

## **Before Starting the Project Listings for the CoC Priority Listing**

**The FY 2016 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2016 CoC Program Competition NOFA.**

The FY 2016 CoC Priority Listing includes the following:

- Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new permanent housing – permanent supportive housing or rapid rehousing, new HMIS, or new SSO specifically for Coordinated Entry projects.
- New Project Listing – lists all new project applications created through reallocation and the permanent housing bonus that have been approved and ranked or rejected by the CoC.
- Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
- UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2016 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
- CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
- Grant Inventory Worksheet (GIW) – Collaborative Applicants must attach the final HUD-approved GIW.
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- All new and renewal projects must be approved and ranked or rejected on the Project Listings.
- Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
- Collaborative Applicants are strongly encouraged to list all project applications on the FY 2016 CoC Ranking Tool located on the FY 2016 CoC Program Competition: Funding Availability page on the HUD Exchange as this will greatly simplify and assist Collaborative Applicants while ranking projects in e-snaps by ensuring no rank numbers or duplicated and that all rank numbers are consecutive (e.g., no missing rank numbers).
- If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected: however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

## 1A. Continuum of Care (CoC) Identification

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/ask-a-question/>.

**Collaborative Applicant Name:** Corporation for AIDS Research Education and Services, Inc.

## 2. Reallocation

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2017 into one or more new projects?** No

### 3. Reallocation - Grant(s) Eliminated

**CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.**

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$0				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
This list contains no items				

## 4. Reallocation - Grant(s) Reduced

**CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.**

Amount Available for New Project (Sum of All Reduced Projects)					
\$0					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

## 5. Reallocation - New Project(s)

**Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.**

Sum of All New Reallocated Project Requests  
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$0				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
This list contains no items				

## 6. Reallocation: Balance Summary

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**6-1. Below is a summary of the information entered on the eliminated and reduced reallocation forms. The last field on this form, “Remaining Reallocation Balance” should equal zero. If there is a positive balance remaining, this means the amount of funds being eliminated or reduced are greater than the amount of funds requested for the new reallocated project(s). If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects, which is not permitted.**

### Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$0
Amount requested for new project(s):	\$0
Remaining Reallocation Balance:	\$0

## Continuum of Care (CoC) New Project Listing

### Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

**EX1\_Project\_List\_Status\_field** List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
This list contains no items						



## Continuum of Care (CoC) Renewal Project Listing

**Instructions:**

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

**The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.**

**The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.**

**EX1\_Project\_List\_Status\_field** List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
St Catherine's Co...	2016-08-24 13:17:...	1 Year	St Catherine's Ce...	\$76,990	10	PH
COI Chronic Homel...	2016-08-25 18:03:...	1 Year	COLUMBIA OPPORTUN...	\$16,772	4	PH
Supportive Housin...	2016-08-31 14:05:...	1 Year	Community Action ...	\$49,337	7	PH
FY 2016 Permanent...	2016-09-01 14:32:...	1 Year	The Mental Health...	\$159,897	5	PH
FY 2016 P2S Perma...	2016-09-01 14:29:...	1 Year	The Mental Health...	\$31,507	1	PH

FY 2016 PS1 Perma...	2016-09-01 14:37:...	1 Year	The Mental Health...	\$16,801	2	PH
FY 2016 2PS Perma...	2016-09-01 14:18:...	1 Year	The Mental Health...	\$34,461	8	PH
Supportive Housin...	2016-08-31 14:16:...	1 Year	Community Action ...	\$17,082	6	PH
FY 2016 PS2 Perma...	2016-09-01 14:39:...	1 Year	The Mental Health...	\$22,874	3	PH
Columbia Greene H...	2016-09-02 13:52:...	1 Year	Corporation for A...	\$12,068	9	HMIS

## Continuum of Care (CoC) Planning Project Listing

**Instructions:**

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC Planning project application can be submitted and it must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

**EX1\_Project\_List\_Status\_field** List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
Columbia/Greene C...	2016-08-26 21:20:...	1 Year	Corporation for A...	\$13,134	CoC Planning Proj...

