

**FY2024 CoC Program Competition**

**NEW Project Thresholds and Standards Form**

**New project applicants are required to complete and submit this form to NCCEH by 5:00 P.M. on Monday, August 19, 2024.**  Information provided will be used by the Project Review Committee and NCCEH staff to score and rank new project applications.

**Project Information**

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| --- | --- |
| Applicant Agency: |  |
| Project Name: |  |
| Project Type: RRH, PSH, TH-RRH (DV), or SSO-CE (DV) |  |

**THRESHOLDS**

**RRH: Prior Experience with HUD Funding**

| 2.2c | **TH-RRH and RRH Only:** The applicant is currently receiving ESG Program funds for RRH. | Yes  No |
| --- | --- | --- |
| 2.2c | If yes, the applicant is in good standing with the NC ESG office. Standing will be verified by NCCEH with the NC ESG office. | Yes  No |
| 2.2c | If no, the applicant is currently operating a RRH program with other funding sources that adhere to RRH program standards as outlined in the FY2024 New Project Scorecard. | Yes  No |
| 2.2c | If the applicant is using other funding to operate an RRH program, please list what funding source(s) the agency is using. | |

**Agency’s Relationship to Community**

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| --- | --- | --- |
| 7.4 | **PSH, RRH, and TH-RRH** **Only**: The applicant agrees to actively participate in the local coordinated entry process as designed by the Regional Committee(s) and only take referrals directly from the coordinated entry prioritization by-name list. | Yes  No |
| 7.2 | The applicant has presented the proposed project to the Regional Committee (or Steering Committee for CoC-wide projects) prior to the first application submission deadline (either in person or electronically) and given the opportunity for feedback.  Date presented to Regional Committee (Steering Committee):  Feedback received**:** | Yes  No |

**STANDARDS**

**General Application**

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| --- | --- |
| 1.1a | Agency mission statement: |
| 1.1b | Please describe any current or prior experience that the agency has serving households experiencing homelessness: |

**Organizational Capacity**

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| --- | --- | --- |
| 5.1 | The applicant has successfully implemented a CoC Program-funded project of the same project type (PSH, RRH, SSO-CE). | Yes  No |
| 5.2 | If no, the applicant has successfully implemented a different HUD-funded project (ESG, Section 8, HPRP, etc.) or a CoC Program-funded project of a different type.  Please describe: | Yes  No  N/A |
| **Existing CoC Program Grantees:** | |  |
| 6.3a | The applicant has other existing CoC Program projects and there are HUD monitoring findings currently associated with any of these projects.  If yes, please explain what the findings were and if they have been resolved: | Yes  No |
| **Administrative Staff:** | | |
| 5.11 & 5.12 | Name the administrative positions in the applicant agency that do not provide direct services to participants and the funding sources that pay for these positions. | |

**Program Design**

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| 2.1 | Statement of Need: New CoC Program 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.   Please describe: |
| 2.1f | **TH-RRH Only:** Describe both the TH and RRH activities that the agency will provide as part of this program. Please detail how the agency will interact with participants, the types of services offered, and the program’s interaction in the region’s coordinated entry process. Enter N/A if the agency is not applying for TH-RRH. |
| 2.2b | **PSH Only**: Rental assistance programs are preferred to leasing programs 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. Enter N/A if the agency is applying for a rental assistance program. |
| 2.3 | Describe how the program 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 Program 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. |

