent HUD HMIS Data Standards.
- C. **(20 Points Max)** Describe how the applicant will ensure that the HMIS will have the ability to un-duplicate client records to ensure quality data.
- D. **(20 Points Max)** Describe how the applicant will ensure that the HMIS will have the ability to produce all HUD-required reports and provide data as needed for all HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and all other reports required by other federal partners.
- E. **(20 Points Max)** Describe how the applicant will provide technical assistance to all organizations entering data into the HMIS.

Points Awarded for II.A	Points Awarded for II.B	Points Awarded for II.C	Points Awarded for II.D	Points Awarded for II.E

III. Financial (35 points)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to A-1, A-2, & A-3 should cumulatively be 1,000 characters or less).

- A. Audit
1. **(5 Points Max)** Most recent audit found no exceptions to standard practices.
 2. **(5 Points Max)** Most recent audit identified agency as 'low risk.'
 3. **(5 Points Max)** Most recent audit indicates no findings.
- B. **(20 Points Max)** Budgeted costs are reasonable, allocable, and allowable.

Points Awarded for III. A1	Points Awarded for III.A2	Points Awarded for III.A3	Points Awarded for III.B

IV. Project Effectiveness (20 points)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
10	Project provides training to agencies utilizing HMIS at least quarterly and upon agency request.	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
10	Project staff participates in professional development to ensure compliance with all HUD and other relevant data standards.	Yes/No		

V. Lived Experience**(10 points)**

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
5	Project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g)).	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	Project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
195		
	Total Points	

Bakersfield/Kern County CoC
Ranking Packet to Renew
Rapid Re-Housing Project
(Use this packet for TH-RRH)

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:

Note – please provide information on last completed grant cycle (if applicable; the only time this may not be applicable is if this project was funded via a new project application last year & a full grant cycle has not completed yet.)

Amount Awarded:

Amount Expended:

Dates of grant cycle:

Narrative (1,000 characters):

Previously approved budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Leverage (25% Match)	
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

% of total Annual Renewal Demand:

I. Performance Measures**(100 Points)**

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 to the first decimal (e.g. 80.95% = 80.9%).

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category.

Length of Stay

Max Points	Measure (APR Q22b for leavers)	Factor/Goal Max	Outcome HMIS APR	Points Awarded
25	Average Length of Stay from project entry to residential move-in	60 days	days	

Exits to Permanent Housing

Max Points	Measure (APR Q23C)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
20	Percent of participants who moved to permanent housing	90%	#.##%	
10	Percent of participants who moved into unsubsidized permanent housing	20%	#.##%	

Returns to Homelessness

Max Points	Measure 2	Factor/Goal Max	Outcome HMIS	Points Awarded
25	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 (APR 19a1 & 19a2)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
5.5	New or increased earned income for project stayers	20%	#.##%	
4.5	New or increased non-employment income for project stayers	25%	#.##%	
5.5	New or increased earned income for project leavers	20%	#.##%	
4.5	New or increased non-employment income for project leavers	25%	#.##%	

II. Serve High Needs Population (15 Points)

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category. The source data for performance measures include the APR and HMIS to the first decimal (e.g. 80.95% = 80.9%).

DOMESTIC VIOLENCE PROJECTS: Do not fill out this section. Instead, fill out the “Domestic Violence Ranking Packet Addendum.”

Max Points	Measure (APR Q16, Q13a2, Q15)	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%	#.##%	

III. Project Effectiveness (35 Points)

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

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

IV. Lived Experience (10 Points)

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
5	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
5	Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes/No		

I. Other and Local Criteria (35 Points)

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category. The source data for performance measures include the APR, HMIS & HIC to the first decimal (e.g. 80.95% = 80.9%).

