



Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
 REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

5

Agency name: **Humility of Mary Shelter (Project #16)**

Reviewer name: **Tim Wilson**

Project name: **Housing First**
 (as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		1
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
	PRIORITIZATION (34)			

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9		9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2		2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.		3		3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8	10		10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) 4 b) 5 c) 1	10		10
PERFORMANCE (36)					
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10		10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10		10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16	unit should include time frame	15
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		98

✓

**Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO**

#5

Agency na **Humility of Mary Shelter (Housing First)**

Reviewer **Anne Brown**

Housing First
(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1	emergency shelter, sup svcs for vets, rapid rehousing and PH	1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2	PH for chronically homeless with disabling condition	2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2	March 31, 2015 due; APR submitted 3/26/15	2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3	Scott Cty Housing Cluster & Shelter & Trans Housing Cnsl; project staff hold offices on both	3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3	Exec Director and/or Director of Services participate in all meetings via conference call	3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2	HMSI's Dir of Svcs was a member of the "Closed with Exceptions" work group	2
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10	total grant \$65,361; 100% expended	10
	PRIORITIZATION (34)			

#5 - Humility of Mary (HSS 1st)

Anne Brown

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9	Permanent Housing	9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2		2
13	Beds dedicated to PSH. Applicants are to answer a, b OR c to indicate how well project matches with HUD priority for permanent supportive housing.		3	11 beds served chronically homeless; 100% utilization rates	3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) b) c)	10	15 <i>entered program; 14 from unsheltered or emergency; 1 from psychiatric but qualified; said only 93% percentage rate but seems to me to be 100%</i>	10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) b) c)	10		10
PERFORMANCE (36)					
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10		10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10		10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16		16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		100

+2 ✓

Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

#5

Agency na **Humility of Mary Shelter, Inc (Housing First)**

Reviewer **Karin Ford**

Housing First
(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		2
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
	PRIORITIZATION (34)			

#5 Humility of Mary (Hsg 1st)

Karin Ford

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9		9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2		2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.		3		3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8	10		10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) 4 b) 5 c) 1	10		10
PERFORMANCE (36)					
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10		10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10		10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16		16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		98

8/10

98/100

+2

Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
 REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

#6

Agency name: Cedar Valley Friends of the Family (Project #17)

Reviewer name: Tim Wilson

Project name: NEIPHP

(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		2
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
	PRIORITIZATION (34)			

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9	9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2	2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.		3	3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8	10	10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) 4 b) 5 c) 1	10	10
PERFORMANCE (36)				
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10	8
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10	10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16	16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A	N/A
Total			100	96

10

98

+3 P1

**Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO**

#6

Agency name: **Cedar Valley Friends of the Family**

Reviewer name: **Dennis Lauterbach**

Project name: **Northeast Iowa Permanent Housing Program**
(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3	Permanent Supportive Housing - No termination/appeals policy attached.	2
AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)				
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1	23 full time staff	1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2	17 rental sites	2
CONTINUUM OF CARE PARTICIPATION (10)				
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2	YE 11/30/15 met filing requirements	2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3	Leads 4 regional planning groups in nine counties	3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3	3 active voting members on the council and active in some committees.	3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2	Very active	2
BUDGET AND CAPACITY (14)				
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1

**Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO**

6

Agency name: **Cedar Valley Friends of the Family**

Reviewer name: **Dennis Lauterbach**

Project name: **Northeast Iowa Permanent Housing Program**
(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
PRIORITIZATION (34)				
11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.	9		9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.	2	30 beds with 100% utilization	2
13	Beds dedicated to PSH. Applicants are to answer a, b OR c to indicate how well project matches with HUD priority for permanent supportive housing.	3		3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	10	85% rate	10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	10		10
PERFORMANCE (36)				
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.	10	No staff W/ Soar Rating	8

**Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO**

#6

Agency name: **Cedar Valley Friends of the Family**

Reviewer name: **Dennis Lauterbach**

Project name: **Northeast Iowa Permanent Housing Program**
(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.	10	16 Supportive services listed	10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.	16	Budget not fully developed or itemized.	15
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.	N/A		N/A
Total		100		93

96

Funds Requested	\$ 202,312
Max Number of Individuals Served	30
Cost per bed	\$ 6,744
FTE's - 23	\$ 8,796

Al Axeen

Project #17

Project #21

Project #18

Project #19

Project #20

#6

Cedar Valley

Cedar Valley

Humility of Mary

Friend of the

Friends of the

Mason City

Shelter

Family Alliance

Questions

Family (NEIPHP)

