



**City of Winston-Salem
HUD Continuum of Care Program
2021 New Project Scorecard**

THRESHOLD REVIEW	The WS/FC CoC Rating Panel conducts a threshold review of each project prior to scoring applications to make sure it meets eligibility requirements as stated in the Notice of Funding Availability for the Continuum of Care Program Competition. The Rating Panel uses the <i>WS/FC CoC Local Project Application Threshold Review</i> (attached) in its eligibility evaluation of Project Applicants & Subrecipients and assigns either a PASS or FAIL to the project application.
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	Points Available
Section A: ORGANIZATION & CONTACT INFORMATION —Information is complete.	1
Section B: BASIC REQUIREMENTS —Generally, answers to the questions should be Yes, and the agency should not owe money to the IRS.	2
Section C: PROJECT SUMMARY —Is the project summary complete? Does it give a concise, but complete picture of the proposed project?	2

Section D: ORGANIZATIONAL CAPACITY		Points Available
1	Mission—Does the project support the mission of the organization? 3 points—The project has a clearly defined connection to mission. 1 point—The project may have potential to support the mission. 0 points—This project does not support the organization’s mission.	3
2	Experience—Will the experience of the organization contribute to the project’s success? 6 points—The applicant clearly states relevant experiences and length of time. 3 points—The applicant can implement the project with training and assistance. 0 points—It is not clear the applicant will implement this project successfully.	6
3	Structure—Are organizational structure and human resources appropriate to support the project? a) 2 points—Clearly describes strong structure. b) 2 points—Provides job descriptions if applicable. c) 2 points—Organizational chart is provided.	6

Section D: ORGANIZATIONAL CAPACITY		Points Available
4 & 5	Capacity and Timing—Does the organization have the capacity and resources to start and finish the project in a timely and effective manner? 6 points—Yes, definitely 4 points—Probably 2 points—Probably Not 0 points—No, definitely not	6
6	Collaboration—Does the organization describe collaboration(s) that will contribute to the project’s success? 6 points—To a Great Extent 4 points—Somewhat 2 points—Very Little 0 points—Not at All	6

Section E: STRATEGIC PRIORITY—Does the project help the community meet strategic objectives?		Points Available
1	Need—Does the proposal identify the population to be served and establish their needs? 5 points—Describes the population and needs clearly. 4 points—Describes the population and provides some information on needs. 0 points—There is no clear statement of population or need.	5
2	Strategies—Is the proposal consistent with the strategies referenced and described in the application? 5 points—Yes 3 points—To some degree 0 points—No	5
3	Performance Measures 5 points—At least one measure listed, with reasonable quantity of persons served and description of services/activities is commensurate with funding request. 2 points—Measure indicated but proposed outcomes do not justify the funding request. 0 points—Failed to list measures with target numbers or percentages.	5
4	Performance Results 5 points—Indicated successful performance on 2 objectives. 4 points—Indicated successful performance on at least 1 objective. 1 point—Described objectives, but results are not indicated. 0 points—No clearly measured objectives are indicated.	5

Section E: STRATEGIC PRIORITY—Does the project help the community meet strategic objectives?		Points Available
5	<p>HMIS Data</p> <p>4 points—Agency participates in HMIS. OR Domestic violence agency uses an HMIS comparable database. 2 points—Agency is not in HMIS, but presents a plan and timeline to join HMIS. OR Agency is a domestic violence agency and presents a plan and timeline to establish use of a database that is comparable to HMIS. 0 points—Agency does not participate in HMIS and does not present a plan and timeline to join HMIS OR Agency is a domestic violence and does not present a plan to establish use of a database that is comparable to HMIS.</p>	4