## Funding Summary

### Instructions

For additional information, carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$437,789
New Amount	\$0
CoC Planning Amount	\$13,134
Rejected Amount	\$0
<b>TOTAL CoC REQUEST</b>	<b>\$450,923</b>

## Attachments

Document Type	Required?	Document Description	Date Attached
1. Certification of Consistency with the Consolidated Plan	Yes	C-G Certification...	09/09/2016
2. FY 2016 HUD-approved Grant Inventory Worksheet	Yes	2016 HUD Approved...	08/23/2016
3. FY 2016 Rank (from Project Listing)	No	FY16 CG Rank	09/12/2016
4. Other	No		
5. Other	No		

## **Attachment Details**

**Document Description:** C-G Certification of Consistency with Con Plan

## **Attachment Details**

**Document Description:** 2016 HUD Approved GIW

## **Attachment Details**

**Document Description:** FY16 CG Rank

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

**WARNING: The FY2016 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.**

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Page	Last Updated
<b>Before Starting</b>	No Input Required
<b>1A. Identification</b>	08/11/2016
<b>2. Reallocation</b>	09/03/2016
<b>3. Grant(s) Eliminated</b>	No Input Required
<b>4. Grant(s) Reduced</b>	No Input Required
<b>5. New Project(s)</b>	No Input Required
<b>6. Balance Summary</b>	No Input Required
<b>7A. CoC New Project Listing</b>	No Input Required
<b>7B. CoC Renewal Project Listing</b>	09/02/2016
<b>7D. CoC Planning Project Listing</b>	09/03/2016

<b>Attachments</b>	09/12/2016
<b>Submission Summary</b>	No Input Required



**Certification of Consistency  
with the Consolidated Plan**

**U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

**Applicant Name:** CARES, Inc. - Columbia Greene Housing Coalition

**Project Name:** Columbia /Greene County CoC (NY-519)


**Location of the Project:** Columbia and Greene Counties, New York

**Name of the Federal  
Program to which the  
applicant is applying:** HUD Continuum of Care Homeless Assistance Program

**Name of  
Certifying Jurisdiction:** State of New York

**Certifying Official  
of the Jurisdiction  
Name:** Debra Devine

**Title:** HCR Director of Policy and Research

**Signature:** 

**Date:** 8-15-16

**New Projects**

**1. CARES, Inc. (Corporation for AIDS Research, Education and Services, Inc.)**

**a. *Columbia/Greene CoC Planning Project (2016)***

**Program Description:** This grant funds the Collaborative Applicant for coordination and facilitation of the CoC's processes; including strengthening the current CoC system, assisting with the development and implementation of a coordinated assessment system, project evaluation and monitoring, conducting an annual gaps analysis and Point-in-Time Count, participating in the Consolidated Plan, and preparing and submitting the CoC's application to HUD.

**Renewal Projects**

**2. St. Catherine's Center for Children**

**a. *St. Catherine's Columbia-Greene Housing 2016***

**Expiring Grant Number: NY0175L2C191503**

**Program Description:** Permanent Supportive Housing for a total of seven households including two individuals and five families in scattered site apartments.

**3. Columbia Opportunities, Inc.**

**a. *COI Chronic Homeless Project***

**Expiring Grant Number: NY0174L2C191505**

**Program Description:** Permanent Supportive Housing for one chronically homeless adult in one apartment.

**4. The Mental Health Association of Columbia - Greene Counties, Inc.**

**a. *FY2016 Permanent Supportive Housing Project for Homeless, Mentally Ill***

**Expiring Grant Number: NY0592L2C191507**

**Program Description:** Permanent Supportive Housing for a total of eleven households including nine individuals (one chronically homeless individual) and two families in seven scattered site apartments.

**b. *FY2016 PS2 Permanent Supportive Housing Project for Chronically Homeless, Mentally Ill***

**Expiring Grant Number: NY0591L2C191507**

**Program Description:** Permanent Supportive Housing for two chronically homeless individuals in scattered site apartments.

- c. *FY2016 P2S Permanent Supportive Housing for Chronically Homeless, Mentally Ill*  
**Expiring Grant Number: NY0671L2C191504**

**Program Description:** Permanent Supportive Housing for two chronically homeless adults with mental illness in two scattered site apartments.

- d. *FY2016 PS1 Permanent Supportive Housing Project for Chronically Homeless, Mentally Ill*  
**Expiring Grant Number: NY0781L2C191504**

**Program Description:** Permanent Supportive Housing for one chronically homeless adult with a mental illness.

- e. *FY2016 2PS Permanent SHP for Homeless, Mentally Ill*  
**Expiring Grant Number: NY0847L2C191504**

**Program Description:** Permanent Supportive Housing for two adults (including one chronically homeless person and one homeless person) in two scattered site apartments.

**5. Community Action of Greene County, Inc.**

- a. *Supportive Housing for Chronically Homeless Individuals 2016*  
**Expiring Grant Number: NY0593L2C191506**

**Program Description:** Permanent Supportive Housing for two chronically homeless single adults in two scattered site apartments.

- b. *Supportive Housing for Homeless Families 2016*  
**Expiring Grant Number: NY0782L2C191504**

**Program Description:** Permanent Supportive Housing for three families (women and children only) affected by domestic violence. This project provides subsidies and supportive services.

