

NEW PROJECTS RATING TOOL

Project Name: _____
 Organization Name: _____
 Project Type: _____
 Project Identifier: _____

New Projects
 Rating Complete
 0%

[Instructions on Awarding Points](#)

RATING FACTOR	POINTS AWARDED	MAX POINT VALUE
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EXPERIENCE

A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	<input type="text"/>	out of	10
B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	<input type="text"/>	out of	10
C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	<input type="text"/>	out of	5
Experience Subtotal	0	out of	25

DESIGN OF HOUSING & SUPPORTIVE SERVICES

A. Extent to which the applicant	<input type="text"/>	out of	
1. Demonstrate understanding of the needs of the clients to be served.			
2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served			
3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served.			
4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits			
5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.			
B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	<input type="text"/>	out of	5
C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	<input type="text"/>	out of	5
Design of Housing & Supportive Services Subtotal	0	out of	25

TIMELINESS

A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	<input type="text"/>	out of	10
Timeliness Subtotal	0	out of	10

FINANCIAL

A. Project is cost-effective - comparing projected cost per person served to CoC average within project type.	<input type="text"/>	out of	10
B. Audit			
1. Most recent audit found no exceptions to standard practices	<input type="text"/>	out of	5
2. Most recent audit identified agency as 'low risk'	<input type="text"/>	out of	5

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3. Most recent audit indicates no findings	<input type="text"/>	out of 5
C. Documented match amount.	<input type="text"/>	out of 5
D. Budgeted costs are reasonable, allocable, and allowable.	<input type="text"/>	out of 10
Financial Subtotal	0	out of 40
OTHER AND LOCAL CRITERIA		
Match Accuracy	<input type="text"/>	out of 5
Priority Groups Served- Provider is Serving a HUD Priority Group (Chronic Homeless, Homeless Families, Homeless Youth ages 18-24, or Homeless Veteran's)	<input type="text"/>	out of 10
Section VI Subtotal	0	out of 15
TOTAL SCORE	0	out of 115
Weighted Rating Score	0	out of 100

PROJECT FINANCIAL INFORMATION

CoC funding requested	<i>NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab</i>	\$ -
Amount of other public funding (federal, state, county, city)		\$ -
Amount of private funding		\$ -
TOTAL PROJECT COST		\$ -