# DeKalb County GEORGIA

# DEKALB CONTINUUM OF CARE

# FY 2024 – FY 2025

# CoC Program Competition

This program is funded by the

United States Department of Housing and Urban Development (HUD)

## 2024 - 2025 DeKalb Application for Renewal Projects

Release Date:  August 16, 2024

NOFO Application Information Meeting:  August 21, 2024 - 2:00 pm.

Deadline for Electronic Submission

September 6, 2024 @ 5:00 p.m.

No applications will be accepted after the deadline.

## Michael Thurmond, CEO

**BOARD OF COMMISSIONERS**

Robert Patrick, District 1; Michell Long-Spears, District 2;

Steve Bradshaw, District 4; Mereda Johnson, District 5; Ted Terry, District 6;

www.dekalbcountyga.gov

# HUD Continuum of Care Program Competition

# *2024 - 2025 DeKalb CoC Application for Renewal Projects*

Project Type:   PSH ☐   S+C ☐   RRH ☐   RRH-DV ☐   Joint TH + RRH ☐

## A.    Applicant Information – 25 points

1. **Applicant (Agency Name)** _____

2. **Project Information**

| | |
|---|---|
| a. Project Name as Shown on GIW | |
| b. Current Project Grant # | |
| c. Grant Amount | |
| c. Start and End Date of Current CoC Award | ☐ To ☐ |
| d. Are you requesting a change in funding level for the 2024 cycle | ☐ Yes, due to unused funding    ☐ No<br>☐ Yes, due to expansion    ☐ No<br>*Note:  If applying for an expansion a new project application may also be required* |
| e. Are you requesting to transition to another project type for the 2024 cycle? | ☐ Yes    ☐ No |
| • *Note:  To be eligible to receive a transition grant, the renewal project applicant must have the consent of the DeKalb CoC Collaborative Applicant.* | |

3. (a) Please provide a clear and concise project description of the renewal project as currently operated. (b) The description should include the project type, target population(s) served, and outcomes achieved to date (i.e. # currently served, housed, etc.). (c) Include information on housing barriers faced by target population, particularly persons of different races and ethnicities, and (d) what steps have or will be taken to address or mitigate the identified barriers.

4. (a) Did you expend all funds allocated in the FY2022 CoC Competition award?   Yes ☐ No ☐
   If not, please explain.  (b) Were any funds recaptured by HUD from the most recently expired grant term related to this renewal project? Yes ☐ No ☐
   If yes, indicate the amount of recaptured funds? _____ Please explain.
   (c) Do you expect to expend all funds allocated in the 2023 CoC Competition Award? Yes ☐ No ☐
   (d) What amount of funds are available for reallocation in the FY24 Competition $_____
   Would outcomes and level of service be affected with adjusted funding level? Please explain if applicable.

5. In the chart below, please indicate (a) the total grant award for each CoC Competition Year and (b) the amount of funds expended at the expiration of each grant period. Please attach copies of your program grant's ELOCCS for each year (**Exhibit E)**.

| NOFO Competition Year | Amount Awarded | Amount Expended | % Expended |
|---|---|---|---|
| FY2022 | | | |
| FY2021 | | | |
| FY2020 | | | |

6. (a) What was the date of your most recent HUD monitoring visit? _____. If applicable, please attach a copy of your most recent monitoring report, along with any responses, and corrective action documentation, if applicable. (**Exhibit F**).
   (b) Please attach most recent (1) HUD Grant Agreement, (2) Amendments and (3) Technical Submission which fully describe your current project **(Exhibit H)**

7. Does the applicant have open (unresolved) monitoring findings or concerns from any governmental or foundation funder? ☐ Yes ☐ No
   If yes, list findings or concerns and remediation activities.

| Finding/Concern | Remediation Activities | Date Remediation Completed | Date Accepted by HUD/Funder |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

