

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

+8

#19
 Agency na Youh & Shelter Services

Reviewer **Zebulon Beilke-McCallum**

Project name: Lighthouse Transitional Living Program (YSS Lighthouse)
 (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)			

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Agency na Youh & Shelter Services

Reviewer **Zebulon Beilke-McCallum**

Project name: **Lighthouse Transitional Living Program** (YSS Lighthouse)
(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.	9		4
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.	2	row listed are not correct/info is	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	not sure this question makes sense for Youth/DV programs	2/10
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	not sure this question makes sense for Youth programs. Policy does seem to indicate that participants can be terminated for failure to follow rules, many of which would never appear in a lease	3
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	more details on SOAR trained staff for full points	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		8

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Agency na Youh & Shelter Services

Reviewer **Zebulon Beilke-McCallum**

Project name: **Lighthouse Transitional Living Program** (YSS Lighthouse)

(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance		Points Possible	Comments	Points Awarded
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		14
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		73

81

+8 ✓

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

#19
Agency na Youth and Shelter Services, Inc

Reviewer **Scott Mather**

Lighthouse Transitional Living Program - (YSS Lighthouse)
(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)			

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

Agency na Youth and Shelter Services, Inc

Reviewer **Scott Mather**

Lighthouse Transitional Living Program - (YSS Lighthouse)

(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance		Points Possible	Comments	Points Awarded
11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9		4
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	While not aligning with permanent supportive housing priority one point given as explanation was given.	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	8.4% for question C.	7/10
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

Iowa Balance of State Continuum of Care
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 REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

Agency na Youth and Shelter Services, Inc

Reviewer **Scott Mather**

Lighthouse Transitional Living Program - (YSS Lighthouse)

(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance		Points Possible	Comments	Points Awarded
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		85

9B

+8 ✓

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

#19
Agency name: **Youth and Shelter Services, Inc. -Lighthouse**

Reviewer name: **Lori Miller**

Project name: **Lighthouse Transitional Living Program YSS – Boone County TLP; YSS – MCLHadmitted; YSS – Story County TLP**
(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

**Iowa Balance of State Continuum of Care
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Agency name: **Youth and Shelter Services, Inc. -Lighthouse**

Reviewer name: **Lori Miller**

Project name: **Lighthouse Transitional Living Program YSS – Boone County TLP; YSS – MCLHAdmitted; YSS – Story County TLP**
(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		4
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	gave explanation	2/10
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
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Agency name: **Youth and Shelter Services, Inc. -Lighthouse**

Reviewer name: **Lori Miller**

Project name: **Lighthouse Transitional Living Program YSS – Boone County TLP; YSS – MCLHadmitted; YSS – Story County TLP**
(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		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		87

95

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

Agency n **YOUTH AND SHELTER SERVICES, INC**

Reviewe **ABBIE LAMPMAN**

Project name: **LIGHTHOUSE TRANSITIONAL LIVING PROGRAM**
(as it appears on Housing Inventory Chart)

+3

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
	Instructions. Instructions are followed. Application is complete and all application requirements met.	3	did not leave instructions/project narrative describing font, spacing, etc as directed	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		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		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 10		7
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 10		9
PERFORMANCE (36)				
16	Project Activities. Applicants are to indicate whether or not five			

7 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 case management only weekly?	9
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.			Column 6 numbers do not match number provided elsewhere in applicaton (summary and prioritization)	14
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		88

#19 YSS - Lighthouse
Abbie Lampman

91

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

+6 ✓

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

#20

HACAP

Agency name: _____

Reviewer **Zebulon Beilke-McCallum**

Project name: HUD II (Hawkeye Area Community Action (HUD II))
(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	timely APR submission for full points	0
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	Current TH project is for general homelessness, glad project plans on additional PSH	0

**Iowa Balance of State Continuum of Care
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HACAP

Agency name: _____

Reviewer **Zebulon Beilke-McCallum**

Project name: **HUD II** (Hawkeye Area Community Action (HUD II))
(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.	2	off -site utilization rate of only 65% seems low and an average utilization rate of 70.5% 59 units going empty?	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	additional steps to support chronically homeless for full points	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	appreciate the detailed steps HACAP is taking to get more participants from the streets	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	it is difficult to evaluate the grantees answer, when the appeals policy makes multiple references to rule violations without clearly stating what those might be. This is especially concerning in regards to "other activity not	8
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

a. 1 point
b. 1 point
c. 2 points for 50%
of the housing
being above 80%

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HACAP

Agency name: _____

Reviewer **Zebulon Beilke-McCallum**

Project name: **HUD II** (Hawkeye Area Community Action (HUD II))
(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance		Points Possible	Comments	Points Awarded
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	concerning of nearly \$4,000 per exit t permanet housing. Some what understandable, when you have 204 units only exiting 119 individuals	12
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		75

