



North Carolina Balance of State Continuum of Care

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FY2023 CoC Program Competition NC Balance of State CoC NEW Project Thresholds and Standards Form

New project applicants are required to complete and submit this form to NCCEH by 5:00 P.M. on Tuesday, July 25, 2023. Information provided will be used by the Project Review Committee and NCCEH staff to score and rank new project applications.

Project Information

Applicant Agency:	
Project Name:	
Project Type: RRH, PSH, TH-RRH (DV), or SSO-CE (DV)	

THRESHOLDS

RRH: Prior Experience with HUD Funding

2.2c	For RRH projects: Are you currently receiving ESG funds for RRH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2c	If yes, are you in good standing with the NC ESG office? Standing will be verified by NCCEH with the NC ESG office.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2c	If no, are you currently operating a RRH program with other funding sources that adhere to RRH program standards as outlined in the 2023 New Project Scorecard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2c	If you are using other funding to operate a RRH program, what funding source(s) is the agency using?	

Agency's Relationship to Community

7.4	For PSH, RRH, and TH-RRH projects: Does the agency agree to actively participate in the local coordinated entry process as designed by your Regional Committee(s) and only take referrals directly from the coordinated entry prioritization by-name list?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	Has the agency presented the proposed project to the Regional Committee (or Steering Committee for CoC-wide projects) prior to the first application	<input type="checkbox"/> Yes <input type="checkbox"/> No

	submission deadline (either in person or electronically) and given the opportunity for feedback? Date presented to Regional Committee (Steering Committee): Feedback received:	
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STANDARDS

General Application

Agency mission statement:		
1.1a & 1.1b	Please describe any current or prior experience that the agency has serving homeless households in your community:	

Organizational Capacity

5.1	Has the agency successfully implemented a CoC-funded project of the same project type (PSH, RRH)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	If no, has the agency successfully implemented a different HUD-funded project (ESG, Section 8, HPRP, etc.) or a CoC-funded project of a different type?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Existing CoC Program Grantees:		
6.3a	If the agency has other existing CoC Program projects, are there any HUD monitoring findings currently associated with any of these projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain what the findings were and if they have been resolved:		
Administrative Staff:		
5.11 & 5.12	Name the administrative positions in the agency that do not provide direct services to participants and the funding sources that pay for these positions.	

Program Design

2.1	Statement of Need: New CoC Program projects must demonstrate that they are meeting an existing need in their community. Projects must describe below: <ul style="list-style-type: none"> • What community need the new project will address, including local data (PIT Count, coordinated entry data, wait lists, etc.) that demonstrates this need • How the community has used other resources to address this need. 	
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2.2b	<p>PSH Projects: Rental assistance projects are preferred to leasing projects as rental assistance projects adjust to FMR and provide tenants with a lease in their name. Projects that wish to provide leasing must submit a written statement that explains why the project is not applying as a rental assistance project. Mark N/A if the agency is applying for a rental assistance project.</p>
2.1f	<p>TH-RRH Projects: Describe both the TH and RRH activities that the agency will provide as part of this project. Please detail how the agency will interact with participants, the types of services offered, and the project’s interaction in the region’s coordinated entry process. Enter N/A if the agency is not applying for TH-RRH.</p>
2.3	<p>Describe how the project will leverage services funding for its clients and the long-range plan for decreasing the usage of supportive services funding and increasing the usage of rental assistance funding in the CoC project. Include in your description any formal relationships with other agencies where an MOU/MOA is in place, any <u>dedicated</u> funding streams that will provide services for program participants, and the percentage of match dollars for services the project has procured over the required 25%. If the project has formal MOU/MOAs in place, please submit with this form as part of the application package.</p>

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Equity

4.1	<p>Does the applicant provide guidelines/program rules in other languages besides English? If yes, please submit a copy of the agency guidelines/program rules in another language.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	<p>Does the applicant currently have client-facing bilingual staff?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3	<p>Does your organization have an arrangement for professional/trained interpretation services? In-person or remote interpretation from trained providers are both applicable. Staff can be considered interpreters if they have been trained or certified as interpreters. Bilingual staff or volunteers without documented training (internal or external) or certification do not qualify as trained interpreters. If yes, please provide a description of your arrangement and how the agency uses interpreter services. Submit any contract/MOU/documentation the agency has for interpreter services.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5	<p>Does the applicant hold annual trainings on its Anti-Discrimination Policy, as required by the CoC Anti-Discrimination Policy? Date of the last training:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.6	<p>Has the applicant engaged in professional racial equity training in the last 12 months for the purpose of impacting equity within the agency? Examples include the Racial Equity Institute (REI) Phase 1 or Groundwater trainings, Organizing Against Racism (OAR) training, or Race Forward training. Date of training(s): Who performed the training(s)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Percentage of staff attending:	
4.7	Does the applicant have an equal access hiring clause in job postings? If yes, please submit a copy of the last job posting as part of the application package.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.8 & 4.9	How many people currently serve on your Board of Directors? How many people currently serving on your Board of Directors are BIPOC (Black, Indigenous, or People of Color)? How many people currently serving on your Board of Directors have lived experience of homelessness?	
4.10	How many manager or director-level positions who supervise other staff, payroll, and/or HR duties does your agency employ? How many of your managers or director-level positions are filled with BIPOC (Black, Indigenous, or People of Color)?	
4.11	Has the agency incorporated the NC BoS CoC Client Bill of Rights into internal policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.12	Has the agency changed an internal policy within the last 12 months as a result of feedback from current/former clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.13	Has your program staff attended community events, conferences, or panel conversations in the past 12 months on the topic of racial equity, anti-racism, or indigenous rights? Please include the number of staff that attended. Benchmark at 80% of total staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.14	Do agency hiring announcements cite lived experience of homelessness as a relevant skill for open positions at all levels in the agency? Submit a sample of hiring announcements showing range of different levels within the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.15	What percentage of agency staff involved in operating or administering the CoC eligible activities have experienced homelessness? Benchmark at 10%.	

HMIS Participating Agencies Only:

5.9	Will staff delivering services be responsible for recording client data in HMIS? (Dedicated HMIS data entry staff is historically less successful at data management.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.10	Does the agency have a staff person identified for the HMIS Agency Administrative Role to manage the project's HMIS data? (Note, if the role is the Executive Director's or President's, no points are applied. EDs historically do not have capacity to fill this role.) Position filling HMIS Agency Administrative Role:	<input type="checkbox"/> Yes <input type="checkbox"/> No

HMIS ID:	VI-SPDAT Score:
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