Family (Turnning

Housing Authority

(Collaboration for

for Vetrans of

Point)

(SNAPS)

PH)

America (FAVA)

Application

#1

#2

#3

#4

#5

#6

#7

#8

#9

#10

#11

#12

#13

#14

#15

#16

#17

#18

TOTAL

98

Application	Project #17 Cedar Valley Friend of the Family (NEIPHP)	Project #21 Cedar Valley Friends of the Family (Turnning Point)	Project #18 Mason City Housing Authority (SNAPS)	Project #19 Humility of Mary Shelter (Collaboration for PH)	Project #20 Family Alliance for Vetrans of America (FAVA)
#1	3	3	3	3	3
#2	1	1	1	1	1
#3	2	2	2	2	2
#4	2	2	2	2	2
#5	3	3	2	3	2
#6	3	3	1	3	3
#7	2	2	1	1	2
#8	2	2	2	2	2
#9	1	1	1	1	1
#10	1	1	1	1	1
#11	10	10	8	10	8
#12	9	9	9	9	9
#13	2	2	2	2	0
#14	3	3	3	3	3
#15	7/10	6	6	7	8
#16	10	10	7	9	10
#17	8	8	4	10	8
#18	10	10	10	9	9
#18	16	16	16	16	16
TOTAL	95	94	81	94	90

Continuum of Care Ranking Notes

Mason City Housing Authority(SNAPS)

- a. #4 Not enough involvement in the Mason City area. Four meetings a year is just a start.
- b. # 5 and #6 Need involvement in with the Council and its Committees for this year too. I know cities have curtailed their travel so maybe you can get some of your "Partner Agencies" to be involved as a rep for you. It is countable if we understand the connection.
- c. #10 Unexpended funds

Humility of Mary Shelter(Collabrative for Permanent Housing)

- a. #6 Need continued involvement on Committees and Sub Committees
- b. #17 No childcare component mentioned.

Family Alliance for Veterans (FAVA)

- a. #10 First year not complete
- b. #12 Very low percentages
- c. #14 First year not complete
- d. #16 First year not complete
- e. #17 No childcare partner listed

Cedar Valley Friends of the Family (Turning Point)

#12 Numbers missing

#6

+4

Agency na Cedar Valley Friends Of Family NEIPHP

Reviewer Barb Michaels

NEIPHP

(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		2
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10

PRIORITIZATION (34)				
11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9	9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2	2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.		3	3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8	10	Points were deducted for % of participants that entered program unsheltered or from emergency shelter 85%
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) b) c)	10	10
PERFORMANCE (36)				
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10	10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10	10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16	16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A	N/A
Total			100	96

8/10

100

Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

+1

#7

Agency name: Humility of Mary Shelter (Collaboration-Project #19)

Reviewer name: Tim Wilson

Project name: Permanent Supportive Housing
(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		1
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
	PRIORITIZATION (34)			

#7 Humility of Mary (Collab.)

Tim Wilson

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9	9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2	2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.		3	3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8	10	10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) 4 b) 5 c) 1	10	9
PERFORMANCE (36)				
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10	10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10	10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16 unit not time-defined	15
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A	N/A
Total			100	96

10

97

Al Axeen



Project #17

Project #21

Project #18

Project #19

Project #20

Cedar Valley
Friend of the
Family (NEIPHP)

Cedar Valley
Friends of the
Family (Turnning
Point)

Mason City
Housing Authority
(SNAPS)

#7 Humility of Mary
Shelter

Family Alliance
for Vetrans of
America (FAVA)

Questions
Application

	Project #17	Project #21	Project #18	Project #19	Project #20
#1	3	3	3	3	3
#2	1	1	1	1	1
#3	2	2	2	2	2
#4	2	2	2	2	2
#5	3	3	1	3	3
#6	2	2	1	1	2
#7	2	2	2	2	2
#8	1	1	1	1	1
#9	1	1	1	1	1
#10	10	10	8	10	8
#11	9	9	9	9	9
#12	2	2	2	2	0
#13	3	3	3	3	3
#14	7	6	6	7.3	8
#15	10	10	7	9	10
#16	8	8	4	10	8
#17	10	10	10	9	9
#18	16	16	16	16	16

TOTAL

95

94

81

94

90

97

Al Axeen

Continuum of Care Ranking Notes

Mason City Housing Authority(SNAPS)

- a. #4 Not enough involvement in the Mason City area. Four meetings a year is just a start.
- b. # 5 and #6 Need involvement in with the Council and its Committees for this year too. I know cities have curtailed their travel so maybe you can get some of your "Partner Agencies" to be involved as a rep for you. It is countable if we understand the connection.
- c. #10 Unexpended funds

#7 Humility of Mary Shelter(Collabrative for Permanent Housing)

- a. #6 Need continued involvement on Committees and Sub Committees
- b. #17 No childcare component mentioned.

