

**OUT-WAYNE COUNTY CONTINUUM OF CARE**

**BONUS PROJECT APPLICATION FOR  
NEW AND EXPANSION PROJECTS**

**FY 2023 HUD COC PROGRAM NOFO LOCAL FUNDING  
COMPETITION**

**DEADLINE FOR SUBMISSION: FRIDAY 3 P.M., AUGUST 11, 2023**

**FY 2023 Bonus for New & Expansion Project Submission Instructions  
Out-Wayne County Continuum of Care**

**GENERAL INSTRUCTIONS AND INFORMATION**

*Applications must be submitted via Form Assembly* to Wayne Metro by 3 pm on Friday, August 11, 2023. The link for applicants to access Form Assembly to complete applications and submit them online will be sent out through a separate communication.

There are two versions of the Submission Checklist provided for an agency depending on whether they are:

- An existing grantee as part of an Out-Wayne County CoC or ESG program. In this case please be sure to follow the required elements on the “Existing Grantee Submission Checklist.”
- An applicant that is not currently a grantee or subgrantee as noted above. In this case please be sure to follow the required elements for the “New Grantee Submission Checklist.”

Applicants should review the Out-Wayne County Continuum of Care (“CoC”) RFP for the FY 2023 HUD CoC NOFO Local Program Completion to insure that they submit a new project application that is complete, accurate and meets all requirements listed in the RFP.

Red Maple Resources, Inc. and Wayne Metropolitan Community Action Agency, as the agencies designated by the Out-Wayne County CoC to lead the local funding competition process, reserve the right to request additional project or organizational information at a later date if needed.

If an agency is transitioning an existing grant to another component, the applicant must submit a renewal application for the existing grant and a new application for the new transition grant.

If an agency is expanding a renewal, the applicant must submit a renewal application for the existing grant and a bonus application for the expanded portion of the proposal.

**GUIDE TO WHAT IS CONTAINED IN THE FY 2023 NEW PROJECT APPLICATION:**

- 1) General Instructions and Information - Page 1
- 2) Submission Checklist and General Project Information - Page 3
- 3) General Project Information and Application Questions - Page 5
- 4) Budget Forms - Page 13
- 5) Scoring Sheet & Criteria - Page 16
- 6) Signature Page - Page 20

**QUESTIONS**

Questions should be addressed to Mitchel Blum-Alexander at [mitch@red-maple-resources.com](mailto:mitch@red-maple-resources.com) and Julie Ratekin at [jratekin@waynemetro.org](mailto:jratekin@waynemetro.org)

**EXISTING GRANTEE \*\*\* EXISTING GRANTEE \*\*\* EXISTING GRANTEE**

**FY 2023 Bonus Project Submission Checklist  
Out-Wayne County Continuum of Care**

<b>Agency Name:</b>	<b>Included (✓)</b>	<b>Not Applicable (✓)</b>
<b>Project Name:</b>		

*Each individual project application must complete the following elements, as they apply to that project:*

<b>Element</b>	<b>Description</b>		
Attachment #1	Submission Checklist		
Part A	General Project Information		
Part B	Application Questions		
Part C	Budget Pages		
Part D	Scoring – <ul style="list-style-type: none"> <li>• Provided for informational purposes only</li> <li>• Completed after submission by reviewers</li> </ul>		
Attachment #2	Signature Page – must be signed by applicant		

**NEW GRANTEE \*\*\* NEW GRANTEE \*\*\* NEW GRANTEE**

**FY 2023 New Project Submission Checklist  
Out-Wayne County Continuum of Care**

<b>Agency Name:</b>	<b>Included (✓)</b>	<b>Not Applicable (✓)</b>
<b>Project Name:</b>		

*Each individual project application must complete the following elements, as they apply to that project:*

<b>Element or Attachment Number</b>	<b>Attachment Description</b>		
Attachment #1	Submission Checklist		
Part A	General Project Information		
Part B	Application Questions		
Part C	Budget Pages		
Part D	Scoring – <ul style="list-style-type: none"> <li>• Provided for informational purposes only</li> <li>• Completed after submission by reviewers</li> </ul>		
#2	Signature Page – must be signed by applicant		