Max Points	Measure (APR average of Q6a – Q6d & Q6f, 2024 HIC)	Factor/Goal	Outcome (HMIS APR/HIC)	Points Awarded
5	Data Quality	90%	#.##%	
10	Utilization (bed/unit or person)	90%	#.##%	

Max Points	Measure	Factor/Goal	Acknowledgement Mark either yes or no	Points Awarded
10	Acknowledge that service participation will be mandatory and that you will be able to provide a program agreement, lease agreement, or some other policy upon request verifying this.	Yes/No	☐ Yes ☐ No	

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the sources of your match funding completely	Points Awarded
5	Describe the sources and amounts of your 25% match. Points will be awarded to projects that leverage supportive services not currently funded through CoC or ESG funding.	Yes/No		

Max Points	Measure	Factor/Goal	Acknowledgement Describe in detail your number of SUD units	Points Awarded
5	If your project includes CoC-funded units that require program participants to engage in substance abuse treatment as a condition of continued participation in the program, consistent with 24 CFR 578.75 explain how many total units and how many require SUD participation.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
195		

**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:

Note – please provide information on last completed grant cycle (if applicable; the only time this may not be applicable is if this project was funded via a new project application last year & a full grant cycle has not completed yet.)

Amount Awarded:

Amount Expended:

Dates of grant cycle: _

Narrative (1,000 characters):

Previously approved budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Leverage (25% Match)	
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

% of total Annual Renewal Demand:

I. System Performance Measures**(100 Points)**

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 to the first decimal (e.g. 80.95% = 80.9%).

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category.

Length of Stay

Max Points	Measure (APR Q22b for Stayers)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
25	Average number of days participants stay in project	180 days	days	

Exits to Permanent Housing

Max Points	Measure (APR Q23C)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
20	Percent who remain in or move to permanent housing	90%	#.##%	
10	Percent of participants who moved into unsubsidized permanent housing	20%	#.##%	

Returns to Homelessness

Max Points	Measure 2	Factor/Goal Max	Outcome HMIS	Points Awarded
25	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 (APR 19a1 & 19a2)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
5.5	New or increased earned income for project stayers	20%	#.##%	
4.5	New or increased non-employment income for project stayers	25%	#.##%	
5.5	New or increased earned income for project leavers	20%	#.##%	
4.5	New or increased non-employment income for project leavers	25	#.##%	

II. Serve High Needs Population (15 Points)

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category. The source data for performance measures include the APR and HMIS to the first decimal (e.g. 80.95% = 80.9%).

DOMESTIC VIOLENCE PROJECTS: Do not fill out this section. Instead, fill out the “Domestic Violence Ranking Packet Addendum.”

Max Points	Measure (APR Q16, Q13a2, Q15)	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%	#.##%	

III. Project Effectiveness (35 Points)

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

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

IV. Lived Experience (10 Points)

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
5	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
5	Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes/No		

V. Other and Local Criteria (35 Points)

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category. The source data for performance measures include the APR, HMIS & HIC to the first decimal (e.g. 80.95% = 80.9%).

Max Points	Measure (APR average of Q6a – Q6d & Q6f, 2024 HIC)	Factor/Goal	Outcome (HMIS APR/HIC)	Points Awarded
5	Data Quality	90%	#.##%	
10	Utilization (bed/unit or person)	90%	#.##%	

Max Points	Measure	Factor/Goal	Acknowledgement Mark either yes or no	Points Awarded
10	Acknowledge that service participation will be mandatory and that you will be able to provide a program agreement, lease agreement, or some other policy upon request verifying this.	Yes/No	☐ Yes ☐ No	

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the sources of your match funding completely	Points Awarded
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5	Describe the sources and amounts of your 25% match. Points will be awarded to projects that leverage supportive services not currently funded through CoC or ESG funding.	Yes/No		
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Max Points	Measure	Factor/Goal	Acknowledgement Describe in detail your number of SUD units	Points Awarded
5	If your project includes CoC-funded units that require program participants to engage in substance abuse treatment as a condition of continued participation in the program, consistent with 24 CFR 578.75 explain how many total units and how many require SUD participation.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
195		

**Bakersfield/Kern County CoC
Ranking Packet to Renew
Transitional 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:

Note – please provide information on last completed grant cycle (if applicable; the only time this may not be applicable is if this project was funded via a new project application last year & a full grant cycle has not completed yet.)

Amount Awarded: Amount Expended:

Dates of grant cycle:

Narrative (1,000 characters):

Previously approved budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Leverage (25% Match)	
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

% of total Annual Renewal Demand:

I. System Performance Measures**(100 Points)**

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 to the first decimal (e.g. 80.95% = 80.9%).

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category.