Family Alliance for Veterans (FAVA)

- a. #10 First year not complete
- b. #12 Very low percentages
- c. #14 First year not complete
- d. #16 First year not complete
- e. #17 No childcare partner listed

Cedar Valley Friends of the Family (Turning Point)
#12 Numbers missing

#3

✓

#7

Agency na **Humility of Mary Shelter Inc**

Reviewer **Barb Michaels**

Coordination through Collaboration for Permanent Housing
(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2	Did not describe current committee participation	1
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
	PRIORITIZATION (34)			

#7 Humility of Mary (Collab.)

Barb Michaels

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9		9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2		2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.		3		3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8	10	96% of participants unsheltered or emergency shelters	13
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) b) c)	10		9
PERFORMANCE (36)					
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10		10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10		10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16		16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		95

98

Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

+3 ✓

#8

Agency name: Cedar Valley Friends of the Family

Reviewer name: Tim Wilson

Project name: Turning Point

(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)				
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
CONTINUUM OF CARE PARTICIPATION (10)				
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		2
BUDGET AND CAPACITY (14)				
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
PRIORITIZATION (34)				

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9	9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2	2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.		3	2
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8	10	10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) 4 b) 5 c) 1	10	10
PERFORMANCE (36)				
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10	8
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10	10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16	16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A	N/A
Total			100	94

10

97

12

**Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO**

#8

Agency name: Cedar Valley Friends of the Family

Reviewer name: Dennis Lauterbach

Project name: **Turning Point** Rural Housing Project
(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3	Rapid Rehousing Program - No termination/appeals policy attached.	2
AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)				
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
CONTINUUM OF CARE PARTICIPATION (10)				
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2	YE 11/30/15 met filing requirements	2
4	Local Collaboration. Applicant is to describe levels of planning/coordination, organization and agency participation.	3	Leads 4 regional planning groups in nine counties	3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3	3 active voting members on the council and active in some committees.	3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2	Very active	2
BUDGET AND CAPACITY (14)				
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1

**Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
 REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO**

Agency name: Cedar Valley Friends of the Family

Reviewer name: Dennis Lauterbach

Project name: **Turning Point** Rural Housing Project
 (as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
	PRIORITIZATION (34)			
11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.	9	Rapid Rehousing Program	9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.	2	61 beds and use VI-SPDAT to prioritize referrals	2
13	Beds dedicated to PSH. Applicants are to answer a, b OR c to indicate how well project matches with HUD priority for permanent supportive housing.	3		3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	10	90% rate	8
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	10		10
	PERFORMANCE (36)			
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.	10	No staff W/ Soar Rating	8

8/10

**Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO**

#8

Agency name: **Cedar Valley Friends of the Family**

Reviewer name: **Dennis Lauterbach**

Project name: **Turning Point Rural Housing Project**
(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.	10	16 Supportive services listed	10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.	16	Budget not fully developed or itemized.	15
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.	N/A		N/A
Total		100		<u>94</u> 96

Funds Requested	\$ 291,658
Max Number of Individuals Served	61
Cost per bed	\$ 4,781
FTE's - 23	\$ 12,681

Al Axeen

Project #17

Project #21

Project #18

Project #19

Project #20

Cedar Valley
Friend of the
Family (NEIPHP)

#8 Cedar Valley
Friends of the
Family (Turnning
Point)

Mason City
Housing Authority
(SNAPS)

Humility of Mary
Shelter
(Collaboration for
PH)

Family Alliance
for Vetrans of
America (FAVA)

Questions

Application	Project #17	Project #21	Project #18	Project #19	Project #20
	3	3	3	3	3
#1	1	1	1	1	1
#2	2	2	2	2	2
#3	2	2	2	2	2
#4	3	3	2	3	2
#5	3	3	1	3	3
#6	2	2	1	1	2
#7	2	2	2	2	2
#8	1	1	1	1	1
#9	1	1	1	1	1
#10	10	10	8	10	8
#11	9	9	9	9	9
#12	2	2	2	2	0
#13	3	3	3	3	3
#14	7	6 10	6	7	8
#15	10	10	7	9	10
#16	8	8	4	10	8
#17	10	10	10	9	9
#18	16	16	16	16	16
TOTAL	95	94	81	94	90

$$\begin{array}{r} 14 \\ \hline 98 \end{array}$$

Al Axeen

Continuum of Care Ranking Notes

Mason City Housing Authority(SNAPS)