*Agencies only need to submit one copy of the following documents, even if they are submitting multiple new project applications.*

<b>Attachment Number</b>	<b>Attachment Description</b>		
	<b>If monitored by HUD since January 2019 for a CoC Program Grant (Question 17):</b>		
#7	Notification from HUD that project will be monitored		
#8	Monitoring report from HUD		
#9	Organization’s response to monitoring report		
#10	Documentation from HUD that monitoring concern or finding satisfied		
#11	Any other monitoring-related correspondence		
#12	Most recent Single Audit (i.e. A-133 audit)		
#13	Most recent agency financial audit		



**Project Component Type - check off the appropriate project type:**

- Permanent Supportive Housing (PSH) – Project Based
- Permanent Supportive Housing (PSH) – Scattered Site
- Rapid Re-housing (RRH)
- Joint Transitional Housing (TH-RRH) - Rapid Re-housing Component Project
- Supportive Services Only for Coordinated Entry (SSO-CE)
- Dedicated HMIS carried out by the CoC's HMIS Lead

**Funding Source for New Project – check off all that apply:**

- CoC Bonus
- Domestic Violence (DV) Bonus
- Reallocation (Including Transition)

**Transition and Expansion of Existing Programs – if a new project is being created through an expansion or transition of an existing CoC program check off all that apply:**

- Expansion
- Transition

List the name and grant number for the existing project:

## PART B: Application Questions

Applicants should fully respond to the following questions. Questions must be answered as succinctly and completely as possible. Responses to each question should be consistent with and make reference to other parts of this application as necessary.

1. **Applicant Experience:** Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds (especially existing CoC grants) and performing the activities proposed in the application, given funding and time limitations. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following:
  - a. Working with and addressing the target population's identified housing and supportive service need
  - b. Developing and implementing relevant program systems, and/or services;
  - c. Identifying and securing matching funds from a variety of sources; and
  - d. Managing basic organizational operations including financial accounting systems.
2. **Organization & Management Structure:** Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.
3. **Racial Equity:** Applicants should describe strategies and actions their agency has taken to promote equity. How these actions apply to the project being proposed should be noted. Examples of policies and organizational processes that demonstrate a commitment to equity are listed below, but the responses of applicants are not limited to what is provided here:
  - a. The applicant is collecting data to: 1) Better understand the pattern of program use for people of different races and ethnicities in its homeless services system; or 2) Assess whether disparities exist in the provision or outcome of homeless assistance
  - b. The applicant has determined through assessment of the populations that it serves that its board and other decision making bodies are representative of the population it serves; or has established an action plan to help its board and other decision making bodies better reflect the populations it serves
  - c. The applicant is training staff to better understand racism and the intersection of racism and homelessness
  - d. The applicant made changes to program policies and processes and to increase equitable outcomes for people of different races and ethnicities experiencing homelessness
  - e. Project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers
4. **Persons with Lived Experience:** Applicants should describe actions that apply to the inclusion of people with lived experience of homelessness in their agency's programming and governance. How these actions apply to the project being proposed should be noted. Examples of policies and

organizational processes that demonstrate a commitment to the inclusion of people with lived experience are listed below, but the responses of applicants are not limited to what is provided here:

- a. Persons served by applicant's homeless programs are invited to provide feedback and input into the programming
  - b. Applicant has made at least one change to the policies or processes of homeless programming during the reporting period in response to input received from people with lived experience
  - c. Applicant has policies and processes to encourage hiring people with lived experience
  - d. Applicant hired people with lived experience for staff positions during the reporting period
  - e. People with lived experience serve on the board or committees of the applicant
5. **Project Description:** Provide a description of the project that addresses the entire scope of the project, including the following:
- a. Provide a description of the project including the housing, supportive services or program activities that will be provided. If the project is applying for DV Bonus funding, describe how the safety and privacy of clients will be ensured.
  - b. The target population(s) to be served. If applicable, note the eligibility criteria that will be selected such as Dedicated PLUS, 100% Chronically Homeless, etc.
  - c. Provide data and describe the need for the project in the portfolio of the CoC if the project is proposing to target:
    - Populations eligible under the DV Bonus; or
    - More narrowly defines a target population than what is required by the FY 2023 HUD CoC NOFO
  - d. The plan for addressing the identified needs/issues of the target population(s) or CoC infrastructure and capacity needs.
  - e. Projected outcome(s).
  - f. Subrecipients: If this is a collaborative application with subrecipients or other partners, please clearly describe the distinct roles and responsibilities of each entity identified in the application.
  - g. Identify additional sources of funding that will be used to support this project, and indicate whether or not these funds have already been secured.