8. List the names of representatives from your organization who participated in CoC activities as shown below:
   a. Attended CoC Meetings

| Representative Name | Date of CoC Meeting |
|---|---|
|  |  |
|  |  |
|  |  |
|  |  |

   b. Participated in the CoC's 2024 Point in Time Count ☐ Yes ☐ No

| Representative Name | January 2024 |
|---|---|
|  |  |
|  |  |
|  |  |
|  |  |

   c. Served on a CoC Board or Committee (provide the reps name and the name of the Committee)

| Representative Name | CoC Board/Committee/Workgroup |
|---|---|
|  |  |
|  |  |
|  |  |

   d. Participated in other CoC activities (provide the name of the representative and the date of the activity including Case Managers Meetings, Trainings, etc.

| Representative Name | CoC Activity | Date Attended |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |

9. If your organization was not represented in the above CoC activities, please explain why?

10. (a) Describe how your organization participates in the DeKalb CoC Coordinated Entry System? Answer may include referrals, enrollment, etc. (b) are there any barriers to CE participation?

11. All applicants must submit a copy of the most recent audit your agency has received, including the management letter (**Exhibit C**). If the letter identifies any findings or concerns, provide any copies of any subsequent correspondence and/or explain agency plan of action to address these items. If your agency does not have an audit, please provide the most recent financial statement.

12. If the audit in **Exhibit C** is older than 12 months, provide an explanation of delays in audit and date when pending current audit is expected to be issued.

13. Has your agency been required to repay Federal Funds within the last three years?
☐ Yes  ☐ No  If yes, please explain.

14. Does the agency have any current outstanding federal debt?  No ☐  Yes ☐
If yes, please explain.

## B. Project Information - 40 Points

**1. Project Type  - Include information based on the most recent APR**

| Check Type Housing | Housing Type | | Check Pop Served | Population Served | Check all subpop that apply | Subpopulations | % of clients served in each category |
|---|---|---|---|---|---|---|---|
| | Permanent Supportive Housing | | | Individuals | | Chronic Homeless | |
| | | Facility Based | | Households with Children | | DV Survivors | |
| | | Scattered Site | | Unaccompanied Youth | | Trafficking Victims | |
| | Rapid Rehousing | | | Veterans | | Substance Abuse | |
| | Joint Transitional Housing/Rapid Rehousing | | | | | Mentally Ill | |
| | | | | | | HIV/Aids | |
| | | | | | | Households with Children | |
| | | | | | | Veterans | |
| | | | | | | Unaccompanied Youth | |
| | | | | | | Other – Specify | |

4. Is the project 100% dedicated to serving the chronically homeless ☐ or DedicatedPlus ☐ ?

5. Indicate whether any of the following approaches apply to your project.

| Housing First/Low Barrier Approach | Answer | | Comments |
|---|---|---|---|
| | Yes | No | |
| a. Does the project accept all clients regardless of current substance use or history of use? | | | |
| b. Does the project accept clients who are diagnosed with or show symptoms of mental illness | | | |
| c. Does the project accept clients regardless of criminal history? | | | |
| d. Does the project accept clients regardless of income or financial resources? | | | |
| e. Does the project use a harm-reduction model for drugs and/or alcohol use/treatment | | | |

6. Indicate whether any of the following apply to your project.

| Will the project terminate clients from housing under the following circumstances? | Answer | |
|---|---|---|
| | Yes | No |
| f. Failure to participate in supportive services? | | |
| g. Failure to make progress on a service plan? | | |
| h. Loss or income or failure to gain/increase income? | | |
| i. Being a victim of domestic violence? | | |
| j. Any other activity not typically covered in a lease agreement? | | |

7. Describe Agency methods used to monitor/ensure Housing First compliance.
8. Describe how people with lived experience are currently engaged in renewal project service delivery and decision making. Provide specific detail on the following activities: (a) leadership roles, (b) professional development and/or employment opportunities, (c) feedback on program assistance and/or challenges faced. (d) Based on feedback shared, what steps or actions have or will be taken to address challenges faced by people with lived experience?