- a. #4 Not enough involvement in the Mason City area. Four meetings a year is just a start.
- b. # 5 and #6 Need involvement in with the Council and its Committees for this year too. I know cities have curtailed their travel so maybe you can get some of your "Partner Agencies" to be involved as a rep for you. It is countable if we understand the connection.
- c. #10 Unexpended funds

Humility of Mary Shelter(Collabrative for Permanent Housing)

- a. #6 Need continued involvement on Committees and Sub Committees
- b. #17 No childcare component mentioned.

Family Alliance for Veterans (FAVA)

- a. #10 First year not complete
- b. #12 Very low percentages
- c. #14 First year not complete
- d. #16 First year not complete
- e. #17 No childcare partner listed

#8

Cedar Valley Friends of the Family (Turning Point)

#12 Numbers missing

#8

+5

Agency na Cedar Valley Friends of Family

Reviewer Barb Michaels

Turning Point Rural Housing Project

(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)				
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
CONTINUUM OF CARE PARTICIPATION (10)				
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		2
BUDGET AND CAPACITY (14)				
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
PRIORITIZATION (34)				

#8 CV- Friends of Family (Turning Pt)

Barb Michaels

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9		9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2		2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.		3		3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8	10	90% of participants are unsheltered or from an emergency shelter	10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) b) c)	10		10
PERFORMANCE (36)					
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10	Staff have not completed SOAR training	8
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10		10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16		16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		93 98

#9

Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
 REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

Agency name: Clinton YWCA

Reviewer name: Tim Wilson

Project name: Rapid Rehousing Program

(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		2
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		1
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
	PRIORITIZATION (34)			

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9		9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2		2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.		3		2
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8	10		10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) 4 b) 5 c) 1	10		10
PERFORMANCE (36)					
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10		10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10		10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16		16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		97

Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

#9

Agency na **YWCA Clinton**

Reviewer **Anne Brown**

YWCA Rapid Rehousing Project

(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1	housing resources, case mgement and advocacy through Rapid Rehousing Program	1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2	Provides utility deposits; rental mngmt for homeless in Clinton & Jackson	2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2	11/30/16 due date	2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3	Clinton/Jackson Coal for Homeless; YWCA Dir is President; active group; investigating PH options	3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3	YWCA Empowerment Center Director attends all meetings	3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2	Coordinated Intake committee and the Iowa Quality Standards workgroup	2
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1	monthly drawdowns	1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10	\$72,762 budget; \$35,193; all funds anticipated to be spent by end date	10
	PRIORITIZATION (34)			

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9	Rapid Rehousing	9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2	35 beds; none dedicated to chronically	2
13	Beds dedicated to PSH. Applicants are to answer a, b OR c to indicate how well project matches with HUD priority for permanent supportive housing.		3	Coalition discussing need for PH; working with realtors to find and purchase when funds avail; do prioritize adults, youth & families first	2
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) b) c)	10	For the partial year completed, the program serving 9 adults & 19 children with 100% entering program.	10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) b) c)	10	all barriers removed; Termination Policy validates	10
PERFORMANCE (36)					
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10	all included	10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10	all provided	10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16		16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		99

✓

+15

Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

#9
Agency na **YWCA of Clinton**

Reviewer **Karin Ford**

Rapid Rehousing
(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3	would like to know more of the partners	3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		2
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10	Half has been spent due to new project, needs discussion	5
	PRIORITIZATION (34)			

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9		9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2		2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.		3		1
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8	10	Reports that its NA due to new applicant status	10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) 4 b) 5 c) 1	10		10
PERFORMANCE (36)					
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10		10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10		10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16		12
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		79

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2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

#9

Agency name: **YWCA Clinton**

Reviewer name: **Jan Ratliff**

Project name: **YWCA Rapid Rehousing Program**
(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)				
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
CONTINUUM OF CARE PARTICIPATION (10)				
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2	APR information is not yet available for the YWCA Rapid Rehousing Program as a full year of this new project has not been completed. The YWCA Rapid Rehousing grant began 12/1/2015 and will end its initial year of funding on 11/30/2016.	2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		2
BUDGET AND CAPACITY (14)				
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1

**Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO**

Agency name: YWCA Clinton

Reviewer name: Jan Ratliff

**Project name: YWCA Rapid Rehousing Program
(as it appears on Housing Inventory Chart)**

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10	Project operating year end date: <u>11/30/2016</u> b. Amount of grant: <u>\$72,762</u> c. Total funds expended: \$36,193 to date, see above d. Funds remaining (unexpended funds): <u>N/A</u> , see above, we anticipate expending all funds by the grant year-end date of 11/30/16 e. Unexpended funds percentage (d) / (b): <u>N/A</u> , see above	10
PRIORITIZATION (34)				
11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.	9		9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.	2		2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.	3		3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8	Due to the YWCA Clinton's Rapid Rehousing program new project status and the initial grant year-end date upcoming on 11/30/16, an APR cannot be completed until after the grant year ending date. For the partial year completed, the program currently is serving 9 adults with 19 children with 100% entering the program unsheltered or from emergency shelter	10

**Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO**

#9

Agency name: **YWCA Clinton**

Reviewer name: **Jan Ratliff**

Project name: **YWCA Rapid Rehousing Program**
(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance		Points Possible	Comments	Points Awarded
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) 4 b) 5 c) 1	10		10
PERFORMANCE (36)					
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10		10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10	Assessment of Services = As Needed. This should have a minimum time stated such as, "at least quarterly or sooner if needed". I deducted 2 points for this. Case Management = Bi-Weekly	8
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16		16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		98

Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative

REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

#10

Agency name: Community Housing Initiative

Reviewer name: Tim Wilson

Project name: Permanent Housing

(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		2
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		2
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		7
	PRIORITIZATION (34)			

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9		9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2		2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.		3		3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8	10		10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) 4 b) 5 c) 1	10		10
PERFORMANCE (36)					
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10		10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10		10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16		16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		96

-3 ✓

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REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

10

Agency name **Community Housing Initiatives**

Reviewer **Anne Brown**

Permanent Housing
(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)				
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1	community & neighborhood revitalization; supportive services	1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2	12 rental slots to homeless disabled in Black Hawk Cty; includes mental illness, physical disabilities	2
CONTINUUM OF CARE PARTICIPATION (10)				
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2	4/30/16 end date: APR not submitted yet but not due till end of July 2016 - extension granted	2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3	BH Local Coalition - Housing Director of Project is current chair	3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3	Housing Director is voting member;	3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2	Coordinated Intake Committee; attends CoC meetings	2
BUDGET AND CAPACITY (14)				
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1	6.80%	1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1	quarterly drawdowns	1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10	\$99,382 budget; remaining \$2,837 (2.85%)	10
PRIORITIZATION (34)				

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9	PH	9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2		2
13	Beds dedicated to PSH. Applicants are to answer a, b OR c to indicate how well project matches with HUD priority for permanent supportive housing.		3	13 beds for chronically homeless; utilization 115%	3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) b) c)	10	all beds are for chronically homeless	10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) b) c)	10	all barriers removed	10
PERFORMANCE (36)					
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10		10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10		10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16		16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		100

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REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

10

Agency na **Community Housing Initiative CHI**

Reviewer **Karin Ford**

Permanent Housing
(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance		Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.		3		3
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)				
1	Agency summary. Applicant provides a brief description of agency relevant to project.		1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project		2		2
	CONTINUUM OF CARE PARTICIPATION (10)				
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.		2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.		3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.		3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.		2		2
	BUDGET AND CAPACITY (14)				
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.		2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.		1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.		1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.		10		7
	PRIORITIZATION (34)				

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9		9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.		2		2
13	Beds dedicated to PSH. Applicants are to answer a, b OR c to indicate how well project matches with HUD priority for permanent supportive housing.		3		3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) b) c)	10		10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) b) c)	10		10
PERFORMANCE (36)					
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.		10		10
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.		10		10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.		16	Left a point off for not spending all the money as I had to earlier	15
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		96



Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative

#10

REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

Agency name: **Community Housing Initiatives**

Reviewer name: **Jan Ratliff**

Project name: Permanent Housing (PH)
(as it appears on Housing Inventory Chart)

Question / Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3		3
AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)				
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
CONTINUUM OF CARE PARTICIPATION (10)				
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2	E-Snap unavailable	2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		2
BUDGET AND CAPACITY (14)				
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10	2.85% unexpended last year ending July 30. On schedule to spend all this year based on 1/2 of yr is complete. <u>Should this be based on last yr.end or current yr in progress? Change as needed.</u>	7

**Iowa Balance of State Continuum of Care
2016 CoC Renewal Project Narrative
REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO**