Projects Serving DV Populations:

The following information will be used to evaluate projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking; or persons who are fleeing or attempting to flee human trafficking (including sex trafficking); and who meet the definition of homeless in paragraph (4) of 24 CFR 578.3:

- Describe how the project will improve safety for participants
- Describe the comparable database that will be used by the victim service provider
- Describe barriers unique to persons fleeing domestic violence, dating violence, sexual assault, or stalking; or persons who are fleeing or attempting to flee human trafficking (including sex trafficking); and how your agency will address those barriers.

6. **Participation in the Out-Wayne County CoC:** Respond to the following:
- a. How did your agency participate in the Coordinated Entry process over the past year? "Participation" is defined as sending/receiving referrals to/from central intake, participating in workgroup meetings to review status of clients, attending in service trainings, etc.
  - b. Describe how this project will work with Coordinated Entry to solely receive referrals for these units and to help ensure the referrals received are successfully housed.

- c. Describe the experience your agency has in participating in HMIS. How does your agency insure timely and high quality of data entry? If an applicant is a victim service provider, the agency is not required to participate in the HMIS System and should describe the comparable database used and the process to provide de-identified information to the Out-Wayne County CoC.
  - d. Note other CoC activities that your agency participated in over the past year, including membership meetings, committees, PIT Count, etc.
7. **Site Description: As applicable, provide a description of the site(s) that you anticipate will be used for this project. Provide a response to each of the items below.**
- a. Address(es) of the proposed site.
  - b. How many units of housing will be provided by this project and what will be the size of the units (i.e., SRO, studio, 1 bedroom, etc.)?
  - c. Is this property currently in use, or is it vacant?
  - d. If currently in use, what is the site currently being used for?
  - e. If the current use differs from the proposed project, what will happen with the current residents and/or programming currently occurring in the building?
  - f. Are there any restricted use covenants on the property or zoning changes needed? If so, please explain.
  - g. Describe the physical layout of the units in which the participants will reside. Specifically, indicate the following: if the participant will have private sleeping quarters, if the participant will have private or shared bathing facilities, and if the participant will have access to space to store and prepare food.
  - h. Describe any rehabilitation work needed to the site to develop it and the timeline for completing the work, progress on the rehabilitation to date, and sources of funding applied for or secured to fund the rehabilitation work.
8. **Landlord Relationships:** Describe how your organization reaches out to, and engages with local landlords to recruit their participation in making their units available to program participants. In your description, explain how your organization maintains an ongoing positive relationship and communication with landlords renting to your organization's program participants.
9. **Project Schedule:** Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will be ready to begin housing activities in a timeframe that meets the requirements listed in the FY 2023 HUD CoC NOFO.
10. **Obtaining & Maintaining Permanent Housing:** Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through the case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

11. **Increasing Employment/Income:** Describe specifically how participants will be assisted to increase their employment and/or income and to maximize their ability to live independently. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.
12. **New Grantee Only:** Does the applicant currently administer or is a subgrantee for a project that is part of a Continuum of Care? Yes \_\_\_\_ No \_\_\_\_

If “yes,” identify the:

- CoC the project is located in
- Project Name and Grant Number
- Project type (PSH, RRH, etc.)
- Type of funding the project receives (CoC, ESG, SSVF, etc.)

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Attach additional pages if needed to list all projects.

13. **Housing First Experience:** Please respond to both parts of this question.
- a. Do your current housing programs (PSH, RRH, TH, Emergency Shelter, etc.) follow a “Housing First” model?  
 \_\_\_\_ Yes for all of our current projects (regardless of funding source)  
 \_\_\_\_ Yes for some, but not all of our projects (regardless of funding source)  
 \_\_\_\_ No, none of our projects practice Housing First  
 \_\_\_\_ N/A, we do not currently operate any housing programs
- b. Describe how your organization currently puts into practice a Housing First model of service delivery. If your organization does not currently practice Housing First, describe how you will implement Housing First.