## C. System Performance & Service Capacity – 25 Points

1.  Please select a project type and complete the charts below **showing housing stability achieved through exits to permanent housing, increased income and coordination with mainstream benefits.** These same objective performance measures are also utilized as a metric that correlates to improved safety for survivors of domestic violence. **Please provide an explanation if there are significant changes between the previous and most recent APR submitted to HUD or data generated from a comparable database.**

| | Metric | Number reflected in the previous APR Submitted to HUD | Number reflected in the most recent APR Submitted to HUD | % Change | Comment/Explanation |
|---|---|---|---|---|---|
| **System Performance - Housing Stability** | **COMPLETE Q1-CHART BELOW FOR RENEWAL PROJECT TYPE (TH,PSH,RRH,JT/RRH)** | | | | |
| | **Q1 - Transitional Housing** | | | | |
| | # of Clients Contracted to Serve | | | | |
| | a. # clients served in Transitional Housing | | | | |
| | b. # served that exited Transitional Housing | | | | |
| | c. How many exited to Permanent Housing | | | | |
| | Percentage of Successful Exits <mark>(Calculate: c divided by a)</mark> | | | | |
| | **Q1 - Permanent Supportive Housing** | | | | |
| | # of Clients Contracted to Serve | | | | |
| | a. # clients served in Permanent Supportive Housing | | | | |
| | b. How many exited (Leavers) | | | | |
| | c. How many exited to other Permanent Housing | | | | |
| | d. How many remained (Stayers) | | | | |
| | Percentage of Successful PSH Exits/Retention | | | | |

| | | | | |
|---|---|---|---|---|
| (Calculate: # Exited to PH plus # Remains divided by Total Exits for the Period) | | | | |

### Q1 - Rapid Rehousing/ RRH-DV

| Metric | Number reflected in the previous APR Submitted to HUD | Number reflected in the most recent APR Submitted to HUD | % Change | Comment/Explanation |
|---|---|---|---|---|
| # of Clients Contracted to Serve | | | | |
| a. # clients served in Rapid Re-Housing or RRH-DV | | | | |
| b. How many exited | | | | |
| c. How many exited to Permanent Housing | | | | |
| d. Percentage of Successful Exits (Calculate c/a) | | | | |

**Increased Income**

| Metric | Number reflected in the previous APR Submitted to HUD | Number reflected in the most recent APR Submitted to HUD | % Change | Comment/Explanation |
|---|---|---|---|---|
| **All Project Types: Transitional Housing, Permanent Supportive Housing and Rapid ReHousing, RRH-DV, Joint TH/RRH** | | | | |
| Of those who exited, # of participants that increased their income from employment from entry date to program exit date | | | | |
| Of those who exited, # of participants that increased their income from sources other than employment from entry date to program exit date | | | | |
| Of those who exited the program, # with zero income from any source | | | | |

| | Metric | Number reflected in the previous APR Submitted to HUD | Number reflected in the most recent APR Submitted to HUD | % Change | Comment/Explanation |
|---|---|---|---|---|---|
| **Mainstream** | # of participants that obtained noncash program benefits from program entry date to exit date. **(SNAPS, TANF, Insurance, etc.)** | | | | |

2. **Bed/Unit Inventory and Utilization**

    a.      # Beds Dedicated to Chronically Homeless (HIC)_____

             # Beds Dedicated to Youth _____

             # Bed Dedicated to Veterans _____

    b.      Total Number of Units/Beds under Contract (HIC):_____

    c.      Total Number of Units being utilized on January 26, 2024 (Point in Time Count Night)

    d.      If utilization rate is below 80%, please explain.