Agency name: **Community Housing Initiatives**

Reviewer name: **Jan Ratliff**

Project name: **Permanent Housing (PH)**
(as it appears on Housing Inventory Chart)

Question / Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	PRIORITIZATION (34)			
11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.	9		9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.	2		2
13	Beds dedicated to PSH. Applicants are to answer a OR b to indicate how well project matches with HUD priority for permanent supportive housing.	3	Comments	3
14	Prioritization of need. Applicants are to indicate how persons unsheltered or accessing shelter are prioritized after chronically homeless. Applicants are to be awarded 1 point each for answering a) and b) and between 0 and 8 points for c). See application for specific criteria.	a) 1 b) 2 c) 8 10		10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and maintaining housing and services. Up to 4 points are awarded for a), up to 5 points for b) and 1 point for c), which is yes/no.	a) 4 b) 5 c) 1 10		10
	PERFORMANCE (36)			
16	Project Activities. Applicants are to indicate whether or not five specific activities are included in the project. Up to 2 points can be awarded for each.	10		10

Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
 REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

#10

Agency name: **Community Housing Initiatives**

Reviewer name: **Jan Ratliff**

Project name: **Permanent Housing (PH)**
 (as it appears on Housing Inventory Chart)

Question / Item	Scoring Guidance	Points Possible	Comments	Points Awarded
17	Supportive Services. Clients are to indicate from a list those services which are provided as part of the project, who is providing them and how often. 16 services are listed. If 10 services are provided with appropriate frequency, all 10 points are to be awarded. Fewer points should be awarded if less than 10 services are listed and/or if services seem inappropriately limited in availability.	10	Assessment of Services Needed = Bi-monthly Case Management = Bi monthly	10
18	Outcomes and Costs per Successful Outcome. Applicants are to complete a table with descriptions and numbers defining their projects and information on clients who exit successfully. Four tables are included; applicants are to complete only the table that matches their project type. 1 or 2 points are to be awarded for each box that is filled in; 2 points for all client numbers and costs as long as they match same categories included in narrative and/or budget.	16		16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.	N/A		N/A
Total		100		97

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Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
 REVIEWER SCORING FORM/SCORING GUIDE
 HMIS RENEWAL ONLY

Agency name: Institute for Community Alliances #11
 Project name: Iowa's Continuum Outcome & Universal Needs Toolkit;

Reviewer **Zebulon Beilke-McCallum**

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.			
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2	Not all federally funded projects participate in HMIS	2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3	more details about which local planning groups you participate in -hard to put meaning behind just saying "all of them"	3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2	ICA is vital to the work of the council	2
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1

X comment stressed - but no points deducted for this

Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
 REVIEWER SCORING FORM/SCORING GUIDE
 HMIS RENEWAL ONLY

Agency name: **Institute for Community Alliances**

Reviewer **Zebulon Beilke-McCallum**

Project name: **Iowa's Continuum Outcome & Universal Needs Toolkit;**

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
HMIS	IN LIEU OF QUESTIONS 11-18 (77)	7		7
a	Governance Charter. HMIS items should be up to date.	1		1
b	Plans. These should all be in place. 1 point for each.	3		3
c	Review protocol for plans. Should discuss plan for regularly review by CoC and HMIS lead.	3		3
d	Non-HUD funding sources. Higher non-HUD funding sources are valued.	3		3
e	(HMIS) Point-In-Time (PIT) null or missing values. Lower null or missing values are better. Should describe support for CoC.	3	details on what training will be provided to address missing	2
f	(HMIS) Policies/procedures to ensure valid entry/exit dates. Policies/procedures should be reasonable and adequate.	3		3
g	(HMIS) PIT results reported on time.	3		3
h	(HMIS) Support for CoC for collecting data for sheltered homeless during PIT. Should describe adequate support.	3		3
i	(HMIS) Support for methods to reduce double-counting of unsheltered during PIT. Should describe adequate support.	3	street counts increasing(29) still seems low for BOS	3

Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
 REVIEWER SCORING FORM/SCORING GUIDE
HMIS RENEWAL ONLY

Agency name: Institute for Community Alliances # 11

Reviewer **Zebulon Beilke-McCallum**

Project name: Iowa's Continuum Outcome & Universal Needs Toolkit;