14. **Leveraging Medicaid:** Does the applicant and/or subrecipient currently have the capacity to bill Medicaid for Medicaid-billable services?

\_\_\_\_ Yes (if “yes”, answer question “a” below)

- a. Explain how this billing arrangement works and what aspects of supportive housing services your organization currently bills for.

\_\_\_\_ No (if “no”, answer both parts of question “b” below)

- b. Does the applicant and/or subrecipient currently have a formal partnership as evidenced by a Memorandum of Understanding (MOU) or Business Associates Agreement (BAA) or other similar agreement with one or more Medicaid billable providers (e.g., Federally Qualified Health Centers)?

\_\_\_\_ Yes                      \_\_\_\_ No

If “yes”, identify these providers:

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15. **Linking Participants to Healthcare and Mainstream Resources:** Describe how your organization assists clients with accessing healthcare, health insurance and mainstream resources that help them to achieve greater stability and integration into the community.

16. **Past Outcomes:** Describe successes and outcomes the applicant has had in assisting clients in their existing projects to:

- a) Remain stably housed or to move to other permanent housing; and
- b) Increase income and employment

The response should include narrative describing the strategies for maintaining clients in permanent housing and increasing income and employment, data specific to the outcomes, and a comparison of data for the most recent year available with the previous year. Specify the time period for any data and outcomes provided.

17. **Current Continuum of Care Grant Issues:**

Respond to both of the following. If the response is for an Out-Wayne County CoC grant for which you are submitting a renewal application, you do not have to provide a detailed response but instead indicate that additional information can be found in the renewal application (specify project name and grant number) submitted to the Ranking Committee.

- a) State whether the applicant had any unexpended funds from its most recently completed HUD CoC grant(s), including how much was unexpended and steps being taken to ensure all funds are expended for future grants. If there were no unexpended funds, respond “N/A.”
- b) If the organization has been monitored by HUD since January 2019, existing grantees should reference the Out-Wayne renewal project that is the subject of the monitoring or describe in a narrative the status of the project monitoring (using the table below as a guide). New grantees should complete the following table and attach the required documents. If the organization has not been monitored since January 2019, respond “N/A.”

Attached (✓)	<u>Documentation - Required for New Grantees Only</u>
	Attachment #7: Notification letter or email from HUD that your project will be monitored
	Attachment #8: Monitoring report from HUD (the report that identifies any concerns or findings); <b>OR</b> <input type="checkbox"/> N/A: HUD has not yet provided our organization with their monitoring report

	<p>Attachment #9:          If monitoring report identified concerns, findings, or other items requiring a response, provide your organization’s response to these items; <b>OR</b>  <input type="checkbox"/> N/A: The monitoring report did not contain any items requiring our organization’s response</p>
	<p>Attachment #10:          Documentation from HUD that a monitoring concern or finding has been satisfied; <b>OR</b>  <input type="checkbox"/> N/A: HUD has not yet responded to our organization’s response to the monitoring report</p>
	<p>Attachment #11:          Any other monitoring-related correspondence between your organization and HUD; <b>OR</b>  <input type="checkbox"/> N/A: No other correspondence to provide</p>

- 18. **Eviction Prevention:** Describe how the project will prevent evictions. If the organization does not have eviction prevention policies, describe how the organization will develop such policies.
  
- 19. **Lease Obligations:** Tenants in PSH should have a lease or sub-lease that is identical to that of a non-supportive housing tenant. The lease should have no service requirements nor limits on length of stay as long as the terms of the lease are met. Describe how your lease or sub-lease agreements meet, or are being developed to meet, these standards.

**PART C: Budget Pages**

Submit the appropriate budget information for this project using the charts below. Note that the following budget line items may not be combined in a single project:

- Rental Assistance + Leasing = Not Allowed
- Rental Assistance + Operating = Not Allowed

Based on the budget option being requested, complete the following budget line item charts below. For Expansion proposals, only provide the budget representing the proposed increase for the project.