81

Iowa Balance of State Continuum of Care
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^{no}
CHANGE ✓

#20
Agency na HACAP

Reviewer **Scott Mather**

Linn Co HUD II (Inn Circle) (Hawkeye Area Community Action (HUD II))
(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	Indicated it was not within 90 days	0
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)			

**Iowa Balance of State Continuum of Care
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Agency na HACAP

Reviewer **Scott Mather**

Linn Co HUD II (Inn Circle) (Hawkeye Area Community Action (HUD II))
(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
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.	10	Gave points based on having more than 80% for part C	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		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

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Agency na HACAP

Reviewer **Scott Mather**

Linn Co HUD II (Inn Circle) (Hawkeye Area Community Action (HUD II))
 (as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance		Points Possible	Comments	Points Awarded
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		89

no
CHANGE ✓

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

#20

Agency name: **HCAP (HUD II)**

Reviewer name: **Lori Miller**

Project name: **HUD II Linn Co HUD II (Inn Circle)**
 (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	jun 30 to sep 30 = 92 days?	0
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
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REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO**

Agency name: **HCAP (HUD II)**

Reviewer name: **Lori Miller**

Project name: **HUD II Linn Co HUD II (Inn Circle)**

(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		10
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	84% = 4	6/10
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

Agency name: **HCAP (HUD II)**

Reviewer name: **Lori Miller**

Project name: **HUD II Linn Co HUD II (Inn Circle)**
 (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		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	chart font is a little small	16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.	N/A		N/A
Total		100		89

CHANGE ✓

-4
+6

+2

Iowa Balance of State Continuum of Care
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REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

#20

Agency n **HAWKEYE AREA COMMUNITY ACTION PROGRAM, INC** Reviewe **Abbie Lampman**

Project name: LINN COUNTY **HUD II (INNER CIRCLE)** AND LINN COUNTY **HUD II (OFF SITE)**
(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		0
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		4
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.	10	a) 1	10
15	Removal of barriers to accessing housing and services. Applicants are to indicate that identified barriers do not exist in accessing and			9

40
10
9

16 Project Activities ...

10

Abbie Lampman
#20 HACAP

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	Column 5 and 6 numbers do not match number provided elsewhere in applicaton (summary and prioritization)	15
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		85

87

Iowa Balance of State Continuum of Care
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CHANGE

+8

✓

#21
Agency name **Hillcrest Family Services**

Reviewer **Steven Benne**

Project name: **Hopes 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		
	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 love to hear more regarding what the HAC typically does at these meetings.	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		10
	PRIORITIZATION (34)			

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9	No points awarded for transitional housing.	0
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	Two points award based on scoring metric.	2/10
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		76

84

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CHANGE
TS

#21

Agency name: Hillcrest Family Services

Reviewer name: David Binner

Project name: Hopes 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)				
11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.	9		0
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.	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.	10		10
PERFORMANCE (36)				
16	Project Activities. Applicants are to indicate whether or not five			0

10

David Binnier #21 Hillcrest

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
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A	N/A
Total			100	76

8
84

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

CHANGE ✓

#21

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

+8

Hillcrest Family Services

Agency name: _____

Reviewer **Boggus, Francis**

Project name: _____

(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		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)			

21 Hillcrest

Francis Boggus

11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.		9		0
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		0
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		2
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		79

10

87

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

#21

Agency na Hillcrest Family Services

Reviewer **Zebulon Beilke-McCallum**

Project name: **Hopes Project** (Hillcrest Family Services)
 (as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.	9		0
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.	2	postive to see 100% utlization (even w/ small project)	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	considering becoming PSH	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	higher numbers from unsheltered will improve score, glad to seee policy changes being made	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	helpful answers	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		8

CHANGE ✓

Iowa Balance of State Continuum of Care
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 REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

#21

19

Agency na **Hillcrest Family Services**

Reviewer **Zebulon Beilke-McCallum**

Project name: **Hopes Project** (Hillcrest Family Services)
 (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	Extension	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)			

Iowa Balance of State Continuum of Care
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#21

Agency na Hillcrest Family Services

Reviewer **Zebulon Beilke-McCallum**

Project name: **Hopes Project** (Hillcrest Family Services)
 (as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
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.		a CoC cost of \$61,303 per exit to PH is troubling, small size project, perhaps better suited to PSH	
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.	N/A		N/A
Total		100		70

