Please generate a **CoC Calendar Year 2016 (CY16: 1/1/16 - 12/31/16) APR** from Foothold or   
comparable HMIS to complete Part I of this application.

#### PART 1

**\*New projects will be weighted during the scoring.**

#### A. PROJECT INFORMATION

*Informational Only*

**A1.** Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A2.** Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A3.** Application Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A4.** Project Type:PSH RRH TH SSO (regular)

**A5.** FY17 Funding Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leasing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rental Assistance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supportive Services $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operations $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admin $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A6.** Is this project voluntarily reallocating funds to the CoC? □ Yes □ No

**A7.**PROJECT DESCRIPTION

In a separate document, provide a short project overview that clearly describes the project’s unique characteristics and achievements. Please include the target population(s) served, the number of participants served, the number of contracted beds/units/vouchers, cost per bed, how participants access the project, as well as project goals and achievements. Please explain the primary services provided by the project to participants, as well as any supplementary services available. Please be as descriptive as possible by using data stated in the project application and the project’s most recent APR. Response must be 300 words or less.

**B. CONTINUUM PRIORITIES AND SYSTEM PERFORMANCE (TOTAL 64 POINTS)**

**B1. Utilization Rate**. Using the project’s most recent Project Application and CY16 APR, complete the following chart to calculate the project’s utilization rate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Projected persons served during an average PIT (Question 5 in Project Application) | Actual number served during PIT (Questions 7 & 8 in APR) | | |
| Persons | Households | |
| January | \_\_\_\_ Persons  \_\_\_\_ Households |  |  | |
| April |  |  | |
| July |  |  | |
| October |  |  | |
|  | Average: | |  |

**Persons:** Average Actual \_\_\_\_\_\_\_\_ / Projected \_\_\_\_\_\_\_\_\_ = **Utilization \_\_\_\_\_\_\_\_\_**

**Households:** Average Actual \_\_\_\_\_\_\_\_ / Projected \_\_\_\_\_\_\_\_\_ = **Utilization \_\_\_\_\_\_\_\_\_**

**B1.B.** -The Continuum prioritizes projects that best utilize resources. Did yourproject have a utilization rate of more than 100%? **□ Yes □ No**

If the answer to B1.B is No, please ensure an answer is provided in section D8.

**B2. Data Quality.** On your CY16 APR Q6:

**B2.A.** Is there an error rate of 5% or more of your PII data?

**B2.B.** Is there an error rate of 5% or more of your universal data elements?

**B2.C.** Is there an error rate of 5% or more of your Income and Housing data?

**B2.D**. Is there an error rate of 5% or more of your Chronic Homelessness data?

**B3. Dedicated Chronic Homeless:**

**B3.A.** What percentage of the project is dedicated to serving chronically homeless? \_\_\_\_\_  
Please refer to the most recent Project Application using Q4B; SSO projects, use Q5B.

**B3.B.** To show the impact of your project on ending chronic homelessness (CH) in the CoC, refer to Attachment 1 and note below the percentage of CH beds it contributes to the CoC.

**B4. Effect on Chronic Homeless:**

**Permanent Housing Programs:** During CY16, the CoC **PH (PSH/RRH) projects** served a total of 73 chronically homeless individuals. To show impact of this project on ending chronic homelessness, refer to Attachment 2 to note the following:

**B4.A** The total number of chronically homeless persons this project served in CY16: \_\_\_\_\_\_\_

**B4.B** The percentage of the CoC total served by this project: \_\_\_\_\_\_\_\_\_\_\_

**Transitional Housing Programs:** During CY16, the CoC **TH projects** served a total of 9 chronically homeless individuals. To show impact of this project on ending chronic homelessness, refer to Attachment 2 to note the following:

**B4**.**C**  The total number of chronically homeless persons this project served in CY16: \_\_\_\_\_\_\_

**B4.D** The percentage of the CoC total served by this project: \_\_\_\_\_\_\_\_\_\_\_

B5. Positive Outcomes

**Permanent Housing projects:** During CY16, there were 582 persons with positive outcomes noted across all CoC **PH (PSH/RRH)** programs. (**An exit is positive for PH if individual is a stayer or exited to a PH destination.)** To show the effect of this project on housing stability, refer to Attachment 3 and note the percentage this project had on the system: \_\_\_\_\_\_\_\_%

**Transitional Housing Projects:** During CY16, there were 73 persons with positive outcomes noted across all CoC TH programs. **An exit is positive if the exits are to Permanent destinations.** To show the effect that this project has on reducing the number of homeless individuals, please look at Attachment 3 and note the percentage that this project had on the system.

