Please complete one form for each renewal project proposed for HUD funding, and email to mjensen@arbordevelopment.org no later than **7:59 PM, August 15th, 2016**.

Agency & Budget Information

County	
Project number	
Contact Name	
Contact email	
Contact phone	
Project Characteristics	
Is Housing Permanent or RRH? if yes (10point)	
Will at least 75% of the proposed PSH program participants come from the street or other locations not meant for human habitation, emergency shelters, or fleeing domestic violence? (Y_) (N_) if yes (5point)	
Will 100% percent of the proposed Rapid Re-housing program participants come from the street or other locations not meant for human habitation, emergency shelters, or fleeing domestic violence? (Y_) (N_) if yes (5point	

Housing First Characteristics:
 1) Which of following barriers to accessing housing and services will this project remove? (max 3 points)
    (a) Having too little or no income (Y_) (N_) if yes (1point)
    (b) Active or history of Substance abuse(Y_) (N_) if yes (1point)
    (c) Fleeing Domestic Violence (Y_) (N_) if yes (1point)	

2) Does the project plan to remove these reasons for Termination? (Max 5 points)
    a) Failure to participate in Support Services? (Y_) (N_) if yes (1point)
    b) Loss of income or failure to improve income? (Y_) (N_) if yes (1point)
    c) failure to make progress on Service Plan(Y_) (N_) if yes (1point)
    d) Fleeing Domestic Violence (Y_) (N_) if yes (1point)
    e) Any other area not covered in a lease agreement typically found in the geographic area? (Y_) (N_) if yes (1point)	

Will this project participate in Coordinated Entry? If no please explain in three sentences: (5points)	
Will this project participate in HMIS? If no please explain in three sentences (5points)	

Agency & Budget Information

Is this project size greater than 20 Units/Beds if no please explain in three sentences: (5points)	
Does the project specifically target disabled persons as a served population as specified in the grant application? Please Identify Population if yes (5points)	
Does the project fill a critical housing need where no alternative resource is available? If yes please explain in three sentences or yes (5points)	
Services for Participants related to income and employment: (a) Is there a good plan for assisting participants to increase their employment and or income to maximize their ability to live independently if yes please explain in three sentences (if yes 10points)	
System Performance Max Points (35)	
This project anticipates using a Housing first approach (Y_) (N_) please refer to questions above if yes (5points)	
Is this project a reallocation of Funds for Rapid Rehousing or PSH (Y_) (N_) Yes (10points)	
Project from New BONUS Rapid Rehousing or Permanent Supported Housing for chronic(Y_) (N_) Yes (5points)	
Increase PSH to ending chronic homelessness *All units are dedicated to chronically homeless persons (Y_) (N_) Yes (5points)	
Increases the Rapid Rehousing units for households with children, unaccompanied homeless youth and domestic violence victims(Y_) (N_) Yes (5points)	
Active Participation in the NY501 Continuum of care Max Points (10)	
Your agency has actively participated in CoC meeting in the past two years (8-15-14 to 8-15-16) (Y_) (N_) if yes (5points)	
Your Agency is currently using the CoC's HMIS system (Y_) (N_) if yes (5points) If no are you engaged in doing so please explain	

NARRATIVE