# INTRODUCTION

All Rapid Re-Housing (RRH) projects with CoC grants that will expire within calendar year 2021 are eligible to apply as a renewal grant under FY2020 CoC NOFA process. This tool is used by the local CoC Scoring Committee to evaluate renewal projects that have completed at least 1 full year of operation. If your renewal project has not yet completed 1 full year in operation, you do not need to complete and submit this performance evaluation tool. Performance benchmarks and point allocations are outlined in the 2020 RRH Scoring Tool posted on the Housing Alliance Delaware website, [www.housingalliancede.org](http://www.housingalliancede.org), and distributed by email.

**SUBMISSION**

The submission deadline is **August 28, 2020 by 4:00pm.** Please submit the project evaluation tool and all required supporting documentation to Erin Gallaher, CoC Program Manager, Housing Alliance Delaware, [egallaher@housingallianceDE.org](mailto:egallaher@housingallianceDE.org). **Late applications will not be accepted**. Additionally, all fields in the tool that require data must be completed using the project’s APR from CMIS for the timeframe 4/1/19 – 3/31/20.

**SUPPORTING DOCUMENTATION**

All projects are required to submit the following supporting documentation by the deadline indicated above. Without the supporting documentation, the application will be considered incomplete.

1. **The project’s policies and procedures.**  
   The expectation is that these policies and procedures will include at minimum: client eligibility; referral sources/how the project identifies eligible clients; the type and duration of assistance provided to clients; any occupancy agreement or lease agreement used with clients; any program rules if applicable; cause for program termination and process for terminating assistance to clients; and any legal/regulatory requirements that are followed and enforced at the project level (such as fair housing, etc.).

**APPEALS**

Please see the CoC Competition Policies and Procedures located on the Housing Alliance Delaware CoC page for information regarding the appeals process: <https://www.housingalliancede.org/the-delaware-continuum-of-care>

**RESULTS**

Project applicant ranking and scoring results will be placed on the Housing Alliance Delaware website, [www.housingalliancede.org,](http://www.housingalliancede.org/) and distributed by email.

Questions about this Evaluation Tool, application deadlines, process, or to receive copies the materials, please contact Erin Gallaher, [egallaher@housingallianceDE.org](mailto:egallaher@housingallianceDE.org).

**Agency and Project Information**

# Organization Name:

**HUD Project Name:**

**Total Amount of Renewal Funds being requested:** $

**HOUSEHOLD TYPES SERVED (check all that apply):**

Families with Children

Single Adults/Adult only

Unaccompanied youth (ages 18 to 24)

|  |  |
| --- | --- |
| **Project Beds & Units** | |
| TOTAL # OF BEDS IN PROJECT (estimate if scattered site) |  |
| TOTAL # OF UNITS IN PROJECT (estimate if scattered site) |  |

|  |  |
| --- | --- |
| **Primary Contact Person about this grant:** | |
| Title/Position: | Phone Number (with extension): |
| Email Address: | |
|  |  |
| **Secondary Contact Person about this grant**: | |
| Title/Position: | Phone Number (with extension): |
| Email Address: | |

**Certification and Acknowledgement**

I certify on behalf of my agency that all information contained in this evaluation tool is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information may result in the noncompetitive ranking of this project or the removal of this project from the funding pool.

|  |  |
| --- | --- |
| Printed Name: |  |
| CEO/President/Executive Director |  |
|  |  |
| Signature: |  |
| CEO/President/Executive Director |  |
|  |  |
| Date: |  |

**Project Description**

# In 250 words or less, please provide a general description of your project, including any information that you would like the Scoring Committee to consider when scoring your project. This may include information about how the project provides housing and/or services, information about the population served and/or unusual circumstances that you feel may impact the project’s data over the review period.