3.     Give specific examples of the strategies your new project proposal will employ to support achievement of the following CoC- wide performance objectives
        a. Reduce recurring episodes of homelessness
        b. Reduction in length of time persons remain homeless
        c. Increase percentage of persons who obtain and retain permanent housing
        d.  Increase in percent of adults who gain or increase employment or non-employment cash income

## Budget

**1. OPERATING BUDGET**

*To be completed only if requesting operating funds*

| | Eligible Costs | Quantity/Description | 1 year request | Match (Cash or InKind Value) |
|---|---|---|---|---|
| 1 | Maintenance/Repair | | | |
| 2 | Property taxes and insurance | | | |
| 3 | Replacement Reserve | | | |
| 4 | Building security | | | |
| 5 | Electricity, gas, water | | | |
| 6 | Furniture | | | |
| 7 | Equipment *(lease/buy)* | | | |
| | | | | |
| Total Request | | | | |
| Total Cash / In Kind Match | | | | |
| Total Operating Budget | | | | |

## 2. SUPPORTIVE SERVICES BUDGET

*To be completed only if requesting supportive services funds*

| | Eligible Costs | Quantity /Description (limit 400 characters) | 1 year request | Match (Cash or InKind Value) |
|---|---|---|---|---|
| 1 | Assessment of Service Needs | | | |
| 2 | Assistance with Moving Costs | | | |
| 3 | Case Management | | | |
| 4 | Child Care | | | |
| 5 | Education Services | | | |
| 6 | Employment Assistance | | | |
| 7 | Food | | | |
| 8 | Housing/Counseling Services | | | |
| 9 | Legal Services | | | |
| 10 | Life Skills | | | |
| 11 | Mental Health Services | | | |
| 12 | Outpatient Health Services | | | |
| 13 | Outreach Services | | | |
| 14 | Substance Abuse Treatment Services | | | |
| 15 | Transportation | | | |
| 16 | Utility Deposits | | | |
| 17 | VAWA Costs | | | |
| Total service dollars requested | | | | |
| Cash / In kind Match | | | | |
| Total Supportive Services Budget | | | | |

**\*Renewal Project Applicants wishing to utilize the new <u>VAWA Cost Budget Line Item</u> (BLI) may request to <u>add</u> funds to this line from an existing line item.  Applicants may also request to <u>expand</u> existing renewal grant budgets to add new funding to this BLI.**

**Purpose:  To facilitate and coordinate activities to ensure compliance with the emergency transfer plan requirement in 34 USC 12491(c) and monitoring compliance with confidentiality requirements.**

### 3. LEASING

| Unit type (bedroom #) | Number of Units | FY2024 FMR | One Year Leasing Budget | Total Leasing Request |
|---|---|---|---|---|
| 0 | | $ | $ | $ |
| 1 | | $ | $ | $ |
| 2 | | $ | $ | $ |
| 3 | | $ | $ | $ |
| 4 | | $ | $ | |
| Leasing Assistance Subtotal | | | | |
| | | | | |
| For facility or office rental, enter one year budget | | | $ | $ |
| | | | | |
| Leasing Total | | | $ | $ |

### 4. RENTAL ASSISTANCE

| Unit type (bedroom #) | Number of Units | FY2024 FMR | One Year Leasing Budget | Total Leasing Request |
|---|---|---|---|---|
| 0 | | $ | $ | $ |
| 1 | | $ | $ | $ |
| 2 | | $ | $ | $ |
| 3 | | $ | $ | $ |
| 4 | | $ | $ | |
| Unit Rental Assistance Subtotal | | | | |

### 1. BUDGET SUMMARY

| PROGRAM SUMMARY BUDGET (Activities) | | CoC Request | Cash / In-kind Match | Totals |
|---|---|---|---|---|
| 1 | Real Property Leasing from Leasing Budget Chart | $ | | |
| 2 | Supportive Services from Supportive Services Budget Chart | $ | | |
| 3 | Operations from Operations Budget Chart | $ | | |
| 4. | Rental Assistance | $ | | |
| 5 | *(Subtotal lines 1 – 4)* | $ | | |
| 5 | CoC Request | $ | | |
| 6 | Administrative Costs *(Up to 10% of line 5)*\* | $ | | |
| | | Total CoC Request *(Total lines 5 and 6):*  $ | Total Cash/In-kind Match:  $ | Total Budget *(Total CoC Request + Total Cash Match):*  $ |

**Project Type** _____

**Number of Units** _____

**Number of Clients** _____

**Average Cost per Client/year** $_____

## A.    MATCH

Project applicants are required to provide match for each project.   Projects without sufficient match shall be determined ineligible. (Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. §§ 1001, 1010, 1012, 31 U.S.C. §§ 3729, 3802). Information on Match requirements can be found in the CoC Interim Rule at 24 CFR 578.72.

