**RFP New Project Application**

**Transition Grant RUBRIC**

|  |  |
| --- | --- |
| **Total Points Received:** |  |
| **Total Points Possible:**  **RRH/PSH (310)**  **Expansion (340-350)** |  |
| **Percentage of the Total:** |  |
| **Reviewer #:** |  |

|  |  |
| --- | --- |
| **Agency Name** |  |
| **Project Name (new)** |  |
| **Grant Amount Requesting** |  |
| **Project Type (RRH, PSH, Ext-RRH, Ext-PSH)** |  |
| **If Expansion, name of the Renewal Grant:** |  |

**Form Instructions**

* Fill out each section of the scoring making notes as needed.
* The total points possible is the maximum amount for each parameter. Scorer can award anywhere from zero to the maximum amount based on the how the applicant met the requirements as described.
* Do not forget to sub-total each section.
* At the end of the form, there is a place to enter each sub-total to then calculate the total.

**Points should be awarded based on:**

* quality and substance of each answer,
* sufficiently addressing all parts of the question,
* providing detail, and
* demonstrating understanding of requirements, priorities, and purpose.

**\*If an applicant marked “no” on a required question, the application will be denied.**

**Information in red is a guide as to what a review will be looking for in the responses.**

**Scoring**

**A. Experience of Applicant, Sub-recipient(s), and other Partners**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Points Possible** | **Points**  **Received** | **Notes** |
| Experience of applicant & potential sub-recipients in effectively utilizing federal funds and performing activities proposed in application, given funding and time limitations.  \*This question is about the agency, not the project itself. Responses should include examples of federal funding the agency receives & other activities related to homelessness or case management. | 10 |  |  |
| Explanation as to why the applicant is an appropriate entity to receive funding for this project type. | 5 |  |  |
| Concrete examples that illustrate experience in: (1) working with and addressing the target population’s identified housing needs, (2) develop and implement relevant systems and services, (3) identify and secure match, and (4) manage basic organization operations.  \*This response must address (1) – (4) with specific examples of the agency’s experience. | 10 |  |  |
| Experience in leveraging other Federal, state, local and private sector funds.  \*This response should include the agency’s ability to leverage other resources and generate match. | 5 |  |  |
| Basic organization and management structure.  Must include evidence of internal and external coordination and an adequate accounting system.  \*This response must include examples of internal coordination within the agency and external coordination outside of the agency. In addition, the name of or description of the accounting system the agency uses, and the organization & management structure of the agency. | 10 |  |  |
| Explanation of any areas of concern – monitoring, OIG audit findings, past experience or performance with other grants. Note: this is not limited to just CoC funding.  \*Ideally, there would be none. If there are, has the applicant sufficiently explained how they have worked to correct any concerns. | 5 |  |  |
| **Subtotal** | **45** |  |  |

**B. Expansion Project only**

**(if applicant is not applying for expansion, skip and go to Section C. Project Description)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Points Possible** | **Points**  **Received** | **Notes** |
| **Option 1:**  Is the applicant going to increase the number of people served? If yes – describe how the project will increase the number of people served. Are the numbers provided reasonable?  \*The response must provide sufficient detail as to how the expansion funds will assist the project serve more people. Maximum points can only be given if data was used in response. In the section comparing “effort”, are the numbers provide realistic?  **Option 2:**  Is the applicant going to provide additional supportive services? If yes – describe how the project will provide additional supportive services. Also, describe the reason for the supportive service increase.  \*The response must provide sufficient detail as to how the expansion funds will assist the project provide additional supportive services. The response must provide sufficient reasoning as to why additional supportive services are necessary. | Option #1: 10  **And/Or**  Option #2: 10 |  |  |
| IF the applicant intends on providing both: serving more people & providing additional supportive services, give an extra 5 points. | \*bonus +5 |  |  |
| Based on the information provided in the application, is this an effective and efficient use of funds in an area with a data proven need? Will this expansion of a current grant further the goal of ending homelessness? If yes, award max points. | 20 |  |  |
| **Subtotal**  If the applicant filled out 1 option, subtotal max is 30.  If the applicant filled out both options, subtotal max is 40. | **30-40** |  |  |