8/10

79



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2016 CoC Renewal Project Narrative

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

#22

Agency name: Vera French Housing

Reviewer name: Tim Wilson

Project name: Reach 2000

(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 if verified by IFA		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		1
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2		0
	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		0
	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	low % of beds committed to homeless	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		9
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 poorly defined	14
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		82

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#22

Agency na **Vera French Housing**

Reviewer **Anne Brown**

Vera French Reach 2000

(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	provides housing (leases apartments) and services	1
2	Project summary. Applicant provides a description addressing entire scope proposed project	2	housing for persons with persistent mental illness	2
	CONTINUUM OF CARE PARTICIPATION (10)			
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2	end date 12/31/15; did not submit till 6/13/16	0
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3	QC Shelter & TH Council; no info provided on meeting schedule or level of participation; meets monthly	2
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3	calls in on meetings and uses website	3
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2	none	0
	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	\$42,702 budget; \$34,260 expended 80%	0
	PRIORITIZATION (34)			

#22 Vera French

Anne Brown

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	10 beds; 6 dedicated to chronically homeless 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.	a) b) c)	10	one family entered from DV shelter; others tenants been in program many years	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	Staff person with SOAR trng no longer with program; new staff person will complete when comfortable with job	9
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		84

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✓
no
change
total

#22

Agency name **Vera French Housing**

Reviewer **Karin Ford**

Vera French Reach 2000
(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		0
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3	Would like names of collaboration, not just stakeholders	2
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		0
	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	Did not spend funds, did not do break down	0
	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	Did not give me a per centage	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	grant funding and expenses don't match previous numbers, don't list number of clients/households	12
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		79

10

79

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#22

Agency name: **Vera French Housing**

Reviewer name: **Jan Ratliff**

Project name: **Vera French Reach 2000**
 (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-Snaps 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

**Iowa Balance of State Continuum of Care
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Agency name: **Vera French Housing**

Reviewer name: **Jan Ratliff**

Project name: Vera French Reach 2000
(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	a. Project operating year end date: 12/31/2015 b. Amount of grant: \$42,702.00 c. Total funds expended: 34,260.39 d. Funds remaining (unexpended funds): 8,441.61 e. Unexpended funds percentage – We spent 80% of our grant this last year <i>If we use last yr ending 12/21/2015=19.7% unexpended the score would be -0-. If we pro-rate this yr. considering the yr is 1/2 complete then the score would be 10. I will use -0- and if this is incorrect please change.</i>	0
	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

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#22

Agency name: **Vera French Housing**

Reviewer name: **Jan Ratliff**

Project name: **Vera French Reach 2000**
(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 = Quarterly Case Management = As Needed. This should have a minimum time stated such as, "at least quarterly or sooner if needed". <i>I deducted 2 points for this.</i>	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		88

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

#23



Agency name: Mason City Housing Authority

Reviewer name: Tim Wilson

Project name: SNAP

(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	host but no indication of active involvement	1
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3	no participation	0
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2	no participation	0
	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		8
	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		7
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		4
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	case management only monthly	9
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	4 not a unit, 7 not a method, 8 not a method	13
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		77 78

+4 P1 ✓

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

23

Agency name: **Mason City Housing Authority**

Reviewer name: **Dennis Lauterbach**

**Project name: Supportive Needs Assistance Program (SNAPS)
(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	600 households in Mason City getting assistance	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	Provide continued permanent housing for 25 households. Previous disability contributing to homelessness.	2
CONTINUUM OF CARE PARTICIPATION (10)				
3	Annual Performance Report (APR) Submission. 2 points if within acceptable timeframe; 0 if not.	2	YE 3/31/16 Pending waiting on HWD ESNAPS	2
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency participation.	3	Quarterly meetings with local coordinating board	2
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3	Participated on homeless board and MCHA, but both expired 4/1/2016	2
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2	Since 4/1/2016 on occasional call-in.	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

**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: **Mason City Housing Authority**

Reviewer name: **Dennis Lauterbach**

**Project name: Supportive Needs Assistance Program (SNAPS)
(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	Grant amount \$103,119; Spent \$101,354; balance \$1,765 or 1.7%	8
PRIORITIZATION (34)				
11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.	9	Permenant supportive housing	9
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.	2	30 total beds	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	15 entered the program; 14 from unsheltered/emergency sheltered; 93.3%	6/10
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	Criminal Record/Failure to participate in services and other activities are not covered.	7
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	Only offer two activities.	4

