

HUD 2016 Continuum of Care Project Summary

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

Agency & Budget Information	
County	
Project number	
Contact Name	
Contact email	
Contact phone	
Business and Reporting Operations Max points (15)	
Does this project have any HUD any outstanding HUD Findings? If yes please explain in less than three sentences: (if no 5 points)	
Projects drew down Funds in a timely Manner. If no please explain in less than three sentences : (if yes 5 points)	
Did this project meet its last APR benchmarks? (if yes 5 points)	
Renewal Project Characteristics	
 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 (1 point) (b) Active or history of Substance abuse(Y_) (N_) if yes (1 point) (c) Fleeing Domestic Violence (Y_) (N_) if yes (1 point) 	
 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 (1 point) b) Loss of income or failure to improve income? (Y_) (N_) if yes (1 point) c) failure to make progress on Service Plan(Y_) (N_) if yes (1 point) d) Fleeing Domestic Violence (Y_) (N_) if yes (1 point) e) Any other area not covered in a lease agreement typically found in the geographic area? (Y_) (N_) if yes (1 point) 	
Will this project designate 85% or more of its current units for the Chronically homeless? If no please explain in three sentences: if yes please demonstrate (5 points)	

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Does this project participate in Coordinated Entry? If no please explain in three sentences: (5 points)	
Does this project participate in HMIS? If no please explain in three sentences (5 points)	
Is this project size greater than 20 Units/Beds if no please explain in three sentences: (5 points)	
Does the project specifically target disabled persons as a served population as specified in the grant application? Please Identify Population if yes (5 points)	
Does the project fill a critical housing need where no alternative resource is available? If yes please explain in three sentences or less (5 points)	
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 10 points) 	
PSH Projects Prioritize Chronic and Severe Service	
 Need for Homeless Persons (max 15 points) (a) 50% or more of the people served are chronically homeless. If Yes please demonstrate (5 points) 	
 (b) 75% or more of the people served are chronically homeless. If yes please demonstrate (5 points) 	
(C) 50% or more of the people served have two or more conditions. Please demonstrate (5 points)	
Housing Stability Max Points (10)	
 (a) PSH 75% of those housed either exited to permanent housing or remained in PSH. If Yes please demonstrate (5 points) (b) PSH 90% of those housed either exited to permanent housing or remained in PSH. If Yes 	
please demonstrate (5 points) (c) TH 75% of leavers exited to permanent housing If Yes please demonstrate (5 points)	
Jobs and Income growth (max 10 points)	
 (a) 10+ % of adults increased income from employment. If yes please demonstrate (5 points) 	
 (b) 50+% of adults with increased income from all sources. If yes please demonstrate (5 points) 	
Mainstream benefits 75+% adults leavers participate in one or more mainstream benefits? (Y_) (N_) Please demonstrate if yes (5 points)	
HMIS Participation and Data Quality (max 15 points)	
(a) All required data for program entry is entered in	

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 HMIS within 5-days(Y_) (N_) if yes (5 points) (b) Case managers enter all service plans and progress notes into HMIS within 30 days(Y_) (N_) if yes(5 points) (c) At least 97% of the Universal data elements in 	
HMIS are complete (Y_) (N_) if yes (5 points)	
 Effective Use of HUD Funding (Max points 10) (a) Less than 10% of HUD Budget not spent and recaptured by HUD (Y_) (N_) if no (5 points) (b) 85% daily unit utilization (Y_) (N_) if yes please demonstrate if yes (5 points) 	
System Performance Max Points (10)	
This project is using a Housing first approach (Y_) (N_) please refer to questions above if yes (5 points)	
Did this project dedicate any beds to serving chronic that were not dedicated in the prior year? participation (Y_) (N_) if yes please demonstrate if yes (5 points)	
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 (5 points)	
Your Agency is currently using the CoC's HMIS system (Y_) (N_) if yes (5 points) If no are you engaged in doing so please explain	

NARRATIVE