**C. Project Description**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Points Possible** | **Points**  **Received** | **Notes** |
| Description of proposed project that included: (1) a clear picture of the target population to be served, (2) plan for addressing the identified housing & support service needs, (3) the anticipated project outcome(s), (4) coordination with other organizations, & (5) why CoC program funding is necessary?  \*The response must specifically include a detailed description of the project (new component) and address (1) – (5). | 15 |  |  |
| Project milestone & days from grant agreement execution. Are the days from execution “reasonable”?  #1-3 should be within 60-90 days; #4 should be no longer than 6 months, ideally 120 days. | 10 |  |  |
| Compliance with required participation in coordinated entry. \*Must answer “yes.” | \*Required |  |  |
| Description of understanding and knowledge of coordinated entry, written standards, and order of  priority. Must include how that knowledge will be incorporated into the operation of the project.  \*The response should include a basic explanation of how coordinated entry works both from the referral end and the project opening end. The response should identify the written standard requirements of the specific project type (new component) and the order of priority for that project. | 10 |  |  |
| Compliance with housing first. \*Must answer “yes” to question 5, 5a, and all boxes checked for b & c. | \*Required |  |  |
| Description of understanding and knowledge of housing first with clients at entry and while enrolled. \*This should talk about no barriers at entry & re-housing if evicted while in the program. It should be clear that there is a difference between an eviction and project termination. The project should be assisting with the mediation of landlord issues to reduce the potential for an eviction. | 10 |  |  |
| **Subtotal** | **45** |  |  |

**D. Supportive Services for Participants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Points Possible** | **Points**  **Received** | **Notes** |
| Education and access  \*Must answer “yes” for 1 & 2 | \*Required |  |  |
| Description as to how the project applicant addresses the educational needs of the children and/or youth. \*This answer should include 0-5 year old services, K-12 services, as well as post-secondary possibilities. All projects should answer this question because youth is defined as under 24. | 5 |  |  |
| Description as to how participants will be assisted to obtain and remain in permanent housing. Must include: (1) needs of the target population, (2) plan to address those needs through proposed case management activities, and (3) availability and accessibility of supportive services.  \*The response must include detailed response to (1) – (3) as it relates to obtaining permanent housing and maintaining permanent housing. | 10 |  |  |
| Applicant should complete (A) or (B):  (A) If units are not owned by project - Describe: (1) how the project will help identify appropriate units, (2) the project’s established arrangements with homeless services providers, and (3) the project’s ability to engage with and recruitment of landlords.  \*The response must include a description of (1) – (3).  (B) If units are owned by project, describe: (1) how client choice is maximized and (2) how the project differentiates between the case management staff and process vs. the landlord role.  \*The response must include a description of (1)-(2). | 10 |  |  |
| Description of how participants will be assisted to increase their employment and/or income. Specifically (1) how will the project will help program participants obtain income, (2) how the supportive services provided will lead directly to program participants gaining employment, assessing SSI,SSDI, or other mainstream income streams, and (3) how the requested CoC program funds will contribute to the program participants becoming more independent.  \*The response must provide detailed description of how the project, the services, and the funds will assist in (1) – (3). | 10 |  |  |
| Thoroughness of explanation of supporting services including who, how they will be accessed, and how often.  \*The chart must be completed. The goal is that projects should be partnering or working with partners to provide a variety of services. | 5 |  |  |
| Will the project make available regular or as requested transportation assistance to attend mainstream benefit appointments, employment training, or jobs? *Yes = 5 pts. No = 0 pts.* | 5 |  |  |
| Will the project provide at least annual follow-ups with participants to ensure mainstream benefits are received and renewed? *Yes = 5 pts. No = 0 pts.* | 5 |  |  |
| Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency (through a formal or informal relationship)? *Yes = 5 pts. No = 0 pts.* | 5 |  |  |
| **Subtotal** | **55** |  |  |

**E. Outreach for Participants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Points Possible** | **Points**  **Received** | **Notes** |
| Percentage of persons who will be served by the proposed project – reflecting HUD priorities and BOS priorities, coordinated entry, order of priority  \*Looking for realistic assessment of who is on their coordinated entry list and whether they are in shelter, fleeing DV, or outside. | 10 |  |  |
| Description of outreach plan including marketing the project throughout the community, to participants and stakeholders.  \*This response should include outreach, marketing to participants and stakeholders & partners. | 10 |  |  |
| Describe the specific coordination and referral process between coordinated entry and this project.  \*This response must be accurate in regards to the coordination entry process, prioritization process, and order of priority. | 10 |  |  |
| **Subtotal** | **30** |  |  |

**F. Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Points Possible** | **Points**  **Received** | **Notes** |
| Complete explanation of budget – including leasing and/or rental assistance  \*The project must complete only 1 – leasing for PSH and rental assistance for RRH. The project must use 2017 FMR. The number of units must match what the application says in “E. Housing Type and Location.” | 15 |  |  |
| Cost effective description of supportive services-operations-HMIS, including amount of funding for project type and needs of prospective project participants (i.e. number of units, FMR, rent reasonableness, community need)  \*This should include both quantity and description for the supportive services, operating, and HMIS. | 15 |  |  |
| **Subtotal** | **30** |  |  |

**H. Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Points Possible** | **Points**  **Received** | **Notes** |
| Description of match (in kind and/or cash), including type of commitment and source  \*This chart should be complete with source, contributor, value, and date. These must match the letters of commitments. If complete and the totals match the requirement, give 10. Otherwise 0. | 10 |  |  |
| Meets the requirement for 25% match requirement  \*This is 25% of the entire grant amount (including admin) minus any leasing costs. | \*required |  |  |
| **Subtotal** | **10** |  |  |