# Enter text here

**Performance Evaluation**

1. **Data Quality [10 points]**

The Universal Data Standards contain demographic and project-specific questions about project participants. Data Quality refers to the extent that the Universal and Project-Specific Data Elements recorded in CMIS or Comparable Database accurately reflect the extent of homelessness in our continuum of care. The target error rate is less than 5% for each data element to receive full points. Please complete this chart using the project’s Annual Performance Report, using Q6a-6c.

| **Data Element** | **Error Rate** |
| --- | --- |
| Name (6a.2.Column F) |  |
| SSN (6a.3. Column F) |  |
| Date of Birth (6a.4. Column F) |  |
| Race (6a.5. Column F) |  |
| Ethnicity (6a.6. Column F) |  |
| Gender (6a.7. Column F) |  |
| Veteran Status (6b.2. Column C) |  |
| Project Entry/Start Date (6b.3. Column C) |  |
| Relationship to Head of Household (6b.4. Column C) |  |
| Client Location (6b.5. Column C) |  |
| Disabling Condition (6b.6. Column C) |  |
| Destination (6c.2. Column C) |  |
| Income at entry/start (6c.3. Column C) |  |
| Income at annual assessment (6c.4. Column C) |  |
| Income at exit (6c.5. Column C) |  |

# Housing Stability [20 Points]

Rate of participants who achieved housing stability

|  |  |  |
| --- | --- | --- |
| a. | Total number of persons exiting to positive housing destinations (23c.44): |  |
| b. | Total persons whose destinations excluded them from the calculation (23c.45): |  |
| c. | Number of leavers (5a.5.): |  |
| d. | Percentage (of persons exiting to positive housing destination) (23c.46): |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Increased Income [15 Points]Rate of adults who increased income from any source, from project entry to exit  |  |  |  | | --- | --- | --- | | a. | Number of adult leavers (5a.6): |  | | b. | Number of Adult Leavers with Any Income who Gained or Increased Income from Start to Exit (19a.2., column I/9, row 6): |  | | c. | Rate of adult leavers who maintained or increased income from Entry to Exit (b / a): |  |   **\*\*Not Scored for FY2020:\*\***  Rate of adults who increased cash income from any source, from project entry to annual assessment   |  |  |  | | --- | --- | --- | | a. | Number of adult stayers (5a.8): |  | | b. | Number of adult Number of adult stayers not yet required to have an annual assessment (16.12): |  | | c. | Number of Adult Stayers with Any Income who Gained or Increased Income from Start to Exit (19a.1., column I/9, row 6): |  | | d. | Rate of adult stayers who maintained or increased income from Entry to Exit (c) / (a - b): |  | |  |

# Length of Time from Project Enrollment to Housing Move-In [10 Points] Use the data in APR Q22c and Q5a to complete the chart below.

|  |  |  |  |
| --- | --- | --- | --- |
| **A** | **B** | **C** | **D** |
| **Length of Time from start date to Permanent Housing Move-In** | **Total # of people (22.c.)** | **Total # of people served in project (5a.1.)** | **Rate of people housed within given timeframe**  **(B/C)** |
| **Less than 30 days** |  |  |  |
| **Less than 60 days *(including the “less than 30 days” cohort)*** |  |  |  |
| **Greater than 60 days** |  |  |  |

# Housing First [10 Points]

# Does your project have policies and procedures in place that ensure program staff follow a Housing First model, offers quick access to permanent housing with permanent housing as the primary focus, without preconditions such as programmatic compliance, clinical treatment, sobriety, etc., and does not terminate housing assistance for reasons outside of what would be in a standard lease agreement.

# Yes No

If yes, this must be clearly reflected in the project’s policies and procedures in order to receive full credit.

**Explanation:** Please provide a detailed explanation below of how your project utilizes a housing first approach when working with clients served by the project. Please make reference to specific policies, procedures, or clinical/programmatic approaches adopted and in place at the project-level that clearly reflect housing first.

 Enter text here

# Low Barrier Access [10 Points]

# Does your project provide low barrier access to services and housing assistance for all clients eligible for assistance, regardless of income, active or history of substance abuse, criminal records (with the exception of state mandates), etc.?