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

#23

Agency name: **Mason City Housing Authority**

Reviewer name: **Dennis Lauterbach**

**Project name: Supportive Needs Assistance Program (SNAPS)
(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	Full listing of all anticipated costs for this program	16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.	N/A		N/A
Total		100		81 85

Funds Requested	\$ 104,210
Max Number of Individuals Served	30
Cost per household	\$ 3,474
FTE's in this program 12	\$ 8,684

#23
Al Axeen

	Project #17	Project #21	Project #18	Project #19	Project #20
	Cedar Valley Cedar Valley Friend of the Family (NEIPHP)	Cedar Valley Friends of the Family (Tunring Point)	#23 Mason City Housing Authority (SNAPS)	Humility of Mary Shelter (Collaboration for PH)	Family Alliance for Vetran's of America (FAVA)
Questions	Family (NEIPHP)	Point)	(SNAPS)	PH)	America (FAVA)
Application	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	6 10	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

+4
85

Al Azeem

Continuum of Care Ranking Notes

Mason City Housing Authority(SNAPS)

#23

- 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

#23

+2

Agency na **Mason City Housing Authority (SNAPS)**Reviewer **Barb Michaels**

SNAPS
(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	applicant did not describe local coordinating efforts	1
5	Iowa Council on Homelessness (ICH) Council meeting participation. Applicant should briefly describe participation in bi-monthly ICH meetings.	3	While the applicant had a representative on the council that person is no longer participating	2
6	ICH Committee Participation. Applicant should briefly describe participation in ICH committee planning and activities.	2	Applicant did not describe participation in IHC committees	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	it is unclear why release of funds was delayed	0
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	1.7% of funds unexpended	8
	PRIORITIZATION (34)			

#23 Mason City

Barb Michael

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	93.3% entered from unsheltered or emergency shelter	8/10
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	a = 3 points bpoint = 3 points c = 1 termination policy not attached	7
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	Applicant does not provide transportation assistance, does not use single application for mainstream benefits & does not have a staff ember with SOAR training	4
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		82/84

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Change ✓

+4

#24

Agency na Humility of Mary Shelter

Reviewer Zebulon Beilke-McCallum

Project name: Service Coordination through Collaboration (Humility of Mary Shelter) → SSO
(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		0
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		0
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.	2	As an SSO project, you won't have any CoC funded beds?	
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	additional steps to support chronically homeless for full points	2

CoC comment
 - only affects this project, Their Shelter is not technically funded by this grant - their Shelter beds not paid for by Supportive Services

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

Agency na Humility of Mary Shelter

Reviewer **Zebulon Beilke-McCallum**

Project name: Service Coordination through Collaboration (Humility of Mary Shelter)
(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
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) 1 c) 8	10 higher % of participants from ES will improve score	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 concerning that termination policy, includes possession of alcohol as a reason for termination when active substance abuse box is checked. Would be helpful if more details could be provided.	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 Details about who the staff person completing SOAR training in past 24 months would be helpful	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 for an SSO grant, number of supportive services provided seems low, more details for additional points	6
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 seems to reflect the use of SSO dollars to fund shelter. \$1,860 per exit to PH. Only 41% of clients exit to PH	12
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A	N/A
Total			100	73

Want to make sure all grant reviewers understand higher than the same way

+ 4
77

COV
COPY
+1

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

#24

Agency na **Humility of Mary Shelter, Inc**

Reviewer **Scott Mather**

Service Coordination through Collaboration-Supportive Services only (Humility of Mary Shelter) SSO
(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	Submitted after 90 days. No documentation regarding extension request.	0
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)			

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

Agency na Humility of Mary Shelter, Inc

Reviewer **Scott Mather**

Service Coordination through Collaboration-Supportive Services only (Humility of Mary Shelter)

(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.	9		0
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.	10		9/10
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		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

*- gave 2
because
they
followed
direction*

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

A24

Agency na Humility of Mary Shelter, Inc

Reviewer **Scott Mather**

Service Coordination through Collaboration-Supportive Services only (Humility of Mary Shelter)
 (as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance	Points Possible	Comments	Points Awarded
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		86

87

+2 ✓ CDV COPY

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

#24

Agency name: **Humility of Mary Shelter**

Reviewer name: **Lori Miller**

Project name: **Service Coordination through Collaboration Supportive Services Only**

SSO

(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	submitted on 93rd day	0
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

+2

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: **Humility of Mary Shelter**