**I. Demonstration of Organization Fiscal Capacity**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Points Possible** | **Points**  **Received** | **Notes** |
| Overall assessment given length agency existed, length of time providing housing services, level of turnover in management, and agency’s total budget in terms of capacity to administer a federal CoC grant. | 15 |  |  |
| Description of experience administering other federal dollars. This is not limited to homeless funding. *(if none – must receive 0 points)* | 10 |  |  |
| Description of experience administering state dollars. This is not limited to homeless funding. *(if none – must receive 0 points)* | 10 |  |  |
| Overall adherence to fiscal requirements such as segregating funds and financial audits | \*required |  |  |
| **Subtotal** | **35** |  |  |

**J. Appendix 1 - RRH**

**If applying for Rapid Re-housing only. If applicant is not applying for RRH, skip and go to next section regarding PSH.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Points Possible** | **Points**  **Received** | **Notes** |
| Description of the how people meeting the chronic homeless definition will be served in the community | 15 RRH |  |  |
| Description of how people scoring over 7 (individual) and over an 8 (family) will be served in the community | 15 RRH |  |  |
| Description of the evidence used to support RRH instead of PSH in the community – including whether the evidence described actually supports this decision  \*This response should directly link the evidence and data provided with ultimate decisions made. | 15 RRH |  |  |
| Description of the difference between the ESG funded RRH already in operation in the community and the proposed COC funded RRH. This description must include differences in population, priorities, eligibility, and/or process. | 15 RRH |  |  |
| **Subtotal** | **60 RRH** |  |  |

**Appendix 1 - PSH**

**If applying for Permanent Supportive Housing only. If applicant is not applying for PSH, skip and go to next section.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Points Possible** | **Points**  **Received** | **Notes** |
| Description of outreach methods specific to ensure all eligible chronic homeless persons are identified for the project. \*This should not be a “wait and see” approach. | 15 PSH |  |  |
| Description of collaboration with medical providers (those licensed to diagnose and treat) to ensure timely documentation of disability verifications for at least one adult in each household. \*Description should include what has already been done as well as the detailed plan of who is going to what moving forward. | 15 PSH |  |  |
| Description of effective exit strategy to help program participants move on from the project when they no longer want or need the level of intensive case management that PSH can provide. \*This can include transition in place, section 8, other subsidized assistance but description should be detailed in the agency’s relationship with other providers. | 15 PSH |  |  |
| Description of need, use of data to support request. \*This answer should draw a connection from the project description, to units and beds requested, to services provided, and the target population identified and supportive with data. | 15 PSH |  |  |
| **Subtotal** | **60 PSH** |  |  |

**K. Required Attachments**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Points Possible** | **Points**  **Received** | **Notes** |
| Most recent fiscal year agency audit including management letter | \*required |  |  |
| Letter of support from at least 2 different agencies within the local coalition \*Letters must be dated no earlier than 7/10/18 | \*required |  |  |
| Letters of match (in-kind and/or cash) totally at least 25% of request (minus leasing dollars)  \*Letters must be dated no earlier than 7/10/18 | \*required |  |  |
| Explanation and evidence from current coordinated entry prioritization lists as to what the need in the community is and how this proposed project will meet that need.  \*This must include a description and evidence of: (1) current coordinated entry prioritization list, (2) explanation of the need using the information on the prioritization list, and (3) how the project will meet the need explained in #2. | \*required |  |  |
| Specific and detailed timeline and explanation as to how the project will be prepared to start expending funds and enrolling & housing clients on Day 1.  This must include both a timeline of events and explanation to ensure that the project will be ready to enroll and house clients following grant execution. | \*required |  |  |
| **Subtotal** | **\*required** |  |  |

**Total Points Possible**

**Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section Subtotal** | **Points Possible** | **Points**  **Received** | **Notes** |
| Experience of applicant, sub-recipient, and other partners | 45 |  |  |
| Expansion | 0 | NA | NA |
| Project description | 45 |  |  |
| Supportive services for participants | 55 |  |  |
| Outreach for Participants | 30 |  |  |
| Budget | 30 |  |  |
| Match | 10 |  |  |
| Demonstration of organization fiscal capacity | 35 |  |  |
| Appendix I or II | 60 |  |  |
| **TOTAL** | **310** |  |  |

**Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) Expansion**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section Subtotal** | **Points Possible** | **Points**  **Received** | **Notes** |
| Experience of applicant, sub-recipient, and other partners | 45 |  |  |
| Expansion | 30-40 |  |  |
| Project description | 45 |  |  |
| Supportive services for participants | 55 |  |  |
| Outreach for Participants | 30 |  |  |
| Budget | 30 |  |  |
| Match | 10 |  |  |
| Demonstration of organization fiscal capacity | 35 |  |  |
| Appendix I or II | 60 |  |  |
| **TOTAL** | **340-350** |  |  |