**6. CARES, Inc. (Corporation for AIDS Research, Education and Services, Inc.)**

- a. *Columbia Greene HMIS Con (2016)*

**Expiring Grant Number: NY0590L2C191507**

**Program Description:** This is a data collection program which holds client level data. Participation in the Homeless Management Information System (HMIS) is a requirement for all recipients of CoC and Solutions to End Homelessness Program funds.



# 2016 Columbia-Greene CoC – Project Rank & Review Application

Please generate a CoC CALENDAR YEAR 2015 (CY15: 1/1/15 - 12/31/15) APR from Foothold or comparable HMIS to complete this application.

## **A. PROJECT INFORMATION**

*Informational Only*

- A1. Organization Name: \_\_\_\_\_
- A2. Project Name: \_\_\_\_\_
- A3. Application Contact Person: \_\_\_\_\_
- A4. Project Type:           PH                    TH
- A5. FY16 Funding Request: \$ \_\_\_\_\_
- A6. Number of Contracted Beds/Units/Vouchers (Question 4B in Project Application): \_\_\_\_\_
- A7. Total # Participants served (as noted in CY15 APR Question 7): \_\_\_\_\_
- A8. Target Population \_\_\_\_\_
- A9. What is the cost per bed (divide the number of proposed beds by the total budget): \_\_\_\_\_
- A10. Is this project voluntarily reallocating funds to the CoC?    Yes    No
- A11. Please describe the project’s short and long-term goals for the project and its participants. Response must be 250 words or less.

## **B. CONTINUUM PRIORITIES AND SYSTEM IMPACT (Total 120 points)**

B1. Please note your project type:                   PSH                    TH

B2. **Utilization Rate** - Please print and attach the corresponding questions from the Project Application and APR.

Using the project’s most recent Project Application and CY15 APR, complete the following chart to calculate the project’s utilization rate.

Quarterly PIT	Projected persons served during an average PIT (Question 5 in Project Application)	Actual number served during PIT (Questions 8 & 9 in APR)	
		Persons	Households
January	_____ Persons  _____ Households		
April			
July			
October			
		Average: _____	

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

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

## 2016 Columbia-Greene CoC – Project Rank & Review Application

**B2.A** -If the utilization rate is under 100%, please explain the reason why. For example were there barriers or specific challenges to achieving 100% capacity?

**B3.** Does the project drawdown CoC funds from eLoccs, at a minimum, quarterly? Please attach the last three drawdowns.      Yes  No

**B4.** Please complete the table below based on information from the project's most recently completed contract.

	Amount Awarded (\$)	Amount Expended (\$)	Percentage Spent (Expended/Awarded)
<b>Leasing</b>			
<b>Rental Assistance</b>			
<b>Supportive Services</b>			
<b>Operations</b>			
<b>Admin</b>			
<b>Total</b>			

**B4.a:** If the project expended less than 90% of total awarded funds, please explain in 250 words or less.

**B5.** Does your project participate in the Coordinated Entry process by making and/or receiving referrals?  
 Yes  No

**B6.** Please note how the project is addressing the priorities stated by HUD and in the Ten Year Plan. Please identify the priority from the suggestions below and briefly note the extent to which the project is accomplishing the priority.

- Maximizing the use of mainstream resources
- Partnerships with community stakeholders
- Ending Chronic Homelessness
- Ending Family Homelessness
- Ending Youth Homelessness
- Ending Veteran Homelessness
- Using a Housing First Approach
- Other priority stated by HUD or Ten Year Plan not listed here: \_\_\_\_\_

**B7.** Please indicate if the project is dedicated to one of the following priority populations: Chronically homeless, youth or veterans?

**B7.A** If the project is not dedicated, what percentage of beds are dedicated to a priority population? *Please attach Project Application Q4B. and/or 5B.*

## 2016 Columbia-Greene CoC – Project Rank & Review Application

**B8.** Will the project leverage at least 150 percent of project funding? If so, please attach the expected amount of funding and sources that will be noted in the 2016 Project Application.

**B9.** Due to the lack of street outreach, how do participants access the project? Please answer in 250 words or less.

**B10.** What community-based strategies are used to ensure the project is visible and accessible to your target population? Response must be 250 words or less.

**B11.** For clients that are physically/mentally capable of employment, does the project provide opportunities and supports needed for job acquisition? Please explain. Response must be 250 words or less.

**B12.** On CY15 APR (Q7), is more than 5% of your data missing or null? Please attach the corresponding question from the APR.

