



**MID-WILLAMETTE VALLEY
HOMELESS ALLIANCE**
MOVING TO END AND
PREVENT HOMELESSNESS

CONTINUUM OF CARE NOTICE OF FUNDING OPPORTUNITY

PROPOSAL RATING FORM

RENEWAL PROJECTS: HMIS

Criteria	Corresponding Item Numbers*	Rating 0-5	X Weight	Maximum Points
<i>Minimum Qualifications: Applicant meets minimum threshold requirements.</i>		<i>Yes/No Per Technical Review</i>	<i>N/A</i>	
SECTION 1 – RECIPIENT PERFORMANCE				
1. APR TIMELINESS <ul style="list-style-type: none"> Did the applicant submit the previous year’s APR on time? (5 for yes, 0 for no, if no satisfactory explanation) 			1	5
2. DRAWDOWNS <ul style="list-style-type: none"> Did the applicant draw funds quarterly for the current renewal project? (5 for yes, 0 for no, if no satisfactory explanation) 			1	5
3. FUNDS REMAINING <ul style="list-style-type: none"> Are there any funds remaining for recapture by HUD for the most recently expired grant term related to this renewal project request? (5 for no, 0 for yes, if no satisfactory explanation) 			1	5
4. UNRESOLVED AUDIT FINDINGS <ul style="list-style-type: none"> Are there any unresolved monitoring or OIG audit findings that are not explained to the satisfaction of the Continuum of Care? 			<i>Up to 10 points may be deducted for unresolved audit findings</i>	N/A

Criteria	Corresponding Item Numbers*	Rating 0-5	X Weight	Maximum Points
SECTION 2 - PROJECT DESCRIPTION				
5. PROJECT DESIGN <ul style="list-style-type: none"> • Applicant provides a detailed description of the design and implementation of the HMIS system. • Application clearly describes how CoC funding will be used. 			3	15
6. COORDINATION WITH OTHER ORGANIZATIONS <ul style="list-style-type: none"> • Applicant describes how proposed project will collaborate with other providers or agencies in the Marion-Polk region (e.g., federal, state, nonprofit), and how the applicant will participate with community partners through the Continuum of Care. • Applicant describes history of organizational collaboration with other providers or agencies in the Marion-Polk region, including participation with the Continuum of Care. 			5	25
7. OUTCOMES AND PERFORMANCE MEASURES <ul style="list-style-type: none"> • Applicant describes proposed project outcomes that are objective, measurable, trackable, and meet or exceed any established HUD benchmarks for System Performance Measures. • Applicant meets or exceeds any established HUD benchmarks for System Performance Measures. • Applicant demonstrates effective activities likely to improve System Performance Measures. 			27	135

Criteria	Corresponding Item Numbers*	Rating 0-5	X Weight	Maximum Points
<ul style="list-style-type: none"> Applicant describes relevant experience coordinating the use of HMIS to capture data and report program outcomes. 				
<p>8. HMIS STANDARDS (PART 4). Based on the current HMIS configuration, does the HMIS system:</p> <ul style="list-style-type: none"> Collect all Universal Data Elements Produce HUD-required reports and needed data Generate reports required by federal partners including HUD, VA, and HHS) Provide the CoC with an unduplicated count of program participants receiving services <p>Does the HMIS lead:</p> <ul style="list-style-type: none"> Describe the process and stakeholder involvement for updating HMIS Governance Charters and HMIS Policies and Procedures Have a staff person responsible for security standards Conduct background checks for employees with access to view HMIS data Conduct Security Training and regularly follow up on standards Describe policy and procedures for managing a breach of Personal Identifiable Information (PHI) in HMIS 			<p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p>	<p><u>TOTAL 135</u></p> <p>15</p> <p>15</p> <p>15</p> <p>15</p> <p>15</p> <p>15</p> <p>15</p> <p>15</p>
SECTION 3 – BUDGET				
<p>9. BUDGET</p> <ul style="list-style-type: none"> Budgeted costs are allowable by HUD. 				

Criteria	Corresponding Item Numbers*	Rating 0-5	X Weight	Maximum Points
<ul style="list-style-type: none"> Budget is cost effective and adequate to implement and sustain project activities over the grant period. Budgeted costs are reasonable, given the proposed number and needs of clients to be served. Budgeted costs are justified. Match and indirect costs (if any) are calculated correctly. 			5	25
SECTION 4 – SUPPLEMENTAL EQUITY QUESTIONS				
10. EQUITY <ul style="list-style-type: none"> Applicant describes meaningful involvement in program development by stakeholders with different identities. Applicant has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population and has taken or will take steps to eliminate the identified barriers. 	Supplemental Questions		5	<u>TOTAL 50</u> 25
TOTAL				400

RATING KEY:

5 = Excellent 4 = Very good 3 = Average 2 = Fair 1 = Poor