

**2022 NC Balance of State CoC Application**

**Renewal Applicant**

**Permanent Supportive Housing Form**

**PSH renewal project applicants are required to complete and submit this form to NCCEH for each individual renewal application by 6:00 P.M. on Friday, August 19, 2022**. Information provided will be used by the Project Review Committee and NCCEH staff to score and rank renewal project applications.

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| Applicant: |  |
| Project Name: |  |

**Policies and Procedures Page References**

The following chart lists program design and other elements that the CoC scores based on documentation submitted by the agency. For each element in the chart, please list the policies and procedures’ page number(s) on which the item appears. If the element does not appear in the program’s policies and procedures, mark the cell as N/A. If applicants have multiple renewal applications of the same type, they need only fill out this section once.

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| **Scorecard Question Number** | **Program Design Element** | **Page Number(s)** |
| 2.1b | Eligibility requirements |  |
| 2.1c | Reasons for termination |  |
| 2.2b | Participation in services |  |
| 2.2c | Participation agreement/house rules |  |
| 2.2d | Housing limits |  |
| 2.2e | Service choice |  |
| 2.2f | Service duration/intensity |  |
| 2.2g | Housing choice |  |
| 2.2h | Housing-focused services |  |
| 2.2i | Distinction of housing vs. services |  |
| 2.5 | Moving-on strategy: participant evaluation |  |
| 2.5 | Moving-on strategy: formal housing partnerships |  |
| 2.5 | Moving-on strategy: exit planning |  |
| 2.5 | Moving-on strategy: linkage to mainstream services |  |
| 2.5 | Moving-on strategy: aftercare services |  |
| 2.5 | Moving-on strategy: strategy evaluation |  |
| 2.6 | Targeting Subpopulations |  |

**Equity**

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| Does the agency provide guidelines/program rules in other languages besides English?  If yes, please submit a copy of the agency guidelines/program rules in another language. | Yes  No |
| Does the agency currently have client-facing bi-lingual staff? | Yes  No |
| Does the agency have an arrangement for interpreter services?  If yes, please provide a description of your arrangement and how the agency uses interpreter services. Submit any contract/MOU/documentation the agency has for interpreter services. | Yes  No |
| Does the agency hold annual trainings on its Anti-Discrimination Policy?  Date of the last training: | Yes  No |
| Has the agency sent staff to an *external* training for Racial Equity or Anti-Discrimination in the last 12 months? Examples include the RE Institute trainings or United Way’s 21-Day Challenge for RE. Attending the NC BoS CoC RE dialogue series is encouraged but does not count as an external staff training.  Date of training(s):  Who performed the training(s)?  Percentage of staff attending: | Yes  No |
| Does the applicant have an equal access hiring clause in job postings?  If yes, please submit a copy of the last job posting as part of the application package. | Yes  No |
| How many people currently serve on your Board of Directors?  How many people currently serving on your Board of Directors are BIPOC (Black, Indigenous, or People of Color)?  How many people currently serving on your Board of Directors have lived experience of homelessness? |  |
| How many manager or director-level positions who supervise other staff, payroll, and/or HR duties does your agency employ?  How many of your managers or director-level positions are filled with BIPOC (Black, Indigenous, or People of Color)? |  |

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| **Services Resource Leverage Plan** |
| Describe how the project will leverage services funding for its clients and the long-range plan for decreasing the usage of HUD funding for supportive services and increasing the usage of HUD funding for rental assistance in the CoC project. Include in your description any formal relationships with other agencies where an MOU/MOA is in place, any dedicated funding streams that will provide services for program participants, and the percentage of match dollars for services the project has procured over the required 25%. If the project has formal MOU/MOAs in place, please submit with this form as part of the application package. |
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| **HUD Monitoring** |
| Has HUD issued any monitoring findings for the listed project? |
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| If yes, please list the individual monitoring findings and explain how these have been resolved with the HUD Field Office. |
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**Coordinated Entry**

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| **VI-SPDAT Scores:** | |
| During CY2021, how many new households entered the PSH program? | |
| List the VI-SPDAT scores for each new head of household that entered during the year: | |
| HMIS ID: | VI-SPDAT Score: |
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