

**2019 NC Balance of State CoC Application**

**New Project Thresholds and Standards Form**

New project applications are required to complete and submit this form to NCCEH by 6:00 p.m. on Monday, July 29, 2019. Information provided will be used by the Project Review Committee and NCCEH staff to score and rank new project applications.

**Project Information**

|  |  |
| --- | --- |
| Applicant Agency: |  |
| Project Name: |  |
| Project Type (RRH, PSH): |  |

**THRESHOLDS**

**PSH: Prioritization**

|  |  |
| --- | --- |
| **For PSH projects:** Is the project dedicated to serving chronically homeless households per [HUD Notice CPD-16-11](https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/)? The full notice should be inserted into program policies and procedures. | Yes  No |

**RRH: Prior Experience with HUD Funding**

|  |  |
| --- | --- |
| **For RRH projects:** Are you currently receiving ESG funds for RRH? | Yes  No |
| If yes, are you in good standing with the ESG office?  Standing will be verified with the ESG office. | Yes  No |
| If no, are you currently operating a RRH program with other funding sources that adhere to RRH program standards as outlined in the New Project Scorecard? | Yes  No |
| If you are using other funding to operate a RRH program, what funding source(s) is the agency using? |  |

**Agency’s Relationship to Community**

|  |  |
| --- | --- |
| Does the agency agree to actively participate in the local coordinated entry process as designed by your Regional Committee(s) and only take referrals directly from the coordinated entry prioritization waiting list? | Yes  No |
| Has the agency presented the proposed project to the Regional Committee (either in person or electronically) and given the opportunity for feedback?  Date presented to Regional Committee:  And feedback received: | Yes  No |

**STANDARDS**

**General Application**

|  |
| --- |
| Agency mission statement: |
| Please describe any current or prior experience that the agency has serving homeless households in your community: |

**Organizational Capacity**

|  |  |
| --- | --- |
| Has the agency successfully implemented a **CoC-funded** project of the same project type (PSH, RRH)? | Yes  No |
| If no, has the agency successfully implemented a different HUD-funded project (ESG, Section 8, HPRP, etc.) or a CoC-funded project of a different type? | Yes  No  N/A |
| **Existing CoC Grantees:** |  |
| If the agency has other existing CoC projects, are there any HUD monitoring findings currently associated with any of these projects? | Yes  No |
| If yes, please explain what the findings were and if they have been resolved: | |
| Number of grant extensions from HUD that were given for a reason other than merging grants. |  |

**Program Design**

|  |
| --- |
| New CoC projects must demonstrate that they are meeting an existing need in their community. Projects must describe below:   * What community need the new project will address, including local data (PIT Count, coordinated entry data, wait lists, etc.) that demonstrates this need * How the community has used other resources to address this need |
|  |
| The Department of Housing and Urban Development (HUD) and the NC Balance of State CoC (NC BoS CoC) prioritize funding for certain homeless subpopulations, including people experiencing chronic homelessness, homeless Veterans, survivors of domestic violence, and youth. Please name the subpopulations this project will target and describe the service plan that will meet the subpopulation’s specific needs, including additional outreach efforts and formal partnerships. |
|  |
| Describe the project’s plan to quickly enroll households experiencing homelessness and help them to find safe and appropriate housing, ideally within 30 days. |
|  |
| **PSH Projects**: Rental assistance projects are preferred to leasing projects as rental assistance projects adjust to FMR and provide tenants with a lease in their name. Projects that wish to provide leasing must submit a written statement that explains why the project is not applying as a rental assistance project. Mark N/A if the agency is applying for a rental assistance project. |
|  |
| Describe how the project will leverage services funding for its clients and the long-range plan for decreasing the usage of supportive services funding and increasing the usage of rental assistance funding 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. |
|  |

**Coordinated Entry**

|  |  |
| --- | --- |
| Describe the region’s coordinated entry process, including the general process and how agencies with open housing slots get referrals from the local system. Please be detailed in your answer. | |
| **VI-SPDAT Scores (For Agencies with Existing Housing PSH/RRH Projects):** | |
| Type of Project: | |
| During CY2018, how many new households entered the housing program? | |
| List the VI-SPDAT scores for each new head of household that entered during the year: | |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |
| HMIS ID: | VI-SPDAT Score: |