Reviewer name: **Lori Miller**

Project name: **Service Coordination through Collaboration Supportive Services Only**
 (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		0
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 I think b) should be 1; not 2	8/10
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
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		

Lori not here so don't know her logic here

Iowa Balance of State Continuum of Care
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 REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

#24

Agency name: **Humility of Mary Shelter**

Reviewer name: **Lori Miller**

Project name: **Service Coordination through Collaboration Supportive Services Only**

(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		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		77

79

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

+3 ~
copy

#24

Agency n **HUMILITY OF MARY SHELTER, INC**

Reviewe **ABBIE LAMPMAN**

Project name: **SUPPORTIVE SERVICES ONLY** (SSO)
(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	did not leave instructions/project narrative describing font, spacing, etc as directed	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		0
4	Local Collaboration. Applicant is to describe levels of planning/ coordination, organization and agency	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	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		0
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.	2		2

- gave points because did follow directions

Abbie Lampman
 #24 Humility of Mary
 SSO

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	10		7/10
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	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		81

84

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

CHANGE
+7

#25

Agency name: **Family resources Inc**

Reviewer **Zebulon Beilke-McCallum**

Project name: **Emergency Shelter (Family Resources)**

(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		1
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
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		0
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		4
12	HIC Bed Count. Applicant is to transfer information from Housing Inventory Chart; weblink is provided.	2	utilization rate of only 35% seems very low and concerning	1
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	additional steps to support chronically homeless for 3 full points	1

Davenport has a discharge planning committee (we should use this in the Coc application)

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

#25

Agency name: Family resources Inc

Reviewer **Zebulon Beilke-McCallum**

Project name: Emergency Shelter (Family Resources)
(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
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	not sure this question makes sense for Youth/DV programs	2/10
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	Projects' termination/appeals policy not attached	4/5 should this be zero??
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		4
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	80% of clients transition to PH with a CoC cost of \$91 per exit to PH is shocking	16
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.	N/A		N/A
Total		100		69

76

Iowa Balance of State Continuum of Care
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 REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

CHANGE ✓
+2

#25

Agency na **Family Resources, Inc.**

Reviewer **Scott Mather**

Emergency Shelter - (Family Resources)

(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	Checked box indicating more than 3 findings	0
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)				

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

Agency na Family Resources, Inc.

Reviewer **Scott Mather**

Emergency Shelter - (Family Resources)

(as it appears on Housing Inventory Chart)

Question/Item	Scoring Guidance	Points Possible	Comments	Points Awarded
11	Project Type. Applicant is to indicate project type. Point options are 0, 4 and 9.	9		4
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	Answered the question but didn't state specific steps being taken	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 Answer C was 5% so no points given there	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	4
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	Only 2 boxes checked	4
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

Iowa Balance of State Continuum of Care
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 REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

#25

Agency na Family Resources, Inc.

Reviewer **Scott Mather**

Emergency Shelter - (Family Resources)

(as it appears on Housing Inventory Chart)

Question/ Item	Scoring Guidance		Points Possible	Comments	Points Awarded
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		78

80

#25

CHANGE ✓
~~18~~
+3

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: Family Resources, Inc.

Reviewer name: Lori Miller

Project name: SafePath Survivor Resources Sheltering and Housing Services- Emergency Shelter
(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		0
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
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 REVIEWER SCORING FORM/SCORING GUIDE FOR RENEWAL PROJECTS--PSH, TH, SSO

Agency name: **Family Resources, Inc.**

Reviewer name: **Lori Miller**

Project name: **SafePath Survivor Resources Sheltering and Housing Services- Emergency Shelter**
 (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		4
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		2/10
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		4/5
	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		4

#125

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: **Family Resources, Inc.**

Reviewer name: **Lori Miller**

Project name: **SafePath Survivor Resources Sheltering and Housing Services- Emergency Shelter**
(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		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		77

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Abbie Lampman

Iowa Balance of State Continuum of Care

2016 CoC Renewal Project Narrative

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

#25

Agency n FAMILY RESOURCES INC

Reviewee ABBIE LAMPMAN

Project name: EMERGENCY SHELTER

(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	Great summary!	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		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		4
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.	10	a) 1	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	a) 4	10
PERFORMANCE (36)				
16	Project Activities. Applicants are to indicate whether or not five			

10

10 4

Term policy

#25 Family Resources

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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	Column 6 numbers do not match number provided elsewhere in applicaton (summary and prioritization)	14
21	(HMIS PROJECTS ONLY) See alternate scoring sheet.		N/A		N/A
Total			100		70

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