Match (Cash or In-Kind Resources)
Except for leasing, match resources must equal to at least 25% of the total requested HUD funding, including project and administrative costs.  Please note, Cash and In-Kind Match must qualify as eligible program expenses under the CoC Interim Rule.  All projects must have a written commitment letter or (MOU) to document the required match. Copies of these commitment documents must be submitted with the approved ESNAPS submission. A written commitment may include signed letters (on letterhead), memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, in- kind, child care, case management, etc.), the value of the contribution, the date that the contribution will be available, and the source of funds. The written commitment must include the project name and be addressed to the project applicant or non-profit. If applicable, leveraged housing or healthcare resources must equal at least 25% of the total requested HUD funding, including project and administrative costs.

1. **Cash Match** - Primary Sources of Match Funds (to equal 25% of total costs <u>minus</u> leasing amounts)

       *SOURCE*                                         *AMOUNT*

A _____     _____

B _____     _____

C _____     _____

D _____     _____

E _____     _____

F _____     _____

                                                      TOTAL

2. **In-Kind Match** - Primary Sources of Match In-Kind Resources (to equal 25% of total costs <u>minus</u> leasing)

       *SOURCE*                                        *12 Mo. $ Value*

A _____     _____

B _____     _____

C _____     _____

D _____     _____

E _____     _____

                                                      TOTAL

3. **Leverage** - Primary Sources of Leveraged Housing and/or Healthcare Resources (to equal 25% of total costs <u>minus</u> leasing)

       *SOURCE*                                        *12 Mo. $ Value*

A _____     _____

B _____     _____

C _____     _____

D _____     _____

E _____     _____

                                                      TOTAL

## Certification

All information in this application is true and correct.  The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

- The applicant acknowledges that this application is submitted as a requirement of the local CoC NOFO Competition for FY24.  All applications will be reviewed, rated and ranked using objective scoring criteria.

- The applicant agrees to participate fully in the DeKalb CoC coordinated entry system.

- The applicant agrees to participate fully with this community's Homeless Management Information System (HMIS) (ClientTrack).

- The applicant agrees to comply with all Administrative, National and Department Policy Requirements and Terms for HUD Financial Assistance Awards


Please Print or Type

**Name:** _____

**Title:** _____

**Phone:** _____

**Email:** _____


Original Signature of Authorized Representative:

_____

_____
Date

**DeKalb County Homelessness Continuum of Care**
**FY 2024 – FY 2025 Renewal Project Application Objective Review and Rating Criteria**

Applicant Name/Renewal Project # : _____ Reviewer _____

Score _____

| DATA SOURCE | MEASURE | SCORING | POINT RANGE |
|---|---|---|---|
| **Section A** App Q3 | Clear and concise description of scope of renewal project<br><br>…Project Type<br>…Target Population and Outcomes Achieved<br>…Barriers and Strategies to address | Yes<br>No | 2<br>0<br>1<br>1<br>1 |
| App Q5 eLOCCS Grant Detail; Q Spending Rpt | Expenditure of Funds by the Expiration of most recent Grant Period (FY 2021)<br>(Scoring: expend 100% of funds – receive 5 points, 80% of funds, receive 3 points; 70% = 2 points, 50% or less = 0) | 100%<br>80%<br>70%<br>50% or less | 5 points<br>3 points<br>2 points<br>0 points |
| App Q5 eLOCCS Grant Detail 2020 | **Unexpended** Funds in the Previous Grant Years (2020)<br><br>(Scoring: Unexpended funds represent 20% or less of total award = 5 points 70% = 2 points, 50% or less = 0) | 20% or less<br>30%<br>40%<br>50% or more | 5 points<br>3 points<br>2 points<br>0 points |
| App Q7 | Agency has open monitoring findings or concerns | No<br>Yes | 2 points<br>0 points |
| App Q8 | Agency representation/attendance at CoC Meetings in the past year | 3 meetings<br>2 meetings<br>1 meeting<br>0 meetings | 4 points<br>3 points<br>2 points<br>1 point |
| App Q8c | Participated in CoC's 2024 HIC count (Response includes representative and submission date) | Yes<br>No | 1 point<br>0 points |
| App Q8d | Served on a CoC committee in the past year (e.g., CoC Board, Committees, Subcommittees, Workgroups, etc.) | Yes<br>No | 1 point<br>0 points |
| App Q8e | Participated in other CoC activities (e.g., Case Managers Meetings, Training, Homeless Initiatives) | Yes<br>No | 1 point<br>0 points |
| App Q10 | Project participated in coordinated entry in compliance with the CoCs Coordinated Entry policies and procedures; | Yes<br>No | 1 point<br>0 points |
| **Section A:  Applicant Information** | | **Total Points Section A (max 25 points)** | |