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
j	(HMIS) Overall bed coverage rate, and support for CoC to increase bed coverage. Higher bed coverage rates show higher participation by service agencies in the data system. Rates of at least 60% are sought. Response should show efforts to support CoC in increasing rate.	5		5
k	(HMIS) Response to identified HMIS-related CoC project needs. Response should include specific and compelling examples.	10	details/examples on "other reports" ICA has provided, the	7
l	(HMIS) Response to identified HMIS-related CoC system needs. Response should include specific and compelling examples.	10		10
m	(HMIS) Support for move to measuring CoC system performance. Response should include specific and compelling examples.	10	w/ CoC to include non-HMIS into the syste perormance measures for full points	9
n	(HMIS) Support for non-HMIS agencies' data collection and reporting needs. Response should describe adequate support.	6	how ICA is adressing evaluating of system perfromance needs	5
Total		100		94

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Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
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 HMIS RENEWAL ONLY

Agency name: Institute for Community Alliances #11

Reviewer **Scott Mather**

Project name: Iowa's Continuum Outcome and Universal Needs Toolkit; Iowa Balance of State HMIS Network

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.			
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		2
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1

Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
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 HMIS RENEWAL ONLY

Agency name: **Institute for Community Alliances**

Reviewer **Scott Mather**

Project name: **Iowa's Continuum Outcome and Universal Needs Toolkit; Iowa Balance of State HMIS Network**

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
g	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
HMIS	IN LIEU OF QUESTIONS 11-18 (77)	7		7
a	Governance Charter. HMIS items should be up to date.	1		1
b	Plans. These should all be in place. 1 point for each.	3		3
c	Review protocol for plans. Should discuss plan for regularly review by CoC and HMIS lead.	3		3
d	Non-HUD funding sources. Higher non-HUD funding sources are valued.	3		3
e	(HMIS) Point-In-Time (PIT) null or missing values. Lower null or missing values are better. Should describe support for CoC.	3		3
f	(HMIS) Policies/procedures to ensure valid entry/exit dates. Policies/procedures should be reasonable and adequate.	3		3
g	(HMIS) PIT results reported on time.	3		3
h	(HMIS) Support for CoC for collecting data for sheltered homeless during PIT. Should describe adequate support.	3		3

Iowa Balance of State Continuum of Care
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 HMIS RENEWAL ONLY

Agency name: **Institute for Community Alliances** #11

Reviewer **Scott Mather**

Project name: **Iowa's Continuum Outcome and Universal Needs Toolkit; Iowa Balance of State HMIS Network**

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
i	(HMIS) Support for methods to reduce double-counting of unsheltered during PIT. Should describe adequate support.	3		3
j	(HMIS) Overall bed coverage rate, and support for CoC to increase bed coverage. Higher bed coverage rates show higher participation by service agencies in the data system. Rates of at least 60% are sought. Response should show efforts to support CoC in increasing rate.	5		5
k	(HMIS) Response to identified HMIS-related CoC project needs. Response should include specific and compelling examples.	10		10
l	(HMIS) Response to identified HMIS-related CoC system needs. Response should include specific and compelling examples.	10		10
m	(HMIS) Support for move to measuring CoC system performance. Response should include specific and compelling examples.	10		10
n	(HMIS) Support for non-HMIS agencies' data collection and reporting needs. Response should describe adequate support.	6		6
Total		100		100

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 HMIS RENEWAL ONLY

#11

Agency name: **Institute for Community Alliances**

Reviewer name: **Lori Miller**

Project name: **Iowa's C of C Outcome & Universal Project Needs Toolkit: Iowa Balance of State HMIS Network**

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.		Please proof read/check grammar	
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3	sharing ideas is how they collaborate	3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3	provide data resources and admin support; attends all meetings	3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2	provided detailed explanation	2
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1

Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
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 HMIS RENEWAL ONLY

Agency name: **Institute for Community Alliances**

Reviewer name: **Lori Miller**

Project name: **Iowa's C of C Outcome & Universal Project Needs Toolkit: Iowa Balance of State HMIS Network**

	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10	no funds left over	10
HMIS	IN LIEU OF QUESTIONS 11-18 (77)	7		7
a	Governance Charter. HMIS items should be up to date.	1	approved July 2015	1
b	Plans. These should all be in place. 1 point for each.	3	provided attachment	3
c	Review protocol for plans. Should discuss plan for regularly review by CoC and HMIS lead.	3		3
d	Non-HUD funding sources. Higher non-HUD funding sources are valued.	3	evidence of inkind? What is it?	2.5
e	(HMIS) Point-In-Time (PIT) null or missing values. Lower null or missing values are better. Should describe support for CoC.	3	2 areas greater; explained why	3
f	(HMIS) Policies/procedures to ensure valid entry/exit dates. Policies/procedures should be reasonable and adequate.	3		3
g	(HMIS) PIT results reported on time.	3		3
h	(HMIS) Support for CoC for collecting data for sheltered homeless during PIT. Should describe adequate support.	3	website trainings; reminders and follow ups	3
i	(HMIS) Support for methods to reduce double-counting of unsheltered during PIT. Should describe adequate support.	3	thorough explanation	3

Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
 REVIEWER SCORING FORM/SCORING GUIDE
 HMIS RENEWAL ONLY

#11

Agency name: **Institute for Community Alliances**

Reviewer name: **Lori Miller**

Project name: **Iowa's C of C Outcome & Universal Project Needs Toolkit: Iowa Balance of State HMIS Network**

j	(HMIS) Overall bed coverage rate, and support for CoC to increase bed coverage. Higher bed coverage rates show higher participation by service agencies in the data system. Rates of at least 60% are sought. Response should show efforts to support CoC in increasing rate.	5	82% an increase from 71% in 2015	5
k	(HMIS) Response to identified HMIS-related CoC project needs. Response should include specific and compelling examples.	10	could have provided outcome of evaluations	9.5
l	(HMIS) Response to identified HMIS-related CoC system needs. Response should include specific and compelling examples.	10	what are the systems? Lots of jargon and abbreviations	9.5
m	(HMIS) Support for move to measuring CoC system performance. Response should include specific and compelling examples.	10		10
n	(HMIS) Support for non-HMIS agencies' data collection and reporting needs. Response should describe adequate support.	6		6
Total		100		98.5

Iowa Balance of State Continuum of Care
 2016 CoC Renewal Project Narrative
 REVIEWER SCORING FORM/SCORING GUIDE
 HMIS RENEWAL ONLY

Agency name: Institute for Community Alliances #11 Reviewer: Abbie Lampman
 Project name: Iowa's Continuum Outcome & Universal Needs Toolkit; Iowa Balance of State HMIS Network

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.		did not leave instructions/project narrative describing font, spacing, etc as directed	
	AGENCY & PROJECT SUMMARY (3 TOTAL POINTS)			
1	Agency summary. Applicant provides a brief description of agency relevant to project.	1		1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2		2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2		2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3		3
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3		3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		2
	BUDGET AND CAPACITY (14)			
7	HUD Grant Monitoring. 0, 1 or 2 pts; see application.	2		2
8	Administrative Cost Rate. Administrative Costs submitted in E-SNAPS should be 7% or less.	1		1
9	Quarterly draws. Applicant's current grant should be drawing down funds at least quarterly.	1		1
10	Spending History. All funds from most recently completed should be spent. 1 point is to be deducted from maximum 10 points for each 1% not expended.	10		10
	HMIS IN LIEU OF QUESTIONS 11-18 (77)	7		
a	Governance Charter. HMIS items should be up to date.	1		1
b	Plans. These should all be in place. 1 point for each.	3		3
c	Review protocol for plans. Should discuss plan for regularly review by CoC and HMIS lead.	3		3
d	Non-HUD funding sources. Higher non-HUD funding sources are valued.	3	Only 1 other non-HUD funding source noted	2
e	(HMIS) Point-In-Time (PIT) null or missing values. Lower null or missing values are better. Should describe support for CoC.	3	Only 1 example provided	2
f	(HMIS) Policies/procedures to ensure valid entry/exit dates. Policies/procedures should be reasonable and adequate.	3		3
g	(HMIS) PIT results reported on time.	3		3
h	(HMIS) Support for CoC for collecting data for sheltered homeless during PIT. Should describe adequate support.	3		3
i	(HMIS) Support for methods to reduce double-counting of unsheltered during PIT. Should describe adequate support.	3		3
j	(HMIS) Overall bed coverage rate, and support for CoC to increase bed coverage. Higher bed coverage rates show higher participation by service agencies in the data system. Rates of at least 60% are sought. Response should show efforts to support CoC in increasing rate.	5		4
k	(HMIS) Response to identified HMIS-related CoC project needs. Response should include specific and compelling examples.	10		10
l	(HMIS) Response to identified HMIS-related CoC system needs. Response should include specific and compelling examples.	10		8.5
m	(HMIS) Support for move to measuring CoC system performance. Response should include specific and compelling examples.	10		9

	(HMIS) Support for non-HMIS agencies' data collection and reporting needs. Response should describe adequate support.	6		6					
Total		93		87.5					

11 - Institute Comm. Alliance - Abbie Lamprain

