

Homelessness & Housing Fund

Year 3, 2024-2025

Proposal Evaluation Form

Reviewer Name _____

Date _____

Applicant and Project Name _____

Grant Amount Requested _____

Proposals must earn a grade of at least 60%, or 84 out of 140 points, to be considered for funding.

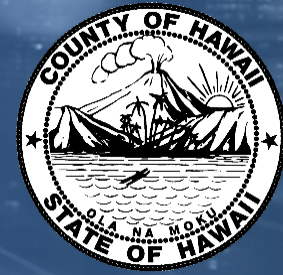
Scoring _____

Funding Denied
0-83 pts

Considered for
Full Funding
84-140 pts

I. Service Delivery	Yes	Partial	No
D1. Does the Applicant outline a sound strategy for identifying & engaging individuals experiencing homelessness? And does it include a way to confirm their housing status at time of program entry?	5	3	0
D2. Does the proposed program demonstrate a reasonable way to prioritize program Applicants based on vulnerability and need?	5	3	0
D3. Do the services provided to Participants meet the long-term needs of these individuals?	5	3	0
Total Score Service Delivery (Maximum 15)			

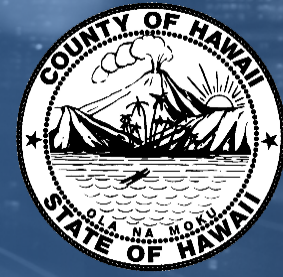
II. Alignment with HHF Program	Yes	Partial	No
D4. Does this project offer a <u>direct</u> pathway to housing?	5	3	0
D5. Does the program have a system in place to connect or refer participants to housing services?	5	3	0
D6. Does the Applicant demonstrate a thorough understanding of community partnerships and/or linking Participants with community-based resources and services?	5	3	0
D7. Does program directly reduce the time from initial contact to housing placement AND does it have measures in place to track these reductions? Both need to be met for awarding points on this.	5	3	0
D8. Does the program have measures in place to ensure individuals remain in stable housing?	5	3	0
D9. Does the program offer follow-up and support services for individuals who have left their program?	5	3	0
*In Exhibit C, Question C7 –Does the program clearly and directly address at least one of the Roadmap Priorities?	5	3	0
Total Score Alignment with HHF Program (Maximum 35)			



III. Staffing and Organizational Capacity	Yes	Partial	No
D10. Has the Applicant identified qualified key personnel who will manage and implement the program?	5	3	0
D11. Has the Applicant demonstrated that services will be provided by individuals with training and/or expertise appropriate to the type of service offered, with ongoing oversight by a supervisor?	5	3	0
D12. Does Applicant confidently demonstrate that they have, or will have with HHF funding, the overall staffing and caseload capacity to effectively support this proposed project?	5	3	0
*In Exhibit D, Org Chart Attachment – Does the Applicant’s organizational chart identify staff positions and lines of responsibility/supervision?	5	3	0
Total Score Staffing and Organizational Capacity (Maximum 20)	<input type="text"/>		

IV. Program Experience and Capability	Yes	Partial	No
*In Exhibit C, Question C4 – Has the Applicant described program guidelines for the proposed program that are clear, comprehensive, and specific?	5	3	0
D13. Are all resources necessary to implement the proposed program, including an operation site, supplies, and system infrastructure (if applicable), secured, or will be secured with the receipt of the requested funding?	5	3	0
D14. Does the proposal integrate innovative, creative, or novel approaches to addressing homelessness and housing challenges?	5	3	0
*In Exhibit D, History of Experience Attachment – Does the Applicant demonstrate at least one year of relevant history of experience required to implement the proposed program as evidenced by similar past programs which serve the intended Participant group?	5	3	0
Total Score Program Experience and Capability (Maximum 20)	<input type="text"/>		

V. Financial	Yes	Partial	No
D16. Does the Applicant outline an adequate accounting system and financial controls that includes a way to ensure all grant money is expended within the 12-month contract period?	5	3	0
D17. Does the Applicant have the capability and a sound plan to effectively manage reimbursement-based funding, ensuring that project expenses are covered without interruption and continuity of services provided?	5	3	0
D18. Do Admin costs represent <15% of the total grant amount requested?	5	3	0
*Review Exhibits F – Has Applicant provided sufficient detail regarding what the proposed Admin costs will encompass?	5	3	0
*Review Exhibits E & F – To the best of your knowledge, does their budget appear complete, realistic, thorough, accurate and without significant red flags?	5	3	0
Total Score Financial (Maximum 25)	<input type="text"/>		



VI. Data and Outcomes

Yes Partial No

D20. Has the Applicant outlined reasonable preliminary plans for the transition of their client data management system to the County selected Client Data Management Software?

5 3 0

D21. Has the applicant identified key personnel who will be responsible for meeting the HHF data reporting requirements?

5 3 0

D22. Does the Applicant agree to comply with all expectations and requirements, including sharing identifiable Participant data and obtaining consent from all program Participants to release their info to the County (if applicable to their program)?

5 3 0

***In Exhibit C, Question C8** – Does the Applicant provide at least five measurable proposed success outcomes, including specific quantitative measurements for each?

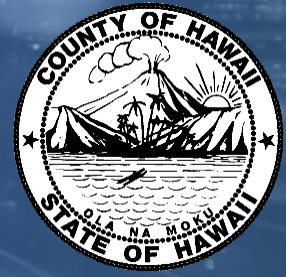
5 3 0

***In Exhibit C, Question C8** – Do each of the proposed goals/success outcomes directly impact/improve/address one of the three “Metrics that Matter” (Rare, Brief, Non-recurring)?

5 3 0

Total Score Data and Outcomes (Maximum 25)

Final Cumulative Score (Maximum 140)



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Evaluator's Comments/Notes

Evaluator's Questions

Evaluator's Signature

Date