**SUMMARY BUDGET**

The following information summarizes the CoC funding request and the available match for the total term of the project. Enter the appropriate amount of administrative costs for the project.

<b>CoC Activities</b>	<b>CoC Dollars Request</b>	<b>Comments</b>
Acquisition		
Rehabilitation		
New Construction		
Subtotal (Lines 1 through 3)		
Real Property Leasing (from Leasing Budget Chart)		
Leased Structures (from Leased Structures Budget Chart)		
Rental Assistance (from Rental Assistance Budget Chart)		
Supportive Services (From Supportive Services Budget Chart)		
Operations (From Operating Budget Chart)		
HMIS (From HMIS Budget Chart)		
Subtotal CoC Request		
Administrative Costs		
Total CoC Request		
Cash Match		
In-Kind Match		
Total Project Cost		

**GRANT TERM**

Please note the requested grant term: \_\_\_\_\_

**LEASING/RENTAL ASSISTANCE BUDGET  
(monthly amount cannot exceed FMR)**

Unit Size	# of units	Amount/month	12 months	Total
SRO				
0 bedroom				
1 bedroom				
2 bedrooms				
3 bedrooms				
4 bedrooms				
5 bedrooms				
Total Units				
Total Request				

**LEASED STRUCTURES BUDGET**

Leased Structures Costs	CoC Dollars Requested
HUD Paid Rent Per Month	
<b>TOTAL ANNUAL ASSISTANCE REQUESTED</b>	
Total Structures	

**SUPPORTIVE SERVICES BUDGET**

Supportive Services Costs	CoC Dollars Requested
Assessment of Service Needs	
Assistance with moving costs	
Case Management	
Child Care	
Education Services	
Employment Assistance	
Food	
Housing/Counseling Services	
Legal Services	
Life Skills	
Mental Health Services	
Outpatient Health Services	
Outreach Services	
Substance Abuse Treatment	
Transportation	
Utility Deposits	
Operating Costs	
<b>TOTAL ANNUAL ASSISTANCE REQUESTED</b>	

**OPERATING BUDGET**

Operating Costs	CoC Dollars Requested
Maintenance/Repair	
Property Taxes and Insurance	
Replacement Reserves	
Building Security	
Electric, Gas and Water	
Furniture	
Equipment (lease, buy)	
<b>TOTAL ANNUAL ASSISTANCE REQUESTED</b>	

**HMIS BUDGET**

HMIS Costs	CoC Dollars Requested
Equipment	
Software	
Services	
Personnel	
Space and Operations	
<b>TOTAL ANNUAL ASSISTANCE REQUESTED</b>	

**MATCH**

The following details for the proposed match should be listed below. It is not necessary to provide documentation or have a commitment at the time the application is submitted.

Type	Source	Contributor	Value	Comments
<b>TOTAL VALUE OF ALL MATCH COMMITMENTS:</b>				

**PART D: Scoring**

**FY 2023 SCORING SHEET – NEW PROJECT APPLICATIONS  
OUT-WAYNE COUNTY CONTINUUM OF CARE**

New projects will be scored based upon the following components, for a total of 110 possible points. Scoring for ranking is based upon a percentage of points achieved and relevant to the project component type. For new project applications completed for an expansion of an existing CoC grant, the score that will be utilized for ranking will be for the renewal project that the expansion is based upon.