Length of Stay

Max Points	Measure (APR Q22b for Stayers)	Factor/Goal Max	Outcome HMIS APR	Points Awarded
25	Average number of days participants stay in project	270 days	days	

Exits to Permanent Housing

Max Points	Measure (APR Q23C)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
20	Percent who move to permanent housing	90%	##%	
10	Percent of participants who moved into unsubsidized permanent housing	20%	##%	

Returns to Homelessness

Max Points	Measure 2	Factor/Goal Max	Outcome HMIS	Points Awarded
25	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 (APR 19a1 & 19a2)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
5.5	New or increased earned income for project stayers	20%	##%	
4.5	New or increased non-employment income for project stayers	25%	##%	
5.5	New or increased earned income for project leavers	20%	##%	
4.5	New or increased non-employment income for project leavers	25%	##%	

II. Serve High Needs Population (15 Points)

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category. The source data for performance measures include the APR and HMIS to the first decimal (e.g. 80.95% = 80.9%).

DOMESTIC VIOLENCE PROJECTS: Do not fill out this section. Instead, fill out the “Domestic Violence Ranking Packet Addendum.”

Max Points	Measure (APR Q16, Q13a2, Q15)	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%	#.##%	

III. Project Effectiveness (35 Points)

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

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

IV. Lived Experience (10 points)

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
5	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
5	Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes/No		

I. Other and Local Criteria (35 Points)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the plan in detail	Points Awarded
4	Describe your plan to operationalize on site substance abuse services to all eligible participants.	Yes/No		

Max Points	Measure	Factor/Goal	Acknowledgement Mark either yes or no	Points Awarded
8	Acknowledge that you will be able to provide letters of support or commitment upon request for the services outlined above	Yes/No	☐ Yes ☐ No	

Max Points	Measure	Factor/Goal	Acknowledgement Mark either yes or no	Points Awarded
8	Acknowledge that service participation will be mandatory and that you will be able to provide a program agreement, lease	Yes/No	☐ Yes ☐ No	

	agreement, or some other policy upon request verifying this.			
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V. Other and Local Criteria (35 Points)

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category. The source data for performance measures include the APR, HMIS & HIC to the first decimal (e.g. 80.95% = 80.9%).

Max Points	Measure (APR average of Q6a – Q6d & Q6f, 2024 HIC)	Factor/Goal	Outcome (HMIS APR/HIC)	Points Awarded
5	Data Quality	90%	#.##%	
10	Utilization (bed/unit or person)	90%	#.##%	

Max Points	Measure	Factor/Goal	Acknowledgement Mark either yes or no	Points Awarded
10	Acknowledge that service participation will be mandatory and that you will be able to provide a program agreement, lease agreement, or some other policy upon request verifying this.	Yes/No	☐ Yes ☐ No	

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the sources of your match funding completely	Points Awarded
5	Describe the sources and amounts of your 25% match. Points will be awarded to projects that leverage supportive services not currently funded	Yes/No		

	through CoC or ESG funding.			
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Max Points	Measure	Factor/Goal	Acknowledgement Describe in detail your number of SUD units	Points Awarded
5	If your project includes CoC-funded units that require program participants to engage in substance abuse treatment as a condition of continued participation in the program, consistent with 24 CFR 578.75 explain how many total units and how many require SUD participation.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
195		

Bakersfield/Kern County CoC Domestic Violence Ranking Packet Addendum

Domestic violence projects are to fill out this form instead of “Section III: Serve High Needs Population” on Renewal Ranking Packets.

Lead Agency Information

Project Information:

Name of Project:

Project Address:

Grant amount:

Grant Term:

Expiration Date:

Program Type:

Project Description: (1,000 characters)

Primary Population:

DV System Performance Measures (15 Points Total Max)

The outcome measure percentages should only be written to the first decimal (e.g. 80.95% = 80.9%).

Length of Stay

Max Points	Measure	Factor/Goal Max	Outcome*	Points Awarded
5	Percentage of DV clients who exited with a Safety Plan	90.0%+		
5	Percentage of DV clients who received legal advocacy, court accompaniment services	14.0%+		
5	Percentage of adult DV clients who received education, job skills training, resume, GED	75.0%+		

**data per organization client data software*

Name of client data software being used to pull Outcome Measures: _____

Attach a copy of the data software report with outcome measure percentages listed (client names/ identifying information should be removed off report). Questions above cannot be scored without attached report for validation purposes.

Total Pts Available	Project Ranking Score	Total Pts Awarded
15	Total Points	