**Equity**

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| --- | --- | --- |
| 4.1 | The applicant provides 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 |
| 4.2 | The applicant currently has client-facing bilingual staff. | Yes  No |
| 4.3 | The applicant agency has an arrangement for professional/trained interpretation services. In-person or remote interpretation from trained providers are both applicable. Staff can be considered interpreters if they have been trained or certified as interpreters. Bilingual staff or volunteers without documented training (internal or external) or certification do not qualify as trained interpreters.  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 |
| 4.4 | The applicant has an Anti-Discrimination Policy in full compliance with the NC BoS CoC including, as appropriate:  Equal Access Policy and Procedures  Family Separation Policy, as appropriate  Faith-Based Inclusion Policy  Grievance and Anti-Retaliation Policy and Procedures  **If yes, please be sure your Anti-Discrimination Policy is included in your Policies and Procedures.** | Yes  No |
| 4.5 | The applicant holds annual training on its Anti-Discrimination Policy, as required by the CoC Anti-Discrimination Policy.  Date of the last training: | Yes  No |
| 4.6 | Project staff engaged in professional racial equity training in the last 12 months for the purpose of impacting equity within the agency.  Examples include the Racial Equity Institute (REI) Phase 1 or Groundwater trainings, Organizing Against Racism (OAR) training, or Race Forward training.  Name of training:  Date of training(s):  Who led the training(s)?  Percentage of project staff attending: | Yes  No |
| 4.7 | The applicant has an equal opportunity hiring clause in job postings.  ***If yes, please submit a copy of the last job posting as part of the application package.*** | Yes  No |
| 4.8 & 4.9 | **Non-profits Only:** Provide the number of people currently serving on the applicant’s Board of Directors.  Provide the number of people currently serving on the applicant’s Board of Directors who are BIPOC (Black, Indigenous, or People of Color).  Provide the percentage of people currently serving on the applicant’s Board of Directors who are BIPOC (Black, Indigenous, or People of Color).  Benchmark is at least 20%.  Provide the number of people currently serving on the applicant’s Board of Directors who have lived experience of homelessness.  Provide the percentage of people currently serving on the applicant’s Board of Directors who have lived experience of homelessness.  Benchmark is at least 20%. |  |
| 4.10 | Provide the number of manager or director-level positions who supervise other staff, payroll, and/or HR duties that the applicant agency employs.  Provide the number of these managers or director-level positions that are filled by BIPOC (Black, Indigenous, or People of Color).  Provide the percentage of the applicant’s manager or director-level positions filled by people who are BIPOC (Black, Indigenous, or People of Color). |  |
| 4.11 | The applicant has incorporated the NC BoS CoC Client Bill of Rights into its policies and procedures.  **If yes, please be sure the NC BoS CoC Client Bill of Rights is included in your Policies and Procedures.** | Yes  No |
| 4.12 | The project’s staff have attended community events, conferences, or panel conversations in the past 12 months on the topic of racial equity, anti-racism, or indigenous rights.  Please include the percentage of staff that attended.  Benchmark at 80% of program staff. | Yes  No |
| 4.13A | **Homeless Service Agencies Only:** The applicant’s hiring announcements cite lived experience of homelessness as a preferred skill for open positions at all levels in the agency.  ***Submit a sample of hiring announcements showing range of different levels within the agency***. | Yes  No |
| 4.13B | **Agencies Serving Multiple Populations Only:** The applicant’s hiring announcements cite lived experience of homelessness as a relevant skill for open positions in the project.  ***Submit a sample of hiring announcements showing range of different levels within the agency***. | Yes  No |
| 4.14 | At least 10% of project staff involved in operating or administering the CoC-eligible activities have experienced homelessness.  Please include the percentage of staff who meet this category:  Benchmark at 10%. | Yes  No |
| 4.15 | One or more of the project’s managers or director-level staff have personally experienced homelessness in their lifetime. | Yes  No |

**HMIS Participating Agencies Only:**

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| --- | --- | --- |
| 5.9 | Staff delivering services will be responsible for recording client data in HMIS. (Dedicated HMIS data entry staff is historically less successful at data management.) | Yes  No |
| 5.10 | The applicant has a staff person identified for the HMIS Agency Administrative Role to manage the project’s HMIS data. (Note, if the role is the Executive Director’s or President’s, no points are applied. EDs historically do not have the capacity to fill this role.)  Position filling HMIS Agency Administrative Role: | Yes  No |

**Coordinated Entry**

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| 7.4 | Applicant agrees to actively participate in the local coordinated entry process as designed by the Regional Committee and only take referrals directly from the regional coordinated entry prioritization by-name list. | Yes  No |
| 7.5 | 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. | |
| **CE Assessment Scores (For Agencies with Existing PSH/RRH Housing Projects):** | | |
| Type of Program: | | |
| During CY2023, how many new households entered the housing program? | | |
| 7.7 | Using the information below, the project has a CE Assessment score for at least 97% of new admissions. | Yes  No |
| 7.8 | The project has CE Assessments for all new admissions during the 2023 calendar year in HMIS and/or a comparable database. | Yes  No |

|  |  |
| --- | --- |
| List the CE Assessment Scores for each new head of household that entered during the year: | |
| HMIS ID/Comparable Database ID: | CE Assessment Score: |
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