<b>Project Name:</b>		<b>Agency:</b>	
<b>Project Component Type:</b> <input type="checkbox"/> Permanent Supportive Housing (PSH) – Project Based <input type="checkbox"/> Permanent Supportive Housing (PSH) – Scattered Site <input type="checkbox"/> Rapid Re-housing (RRH) <input type="checkbox"/> Joint Transitional Housing (TH) - Rapid Re-housing (RRH) Component Project <input type="checkbox"/> Supportive Services Only for Coordinated Entry (SSO) <input type="checkbox"/> Dedicated HMIS carried out by the CoC’s HMIS Lead		<b>Funding Source for New Project (Check All That Apply):</b> <input type="checkbox"/> CoC Bonus <input type="checkbox"/> Domestic Violence (DV) Bonus <input type="checkbox"/> Reallocation (Including Transition)  <b>Expansion/Transition – Check off if this new project is being created through an expansion or transition:</b> <input type="checkbox"/> Expansion <input type="checkbox"/> Transition	
<b>EXPERIENCE AND CAPACITY</b>		<b>Total Possible Points: 20</b>	
<b>Evaluation Dimension</b>	<b>Reviewer Score</b>	<b>Reviewer Comments</b>	
<ul style="list-style-type: none"> <li>• Experience working with proposed population and housing type</li> <li>• Concerns with current CoC grants</li> <li>• Clarity of roles of partners (if applicable)</li> <li>• Collaborative relationships with other service providers</li> <li>• Satisfactory organizational structure and financial management systems</li> </ul>			
<b>PROJECT DESCRIPTION AND TIMELINE</b>		<b>Total Possible Points: 10</b>	
<b>Evaluation Dimension</b>	<b>Reviewer Score</b>	<b>Reviewer Comments</b>	
<ul style="list-style-type: none"> <li>• Clearly and comprehensively addresses all key points for project structure highlighted in application</li> <li>• Operational within timeframe required by HUD</li> <li>• Site-related information complete based on type of project</li> </ul>			
<b>HOUSING FIRST EXPERIENCE/EVICTION PREVENTION</b>		<b>Total Possible Points: 15</b>	
<b>Evaluation Dimension</b>	<b>Reviewer Score</b>	<b>Reviewer Comments</b>	
<ul style="list-style-type: none"> <li>• Fidelity with Housing First principles</li> <li>• Eviction prevention strategy</li> </ul>			

**FY 2023 SCORING SHEET – NEW PROJECT APPLICATIONS  
OUT-WAYNE COUNTY CONTINUUM OF CARE**

<b>COC PARTICIPATION</b>			<b>Total Possible Points: 10</b>
<b>Evaluation Dimension</b>	<b>Reviewer Score</b>	<b>Reviewer Comments</b>	
<ul style="list-style-type: none"> <li>• Current participant (Membership, PIT Count, Committees)</li> <li>• Satisfactory data quality performance in HMIS (or comparable database if applicant is a victim service provider)</li> <li>• Coordinated Entry (referrals, workgroup meetings)</li> <li>• Agencies that have not participated will be unable to earn these points</li> </ul>			
<b>ABILITY TO LEVERAGE HEALTHCARE AND MAINSTREAM RESOURCES</b>			<b>Total Possible Points: 10</b>
<b>Evaluation Dimension</b>	<b>Reviewer Score</b>	<b>Reviewer Comments</b>	
<ul style="list-style-type: none"> <li>• Plan to facilitate applications for Medicaid and other mainstream resources</li> <li>• Ability to bill Medicaid (PSH only)</li> <li>• Extent to which agency is able to leverage healthcare, health insurance, and mainstream resources</li> </ul>			
<b>DESIGN OF HOUSING AND SUPPORTIVE SERVICES AND PROGRAM ACTIVITIES</b>			<b>Total Possible Points: 15</b>
<b>Evaluation Dimension</b>	<b>Reviewer Score</b>	<b>Reviewer Comments</b>	
<ul style="list-style-type: none"> <li>• Service and housing design or program activities meets type and needs for targeted population or CoC infrastructure</li> <li>• Efficacy of service or program design to increase employment/income and living independently</li> <li>• Plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable and accessible to their needs</li> <li>• Demonstrated Outcomes (agencies that are not current providers for targeted populations, housing types or program activities will be unable to earn these points)</li> <li>• For DV project, plans included to ensure safety for participants and meet unique challenges to permanent housing</li> </ul>			
<b>ORGANIZATIONAL AND FINANCIAL MANAGEMENT</b>			<b>Total Possible Points: 10</b>
<b>Evaluation Dimension</b>	<b>Reviewer Score</b>	<b>Reviewer Comments</b>	
<ul style="list-style-type: none"> <li>• Experience utilizing Federal funds especially HUD grants</li> <li>• Successful drawdown of all funds</li> <li>• Satisfactory organizational and management structure and capacity</li> <li>• Strength of financial management team</li> </ul>			