Section F: PROJECT APPROACH AND DESIGN		Points Available
1	<p>Coordinated Intake and Assessment</p> <p>4 points—Project will participate in the Community Intake Center, including such activities as participation on the Assessment Team, completing assessments, and making and accepting referrals. 0 points—No participation indicated.</p>	4
2 to 10	<p>Services—Are services appropriate to help participants meet the objectives of the funding program?</p> <p>a) 1 point—Describes type, frequency and duration of services, as well as a follow-up plan and all appear to be appropriate and sufficient to meet needs and to succeed on performance measures. b) 1 point—Describes policies and procedures to meet the rights and needs of homeless children related to education. c) 1 point—Indicates amenities are accessible. d) 1 point—Indicates assistance with SSI/SSDI is provided. e) 1 point—Indicates staff has SOAR training. f) 1 point—Table is completed. g) 1 point—Transportation assistance is provided. h) 1 point—A single application form is used. i) 1 point—Regular follow up will be provided. j) 1 point—Frequency of follow up is described.</p>	10
11	<p>Housing First & Program Practices</p> <p>a) 4 points—Agency checked all or most of the boxes in the Housing First Survey. b) 4 points—Agency checked all or most of the boxes in the Program-Specific Practices Survey that is applicable to their program type. c) If the agency did not check some of the boxes in a or b, they should use this section to provide explanations for a and b.</p>	8
12	<p>Duplication—The proposed project does not duplicate services, or if services are duplicated, a reasonable justification is provided.</p>	2

Section G: COST EFFECTIVENESS		Points Available
1	CoC Proposed Funds Requested 4 points—Applicant lists all the activities and the funds requested. 0 points—Applicant does not list all the activities or funds requested.	4
2	Budget is submitted.	2
3	Activity Supported with Other Funds CoC Projects: Does the project meet or exceed the 25% match requirement? 6 points—Applicant fills out all information, and match is at least 25%. 0 points—Information is missing and/or match is less than 25%. Non-CoC Projects: 6 points—NA	6
4 & 5	Average Cost 4 points—All of the information is provided. 0 points—Not all of the information is provided.	4
6	Sustainability 2 points—A plan is described and appears to be reasonable. 0 points—A reasonable plan is not described.	2

Section H: Required Documents	Points Available
Required Documents are submitted or a plan and timeline are provided to submit documents that are missing.	2

Total Possible Points = 100



**Winston-Salem/Forsyth County Continuum of Care
Local Project Application Threshold Review
for Project Applicants and Subrecipients**

Agency:	
Project:	

Criterion	Yes	No	N/A
Complete application was submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Match documentation was submitted for prior year and applicant <i>identified</i> minimum matching funds prior to application submission which satisfy HUD requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly Financial Drawdowns/Spend Rate/Funds Recaptured were reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APR submitted to HUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No unresolved HUD Monitoring Findings on grant-funded project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has documentation of having served HUD-eligible homeless persons or families, through CoC-eligible activities during the twelve months prior to the RFP deadline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposes an eligible activity for an eligible homeless population, pursuant to HUD requirements (including eligibility under the NOFA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an eligible contractor for federal funds per https://www.sam.gov/ , has a current tax exempt status as verified by the IRS, and does not owe any unresolved tax debts, as documented on IRS 990 submissions to the IRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not propose to use HUD funds to supplant current funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project is financially feasible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has satisfactory organizational status, experience, capacity, and financial stability to implement and operate the project, as determined by the City of Winston-Salem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted authorization to apply for CoC funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted most recently filed IRS Form 990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted most recent audit report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted By-Laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted IRS 501(c)3 designation letter, with status in place for at least one year prior to RFP deadline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted current board roster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted copy of current year budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submitted copies of Code of Conduct, Personnel Policies, Fair Housing Policy, Anti-Discrimination Policy, Accounting and Procurement Policies, and other documents and procedures for the Organization (as applicable and as requested)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project application was reviewed by WS/FC CoC Rating Panel members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Coordinated Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing First and/or Low Barrier Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in HMIS or an HMIS comparable database for DV agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant is a CoC-member agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation for N/A items: _____

Reviewed by (print and sign name): _____

PASS/FAIL: _____

Date: _____