**B13.** Does the project follow the Housing First approach (i.e., programs ensuring no potential clients are screened out or terminated based on any the following):

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Having too little or no income	<input type="checkbox"/>	<input type="checkbox"/>
Active or history of substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>	<input type="checkbox"/>
History of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Failure to participate in supportive services	<input type="checkbox"/>	<input type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input type="checkbox"/>	<input type="checkbox"/>

**B14.** Describe the project's participation in the CoC and planning process this past year.

- Has the agency submitted a membership form?
- Did the agency have less than three unexcused meeting absences as defined in the By-laws?
- Did an agency representative participate on a committee? If so, list committee(s)
- Did an agency representative chair a committee? If so, list committee(s)
- Other form of participation not listed here: \_\_\_\_\_

### **C. SYSTEM PERFORMANCE OUTCOMES (TOTAL 80 POINTS)**

For each question, please print and attach the corresponding questions from the Calendar Year 2015 HMIS APR

#### **C1. Housing Stability Performance -.**

**C1a. Stated Goals:** As noted in your CY 2015 APR Q36D, did this project meet the Continuum's goal of 80% Housing Stability Performance, as stated within the Written Standards?



# 2016 Columbia-Greene CoC – Project Rank & Review Application

**C1b. (Required if less than 80%, optional otherwise)** Please comment on any unique circumstances affecting the housing stability performance measure (e.g., total project size/type or target population) and/or steps to be taken to improve program outcomes. (250 words or less)

## **C1c. Positive Outcomes**

**Permanent Housing projects:** During CY15, there were 47 persons with positive outcomes noted across all CoC PH 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 1 and note the percentage this project had on the system: \_\_\_\_\_%

## **C2. Income Performance**

**C2.A** What percentage of adults gained or increased **earned income from employment** at entry to follow-up/exit?

**C2.B** (Optional, unless less than 20%) Please comment on any unique circumstances that affected the income performance measures. Consider including the number of participants who the measure was applicable to and the number of participants who achieved the measure or perhaps any challenges the project encounters impacting client income. Response must be 250 words or less.

**C2.C** What percentage of adults gained or increased **other income** from entry to follow-up/exit?

**C2.D** – (Optional, unless less than 54%) Please comment on any unique circumstances that affected the income performance measures. Consider including the number of participants who the measure was applicable to and the number of participants who achieved the measure or perhaps any challenges the project encounters impacting client income. Response must be 250 words or less.

## **C3. Exits to Homelessness:**

**C3.A** To show impact of this project on ending homelessness, refer to Attachment 2 (showing all CoC project leavers to homelessness) and note the percentage of project leavers who exited this program to a shelter or the street \_\_\_\_\_%

**C3.B** (Optional) Please comment on any unique circumstances affecting the rate of exits to homelessness (e.g., total project size, project type or target population) and/or steps to be taken to improve program outcomes. (250 words or less)

## 2016 Columbia-Greene CoC – Project Rank & Review Application

**C4. Non-Cash Benefits of Leavers:** Using APR Q26a2, please enter the following:

**C4.A** What percentage of all leavers exited the program with at least one type of non-cash benefit? Add up all leavers with 1+ sources of non-cash benefits and divide by total number of leavers. \_\_\_\_\_

**C4.B (Optional)** Please comment on any unique circumstances affecting the non-cash benefits of leavers (e.g., total project size/type or target population).

**C5. Number of Homeless Persons:** Was your project included in the final submission of the 2016 Point in Time? This will be verified by the Collaborative Applicant.  Yes  No

# 2016 Columbia-Greene CoC– Project Rank & Review Application

Points Scale: The 2016 Columbia -Greene CoC Project Rank and Review Application is scored on a 200 point scale with the following breakdown:

## B. CONTINUUM PRIORITIES AND SYSTEM IMPACT: Maximum 120 Points

### B1. 12-15 points

B1. Project Type	Points
PSH	15
TH	12

### B2. 0- 20 Points Maximum (including B2.A)

B2. Utilization Rate	Points
100%	20
99-90%	16
89-86%	12
85-80%	8
77-75%	4
Under 75%	0

#### B2.A – Narrative: 0-10 points

### B3. 0 or 5 Points

### B4. 0-20 points Maximum, including B4.A

B4. Funds Spent	Points
100%	20
99-90%	16
89-86%	12
85-80%	8
77-75%	4
Under 75%	0

# 2016 Columbia-Greene CoC– Project Rank & Review Application

**B4.A Narrative: 0-10 points**

**B5. 0 or 5 points**

**B6. 0 -10 points**

<b>B6. Addressing Priorities</b>	<b>Points</b>
At least 5 boxes checked	10
At least 4 boxes checked	8
At least 3 boxes checked	4
0-2 boxes checked	0

