**2017 Balance of State CoC Application**

**New Project Thresholds Form**

New project applications are required to complete and submit this form to NCCEH by 5:00 p.m. on Friday, August 4. Information provided will be used by the Project Review Committee and BoS staff to score and rank new project applications.

**Project Information**

|  |  |
| --- | --- |
| Applicant Agency: |       |
| Project Name: |       |
| Project Type (RRH, PSH, RRH-TH, SSO-coordinated assessment): |       |

**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/)? | [ ]  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? | [ ]  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 |

**Organizational Capacity**

|  |  |
| --- | --- |
| Has the agency been in operation for at least 3 years?  | [ ]  Yes[ ]  No |

**Project Performance**

|  |  |
| --- | --- |
| Does the agency commit to enter 100% of the beds into HMIS (with client consent)? | [ ]  Yes[ ]  No |

**Agency’s Relationship to Community**

|  |  |
| --- | --- |
| Does the agency agree to participate in the local coordinated assessment process as designed by your Regional Committee(s) and only take referrals from the coordinated assessment system? | [ ]  Yes[ ]  No |