Project Name (as it appears on application): _____

Contact name   _____ **Phone:**_____ **Email**_____

Program Type (should match the project application):

Please check one: ☐ **Permanent Supportive Housing**   ☐ **Rapid Re-Housing**   ☐ **Transitional Housing**   ☐ **HMIS**

Please check one: ☐ **New Project**   ☐ **Renewal Project**

 Agency prioritizes beds for persons experiencing chronic homelessness: _____Yes _____No

 Percentage of agency's beds dedicated for persons experiencing chronic homelessness: _____%

 Is project dedicated to serving one of the following priority or hard to serve populations as stated in the project application? Check all that apply.

| _____ Veterans | _____Youth | _____ Families w children | _____ CH |
| _____ Mentally Ill | _____ Substance Abuse | _____Chronic Disease/HIV | _____ DV |

 If awarded; this agency commits to participation in Coordinated Entry system, use of standardized assessment tool selected by CoC, and compliance with Coordinated Entry policies and procedures: _____Yes   _____No

Performance Measures

 Date of last completed APR (please use as source for performance measures below) _____

Housing Performance Measures (last APR data) *(renewal PSH/RRH/TH projects only)*:

Outcome	Most recently submitted APR	HUD Performance Measure
PSH/RRH: % of persons who remained in permanent housing or exited to permanent housing.		80%
TH: % of persons who exited to permanent housing		85%

Income Performance Measure (last APR data) *(renewal PSH/RRH/TH projects only)*:

Outcome	Most recently submitted APR	HUD Performance Measure
PSH/RRH: - % of persons who Increased or maintained income from all sources (Earned Income and Other Income)		54%
TH: % of persons who increased income from all sources (Earned Income and Other Income)		54%

Bed Utilization Rate (last APR data) *(renewal PSH/RRH/TH projects only)*:

Outcome – PIT count of persons served on the last Wednesday of the following months:	January	April	July	Oct
Total number of persons served				
Bed Utilization rate - percentage				
Total number of households served				

(renewal PSH/RRH/TH projects only) **If this project did not meet its HUD Performance Measures (Housing Stability, Increased Total Income, and Increased Earned Income) in your last Annual Performance Report, describe the steps your agency has taken to ensure achievement of the Performance Measure(s) for the current application:**

Amount of HUD funding requested for FY2016: **$**_____

Project's capacity to effectively use available grant funds to serve those experiencing homelessness *(all renewals)*

Outcome	Most recently ended contract year – *mm/dd/yy - mm/dd/yy*
$ of HUD funding granted	
$ of HUD funding expended	
% of HUD funding expended	
$ of HUD funding unspent/returned	

If less than 95% of grant funds were used in the most recent contract year resulting in funds being returned to HUD, please provide reason(s) why funds went unspent and actions your organization has taken to prevent returning funds in the future *(all renewals)***:**

How do you consider severity of needs and vulnerabilities in prioritizing who is served?

List five ways in which your organization has coordinated with other CoC members to better serve local residents experiencing homelessness and has responded to identified gaps or needs for service or housing?

1.

2.

3.

4.

5.

Proposed project's commitment to a Housing First approach and to operating as a low-barrier project

	YES	NO
Has this program's organization committed to moving its participants into permanent housing quickly and made the policy and practice changes to do so?		
Screening/Eligibility Criteria for Participation:		
Are participants/Will participants be screened out of this program based on having no, too little or little income?		
Are participants/Will participants be screened out of this program based on active or history of substance abuse?		
Are participants/Will participants be screened out of this program based on having a criminal record with exceptions for state-mandated restrictions?		
Are participants/Will participants be screened out of this program based on history of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)?		
Reasons for Termination from Program:		
Are participants/Will participants be terminated from the program for failure to participate in supportive services?		
Are participants/Will participants be terminated from the program for failure to make progress on a service plan?		
Are participants/Will participants be terminated from the program for loss of income or failure to improve income?		
Are participants/Will participants be terminated from the program for domestic violence?		
Are participants/Will participants be terminated from the program for any other activity not covered in a lease agreement typically found in the project's geographic area? If so, please list: _____		

I verify that the above information is accurate and reflective of this program's operations and practices.

_____   _____

Signature, organizational position   Date

Please complete this form for each project application submitted for rank and review in the 2016 NOFA process and submit it to Valorie Carson, valoriec@ucsjoco.org by Wednesday August 10th, 2016.