| | | | |
|---|---|---|---|
| **Section B**<br>App Q1 | Subpopulations Served<br>(Max 13 points) | CH<br>DV<br>Substance<br>Abuse<br>Mentally Ill<br>HIV/Aids<br>HH/Children<br>Veterans<br>Youth | 2 points<br>2 points<br>1 point<br><br>1 point<br>2 points<br>2 points<br>1 point<br>2 point |
| App Q4 | Project is 100% dedicated to serving the chronically homeless, is Dedicated Plus or prioritizes the chronically homeless (if yes to either question award full points) points) | Yes<br>No | 2 points<br>0 points |
| App Q5 | Project is using Housing First principles including no preconditions or barriers to entry except as required by regulation or funding source | Yes<br>No | 5 points<br>0 points |
| App Q5a | Project accepts all clients regardless of substance abuse / use | Yes<br>No | 1 point<br>0 points |
| App Q5b | Project accepts clients who are diagnosed with / show symptoms of mental illness | Yes<br>No | 1 point<br>0 points |
| App Q5c | Project accepts clients regardless of criminal history | Yes<br>No | 1 point<br>0 points |
| App Q5d | Project accepts clients regardless of income or financial resources | Yes<br>No | 1 point<br>0 points |
| App Q5e | Project uses evidence based/harm-reduction model for drugs and/or alcohol use | Yes<br>No | 1 point<br>0 points |
| App Q7 | Project monitors to ensure Housing First compliance | Yes<br>No | 5 points<br>0 points |
| App Q8 | Clear and specific description of current engagement of persons with lived experience<br>…Leadership/Employment<br>…Feedback<br>…Challenges and Strategies to address | Yes<br>No | 2<br>0<br>1<br>1<br>1 |
| | | | |
| **Section B – Project Information** | | **Total Points Section B (max 35 points)** | |
| | | | |
| | | | |

| | RATE ONLY ONE PROJECT TYPE | | |
|---|---|---|---|
| **Section C**<br>**App Q1 TH**<br>(TH, and Jt TH/RRH)<br><br>**Rate Q1c** | **Transitional Housing** (TH or Joint TH-RRH)<br>Successful exits to permanent housing | 80 to 100%<br>60 to 79%<br>50 to 59%<br><50% | 10 points<br>8 points<br>5 points<br>0 points |
| **App Q1 PSH**<br><br>**Rate Q1d**<br>**and Q2B.**<br>**Enter the Highest Score for either A or B for a maximum PSH score of 10 pts.** | A. **Permanent Supportive Housing (PSH)**<br>**Successful Retention** in Permanent Supportive Housing (Divide total number retained by total number served to calculate %)  Enter %_____ | 80 to 100%<br>60 to 79%<br>50 to 59%<br><50% | 10 points<br>8 points<br>5 points<br>0 points |
| | B. **Permanent Supportive Housing (PSH)**<br>**Successful Exits** to Other Permanent Housing (Divide total number exited to other permanent housing by total number exited to calculate%)  Enter % _____ | | |
| **App Q1 RRH and RRH -DV**<br>**Rate Q1c** | **Rapid Rehousing**<br>Successful Exits to Permanent Housing | 80 to 100%<br>60 to 79%<br>50 to 59%<br><50% | 10 points<br>8 points<br>5 points<br>0 points |
| **App Q3** | **Provides specific examples of strategies to achieve system wide performance objectives**<br>-Reduce repeat homelessness<br>-Reduction in length of time homeless<br>-Obtain and retain permanent housing<br>- Gain or increase earned or non-employment income | Yes<br>No | 1<br>0<br>1<br>1<br>1<br>1 |
| **Section C: System Performance and Service Capacity** | | **Total Points Section C**<br>**(max 15 pts)** | |
| | | SUBTOTAL – PRE- APPLICATION SECTIONS A, B AND C<br>Maximum 75 points | |