# Yes No

If yes, this must be clearly reflected in the project’s policies and procedures in order to receive full credit.

**Explanation:** Please provide a detailed description of the policies and procedures in place that ensure clients are not screened out of being able to access assistance due to programmatic preconditions.

 Enter text here

# Severity of Need: Rate of households served fleeing domestic violence [5 Points]

|  |  |  |
| --- | --- | --- |
| a. | Total Heads of Households and Adults Who Reported Yes (14b.2): |  |
| b. | Number of adults (5a.2): |  |
| c. | Rate of HHs fleeing DV (a / b): |  |

# Severity of Need: Rate of Adults served with $0 cash income at entry [5 Points]

|  |  |  |
| --- | --- | --- |
| a. | Total Adults No Income At Project Start (16, Column B/2, Row 2): |  |
| b. | Number of adults (5a.2): |  |
| c. | Rate of Adult with no income at project start (a / b): |  |

# Participation in CoC Planning [5 Points]

Does your agency have an individual with voting membership on the Delaware CoC?

Yes  No

How many quarterly CoC membership meetings did a representative of your agency attend in 2019 and 2020?:  Enter # here

For each meeting attended, please provide the date of attendance.

Date(s) Attended:  Enter dates here

# Support Services [10 Points]

Please describe the service delivery model used in this project, how this project provides all clients served with access to the support services they need to maintain permanent housing, and the types of support services offered. Please be specific and include, case manager to client ratio, how clients are connected to the support services they need (referred to outside agency, on-site, etc), and the type of service offered in detail.

 Enter text here

# Cost Effectiveness [Not Scored]

|  |  |  |
| --- | --- | --- |
| **Total CoC Renewal Grant** | **# of clients that exited to permanent housing in CY2019 (including adults and**  **children)** | **Cost/Successful Housing Outcome** |
| $ |  | $ |

|  |  |  |
| --- | --- | --- |
| **Total CoC Renewal Grant** | **# of client served in CY2019 (including**  **adults and children)** | **Cost/Clients Served** |
| $ |  | $ |

# DV Projects Only – Rate of Project Households with Safety Plan [Not Scored]

# Provide the percentage of households in DV-serving RRH projects with whom staff have completed a safety plan:  Insert % here

**Program Budget**

**PROJECT BUDGET:** Please provide your ***annual project budget***. We use the term “budget” to mean the spending plan for the project for the most recently completed budgeting period during the current year in which the project is operating. This information should include the sum of all project costs ***and all funding sources, public and private.*** The total annual project budget covers all costs including overhead and administration attributable to the particular project(s). ONLY include funds that are part of your annual operating budget. If your project has acquisition or construction financing, but that debt does not have regular or annual payments, do not include these funds. If your organization also receives in kind donations, only include the value of these donations if they are critical to the project’s operations.

|  |  |
| --- | --- |
| CoC Funds (FY2019 Contract Amounts) | |
| Leasing | $ |
| Rental Assistance | $ |
| Supportive Services | $ |
| Operating Costs | $ |
| HMIS | $ |
| Admin | $ |
| Total Amount Requested | $ |

|  |  |  |
| --- | --- | --- |
| **Other Public Funds** | | |
| **Type of Funds (ESG, OCS, Grant in Aid, CDBG, HDF, DHSS, CSBG, etc.)** | **Amount of Funds** | **COMMENTS** |
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|  |  |  |
|  |  |  |
|  | ***TOTAL Public FUNDS:*** |  |

|  |  |  |
| --- | --- | --- |
| **Private Funds & In-Kind Resources** | | |
| **Type of Funds (donation, foundation, in- kind, etc.)** | **Amount of Funds** | **COMMENTS** |
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|  |  |  |
|  |  |  |
|  | ***TOTAL Private FUNDS:*** |  |
| ***TOTAL Project Budget:*** | | |