**B6.** **Coordinated Entry**

Does your project participate in the Coordinated Entry process by the following activities? This will be verified by the CE Coordinator.

□ Making and/or receiving referrals

□ Attending meetings

□ Providing reports

**C. PROJECT PERFORMANCE OUTCOMES AND SYSTEM IMPACT (TOTAL 25 POINTS)**

**C1. Exits to Homelessness:**

To show impact of this project on ending homelessness, refer to Attachment 4 (showing all CoC project leavers to homelessness) and note the percentage of project leavers who exited this program to a shelter or the street \_\_\_\_\_%

**C2. Effect on Income Growth:**

To show impact of this project on total income growth in the Continuum, refer to

Attachment 5 which measures total income growth between the last two client

assessments, and note the percentage that this project had on the system \_\_\_\_\_%

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART 2: LOCAL CONTINUUM PRIORITIES (TOTAL 96 POINTS)**

**D1**. **Cultural Barriers**. Please describe your agency's bi-lingual capacity and resources in meeting the needs of clients facing language barriers in 250 words or less.

**D2. Leveraging and Coordination of Services.** Please describe how your project coordinates services with other funded and non-funded providers in order to leverage services in no more than 250 words.

**D3. “Opening Doors”.** Please explain how the project works to meet the goals stated in the USICH's "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness"(250 words or less)

**D4. Local Strategic Plan.** Please note how the project is meeting a noted gap in services (either current or previous; including housing) as noted in the Albany County CoC’s Strategic Plan, which is based on the federal plan, “Opening Doors”. Response must be 250 words or less.

**D5. Priority Populations.** Is the project dedicated to one of the following priority populations: Chronically homeless, youth, victims of domestic violence or veterans?

**D5.B**If the project is not dedicated, what percentage of beds are dedicated to a priority population? *Please attach Project Application Q4B. and/or 5B.*

**D6**. **Housing First.** Housing First is a recovery-oriented approach to ending homelessness that allows for rapidly housing individuals without screening out or terminating based on any of the below criteria. Does the project screen out or terminate based on any the following?

Yes No

Having too little or no income □ □

Active or history of substance abuse □ □

Criminal record with exceptions for state-mandated restrictions □ □

History of domestic violence □ □

Failure to participate in supportive services □ □

Failure to make progress on a service plan □ □

Loss of income or failure to improve income □ □

Being a victim of domestic violence □ □

Any other activity not covered in a lease agreement typically □ □

found in the project's geographic area.

**D7***.* **Continuum Participation.**

**D7.A**. Does the project or agency staff regularly participate in any of the following CoC standing or ad hoc committees of ACCH? This will be verified via attendance sheets maintained by CARES, Inc. and will reflect the ACCH Membership Attendance Policy.

Board Meetings □ NOFA □

System Collaboration □ HMIS Advisory Committee □

Governance □ Operations □

Strategic Planning Committee □ Membership □

**D7.B**. Did the project participate in the APR review process as part of the CoC’s Data Quality Plan? If so, please attach the Data Memo your project received.

**D8. Utilization Rate.** Please explain why your project had a utilization rate under 100% in 250 words or less.

**D9. Housing Stability.** How has increased collaboration among providers affected the project’s housing stability?

**D10. Income.** How has increased collaboration among providers affected participant income growth, to include non-cash benefits? You may refer to your CY16 APR to demonstrate your specific income growth.

**D11. Self Sufficiency**: Include information about the services available to participants and how the program will help households work towards and achieve self-sufficiency. (250 word limit)

**D12.** **Point in Time Count:** Was your project included in the final submission of the 2017 Point in Time? This will be verified by the Collaborative Applicant. □ Yes □ No

**D13.** **Total Funds Awarded.** What was the total percentage of funds spent on the most recently completed contract? \_\_\_\_\_\_\_

**D13.B.** Does the project drawdown CoC funds from eLoccs at a minimum quarterly? Please attach the last 3 drawdowns. □ Yes □ No