New Supportive Services Only (SSO) Project Ranking Tool

PROJECT NAME:
ORGANIZATION NAME:
COMPONENT:

APPLICANT EXPERIENCE			
Part	**Description**	**Points Received**	**Maximum Points**
A	Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing Transitional		15
B	performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution		20
C	ensure, that at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with		15
	TOTAL	**0**	**50**

DESIGN OF SUPPORTIVE SERVICES			
Part	**Description**	**Yes or No**	**Maximum Points**
A	Extent to which the applicant can demonstrate:		
	Medicaid, SNAP, SSI)		10
	unsheltered homelessness and those who do not traditionally engage with supportive services.		10
	emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate,		10
	helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing		10
	TOTAL	**0**	**40**

PROJECT EFFECTIVENESS			
Part	**Description**	**Yes or No**	**Maximum Points**
A	Project has a plan to exit an increased number of clients engaged to positive destinations.		10
B	Project will track encampment numbers and density.		10
C	homelessness.		10
	TOTAL	**0**	**30**

FINANCIAL			
Part	**Description**	**Yes or No**	**Maximum Points**
A	Project is cost-effective - comparing projected cost per person served to CoC average within project type		5
B	Audit		
	Most recent audit found no exceptions to standard practices.		2
	Most recent audit identified agency as 'low risk'.		2
	Most recent audit indicates no findings.		2
C	Documented match amount.		4
D	Budgeted costs are reasonable, allocable, and allowable.		5
	TOTAL	**0**	**20**

AGENCY GOVERNANCE			
Part	**Description**	**Yes or No**	**Maximum Points**
A	Agency has a process for receiving and incorporating feedback.		5
B	Agency maintains internal human resources, financial, and program policies and procedures.		5
	TOTAL	**0**	**10**

TOTAL SCORE	**0**	**150**

PROJECT FINANCIAL INFORMATION

CoC Funding Requested
Amount of other public funding
Amount of Private Funding
TOTAL PROJECT COST