| Quantitative APR Performance Review | | | |
|---|---|---|---|
| **(Do not Complete – To be Completed by the Collaborative Applicant)** | | | |
| NOFO APR HMIS Data Score Card:  Data Source – SAGE APR CSV v5.1 | | | |
| APR DQ Sections 1, 2 and 6 | **Data Quality  (Accuracy, Completeness, Timeliness)**<br>% of client data with missing elements and/or entries reflecting "don't know or refused" | 0-5%<br>6-20%<br>>20% | 5 points<br>2 points<br>0 points |
| App Q1 (Housing Inventory Count – HIC) | **Bed Utilization**<br>Bed/Unit Utilization Rate** | 90 to 100%<br>80 to 89%<br>60 to 79%<br><60% | 5 points<br>3 points<br>1 point<br>0 points |
| APR Q19a1 | **Increased Earned Income**<br>Stayers with increased earned income | Yes<br>No | 5 points<br>0 points |
| APR Q19a1 | **Increased Other Income**<br>Stayers with increased other income | >20%<br>10-20%<br>1-9%<br>0% | 5 points<br>3 points<br>1 point<br>0 points |
| APR Q19a2 | **Increased Earned Income**<br>Leavers with increased earned income | Yes<br>No | 5 points<br>0 points |
| APR Q19a2 | **Increased Other Income**<br>Leavers with increased other income | >21%<br>10-20%<br>1-9%<br>0% | 5 points<br>3 points<br>1 point<br>0 points |
| APR Q20b | **Non-Cash Benefits Sources Leavers**<br>% 1+ sources of non-cash benefits upon exit | 75 to 100%<br>50 to 74%<br><50% | 5points<br>3 points<br>1 point |
| APR Q20b | **Non-Cash Benefits Sources Stayers**<br>% 1+ sources of non-cash benefits upon exit | 75 to 100%<br>50 to 74%<br><50% | 5 points<br>3 points<br>1 point |
| APR Q22c | **Rapid Rehousing Projects Only**<br>**Length of Time Between Project Start Date and Housing Move in Date** | 7 days or less<br>8 – 30 days<br>31 – 60 days<br>61 -90 days<br>91 – 180 days | 5 points<br>3 points<br>2 points<br>1 point<br>0 points |
| Q23a | **Successful Exits**<br>**Total percentage of persons exiting project to positive (permanent) housing destinations** | 80-100%<br>60-79%<br>59-60%<br>50-59%<br>< 49.99% | 5 points<br>3 points<br>2 points<br>1 point<br>0 points |
| | | **Total APR Maximum 50 Points** | |

| SAGE HMIS /ClientTrack | Coordinated Entry Compliance<br>% of total new project enrollments referred through CE | 80 – 100%<br>50 – 79%<br>50%> | 25 points<br>15 points<br>7   points |
|---|---|---|---|
| | | Total CE Maximum 25 Points | 25 Points |
| TOTAL – RENEWAL APPLICATION SECTIONS A, B AND C + APR/CE REVIEW<br><br>Maximum Score 150 points | | | |