**B7. 0-10 points**

<b>B7. Population</b>	<b>Points</b>
Dedicated Chronic	10
50% or more Chronic	5
Dedicated Youth	10
Dedicated Veteran	10
No Priority Population	0

**B8. 0-5 points**

**B9. Narrative: 0 – 5 points**

**B10. Narrative: 0-5 points**

**B11. 0 or 5 points**

**B12. 0 or 5 points. All 4 criteria must be checked to get the full 5 points.**

**B13. 0- 5 points**

# 2016 Columbia-Greene CoC– Project Rank & Review Application

## C. SYSTEM PERFORMANCE OUTCOMES: Maximum 80 Points

### C1. 0- 20 Points Maximum (including C1.A-D)

C1.A 0 or 10 points

C1.B Narrative: 0-5 Points

C1.C 0-10 points

C1.C Positive Outcomes	Points
More than 25%	10
20-25%	8
15-19%	6
10-14%	3
Less than 10%	0

### C2. 0- 25 Points Maximum (for C2.A-D)

C2.A 0 -12.5 Points

C2.A Income from Employment	Points
50-100%	12.5
30-49%	10
20-29%	8
Under 20%	0

C2.B Narrative: 0- 6 Points

C2.C 0- 12.5 Points

C2.C Income From Other than Employment	Points
100-90%	12.5
70-89%	10
55-69%	8
Under 54%	0

C2.D Narrative: 0-6 Points

# 2016 Columbia-Greene CoC– Project Rank & Review Application

## **C3. 0-15 Points Maximum (including C3.A-B)**

### **C3.A 0-15 Points**

<b>C3.A Exits to Homelessness</b>	<b>Points</b>
0%	15
1-5%	10
6-10%	5
Over 10%	0

### **C3.B Narrative: 0-8 Points**

## **C4. 0-5 points Maximum (including C4.A-B)**

### **C4.A 0-5 points**

<b>C4.A Non-Cash Income Performance</b>	<b>Points</b>
70- 100%	5
26-69%	3
Under 25%	0

### **C4.B Narrative 0-2.5 Points**

### **C5. 0 or 5 points**

**Attachment 1: Positive Outcomes**

<b>Positive Outcomes - PH</b>		
<b>PROGRAM</b>	<b>Count</b>	<b>%</b>
2PS	2	4.26%
CAGC HUD SHP	2	4.26%
COI HUD SHP 2009	1	2.13%
MHACGC HUD	4	8.51%
P11	19	40.43%
P2S	2	4.26%
PS1	1	2.13%
PS2	3	6.38%
TCRS Shelter Plus Care	13	27.66%
<b>TOTAL</b>	<b>47</b>	<b>100%</b>

**Attachment 2: Exits to Homelessness**

<b>Exits to Homelessness</b>		
<b>PROGRAM</b>	<b>Count</b>	<b>%</b>
2PS	0	0%
CAGC HUD SHP	0	0%
COI HUD SHP 2009	0	0%
MHACGC HUD	0	0%
P11	0	0%
P2S	0	0%
PS1	0	0%
PS2	0	0%
TCRS Shelter Plus Care	0	0%
<b>TOTAL</b>	<b>0</b>	<b>0%</b>



2016 Columbia-Greene Ranking

Rank	Score	Applicant Name	Project Name	Funding Amount
1	190.7	The Mental Health Association of Columbia Greene Counties	PS2	\$31,507
2	182.9	The Mental Health Association of Columbia Greene Counties	PS1	\$16,801
3	181.8	The Mental Health Association of Columbia Greene Counties	PS2	\$ 22,874
4	172.5	Columbia Opportunities	COI Chronic Homeless Program	\$ 16,772
5	162.6	The Mental Health Association of Columbia Greene Counties	P11	\$ 159,897
6	161.5	Community Action of Greene County	Supportive Housing for CH Individuals	\$17,082
7	159	Community Action of Greene County	Supportive Housing for Homeless Families	\$ 49,337
8	154.5	The Mental Health Association of Columbia Greene Counties	2PS Permanent SHP	\$ 34,461
9		CARES, Inc.	HMIS	\$ 12,068
10	152.5	St. Catherine's Center for Children	St. Catherine's Columbia Greene SPC	\$ 76,990

Tier 1 = \$463,445; Tier 2 = \$30,645

Annual Renewal Demand \$437,789  
 Tier 1 = 93% of ARD \$407,144  
 Tier 2 = 7% of ARD + bonus \$30,645  
**Planning = 3% of ARD \$13,134**  
**PH Bonus = 5% of FPRN \$21,889**