**FY 2023 SCORING SHEET – NEW PROJECT APPLICATIONS  
OUT-WAYNE COUNTY CONTINUUM OF CARE**

<b>*** NEW ***</b>		
<b>RACIAL EQUITY</b>		<b>Total Possible Points: 5</b>
<b>Evaluation Dimension</b>	<b>Reviewer Score</b>	<b>Reviewer Comments</b>
<ul style="list-style-type: none"> <li>Strategies and organizational processes are illustrated</li> <li>Examples of implementation are provided</li> <li>Up to 5 points, with each point based on development of a strategy or examples of implementation</li> </ul>		
<b>*** NEW ***</b>		
<b>PERSONS WITH LIVED EXPERIENCE</b>		<b>Total Possible Points: 5</b>
<b>Evaluation Dimension</b>	<b>Reviewer Score</b>	<b>Reviewer Comments</b>
<ul style="list-style-type: none"> <li>Strategies and organizational processes are illustrated</li> <li>Examples of implementation are provided</li> <li>Up to 5 points, with each point based on development of a strategy or examples of implementation</li> </ul>		
<b>BUDGET AND MATCH</b>		<b>Total Possible Points: 10</b>
<b>Evaluation Dimension</b>	<b>Reviewer Score</b>	<b>Reviewer Comments</b>
<ul style="list-style-type: none"> <li>Proposed plan for match</li> <li>Budget shows only allowable costs</li> <li>Budget reflects reasonable and customary costs</li> </ul>		
<b>ATTACHMENTS (INCLUSION AND CONTENT) Total Possible Points: NOT SCORED</b>		
<b>Evaluation Dimension</b>	<b>Reviewer Score</b>	<b>Reviewer Comments</b>
<ul style="list-style-type: none"> <li>All submitted</li> <li>Audit for New Grantees will be reviewed separately</li> </ul>		
<b>TOTAL POINTS ACHIEVED</b>		<b>Total Possible Points: 110</b>
<b>Evaluation Dimension</b>	<b>Reviewer Score</b>	<b>Reviewer Comments</b>
<b>Total Points</b>		

**Ranking Committee Reviewer Name & Email:** \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL REVIEWER COMMENTS:**

**Signature Page**

This page is to be signed by the Executive Director of the recipient agency or their authorized representative.

My signature below affirms the following:

- 1) If awarded Continuum of Care funds by the U.S. Department of Housing and Urban Development, this project will comply with all program regulations as found in the Continuum of Care Program Interim Rule 24 CFR Part 578.
- 2) The organization will enter required project and client data into the Homeless Management Information System (HMIS) in accordance with the HMIS Data Standards and HMIS Policies & Procedures.
- 3) The funded project will participate in the Coordinated Entry process in accordance with Coordinated Entry Policies and Procedures adopted by the Out-Wayne County Continuum of Care.
- 4) Applicant, through its organizational policies, practices and operation of the proposed project will demonstrate a commitment to a racial equity analysis process through planning and evaluation.
- 5) Applicant, through its organizational policies, practices and operation of the proposed project will demonstrate a commitment to the inclusion of people with lived experience.
- 6) The data submitted with this application (in both the APR submitted to HUD via Sage and any data generated from HMIS) is complete, accurate, and correct.
- 7) It is understood that renewal and bonus projects will be submitted to HUD in accordance with the Out-Wayne County CoC ranking decisions based upon the ranking policies detailed in the RFP for the FY 2023 Renewal and Bonus Project Ranking Protocol and that such project ranking decisions are final.
- 8) It is understood that the Out-Wayne County Continuum of Care is responsible for making decisions on which new and renewal projects are submitted to HUD each year as part of the annual CoC competition, and that the ultimate decision in whether or not a project is funded is made by HUD. It is further understood that 24 CFR §578.35 describes certain situations in which an agency may submit an appeal directly to HUD. It is agreed that the submission of an appeal to HUD, in accordance with HUD’s policies and procedures, is the final recourse that may be taken for the project.

Signed:

Date:

\_\_\_\_\_  
*(Executive Director or authorized representative)*

Title:

Name Printed:

Name of Agency: