**Lake County Coalition for the Homeless**

**Project Application for FY2017 Continuum of Care Funds**

**Coordinated Entry Renewal**

Agency and Program Information:

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| 1. **Agency Name** |  | No Points |
| 1. **Program Name** |  | No Points |
| 1. **Is your agency a member of the Lake County Homeless Coalition in good standing?** |  | Score 1 point if yes. |
| 1. **Which of the following committee(s) does your agency attend and what percentage of meetings did your agency attend in the last year?**  * Community Outreach and Engagement * Project Performance and Monitoring * System Coordination and Entry * Homeless Management Information System * Strategic Planning and System Performance |  | Informational only. Could be scored in future applications. |
| 1. **What percentage of HMIS Agency Administrator meetings did your agency attend?** |  | Score 1 point if greater than 60% |
| 1. **CoC Grant Amount FY2016** |  | No Points |

Budget:

*Please provide a budget for your proposed program funding. The Continuum of Care cannot guarantee that all new programs will be funded at the maximum amount. Refer to the NOFA and relevant regulations regarding eligible costs in each budget category.*

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| 1. **Total Budget** | |  | No Points |
| 1. **Amount Requested from CoC** | |  | No Points |
| 1. **Amount of Leverage** | |  | 1 Point if 25 % or greater |
| 1. **Amount of Matching Dollars** | |  | No Score |
| 1. **Percentage of Matching Dollars** | |  | 1 Points for 26% or more |
| 1. **Provide a narrative explaining the budget including match amount and potential sources. (No points.)** | | | |
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Project Design: *Please attach any relevant policies.*

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| 1. **Please describe your current or planned outreach methods.** |
| 2 points for clear plan to conduct outreach in Lake County  1 point for plan to conduct outreach in limited areas of Lake County  0 points for no plan |
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| 1. **Please describe how potential participants can access the coordinated entry system, no matter where they are located Lake County.** |
| 2 points for clear plan to assess participants in all areas of the County  1 point for plan to assist clients with getting to program site for assessment  0 points for no plan |
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| 1. **Please describe how participants are or will be assessed, prioritized and directed to appropriate housing.** |
| 2 points for clear plan and assessment tool  1 point for plan, but no assessment tool  0 points for no plan or tool |
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| 1. **Please describe how you are or will train and coordinate with other entities that serve as points of entry, e.g., homeless shelters, DV shelters, jails, veteran service providers, etc.** |
| 2 points for clear plan to train and coordinate with entities that serve as points of entry  1 points for clear plan to coordinate, but not train entities that serve as points of entry  0 points for no plan |
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| 1. **Please describe how housing providers are or will be involved in the process.** |
| 1 point for clear plan  0 points for no plan |
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| 1. **Please describe how you minimize or plan to minimize barriers to quick placement in permanent housing, e.g., assist participants with obtaining eligibility documentation, assist participants with securing health services and/or mainstream resources while waiting for placement, assist housing providers with tracking down participants who are difficult to contact, serving as the liaison between the housing providers and participants, etc.** |
| 2 points for clear plan to assist participants with eligibility documentation and other needs while  awaiting housing  1 point for clear plan to assist participants with obtaining eligibility documentation only  0 points for no plan |
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| 1. **Describe your agency’s past success in executing similar programs or services in Lake County, IL. The inclusion of evidence, performance measures, outcomes, etc. is strongly encouraged.** |
| 2 points if clear evidence of success with similar programs. |
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| 1. **Use the space provided below for any additional, relevant information that has not been addressed in the previous questions. (No points.)** |
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| 1. **Please attach any relevant policies and/or procedures** |
| Up to 3 points for a written procedure that addresses the coordinated entry process. Maximum points for detail and thoroughness |

By signing below I attest the information above is accurate. I understand that the information on this form will be utilized to make funding decisions and that completing and submitting this form is no guarantee of funding.

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| **Signature of Authorizing Agent** |  | **Date** |
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| **Name** |  | **Title** |

**Contact Person for Questions Regarding this Application:**

|  |  |
| --- | --- |
| **Name and Title:** |  |
| **Phone Number:** |  |
| **Email:** |  |

*Completed applications with attachments should be submitted electronically to the* [*boconnell@lakecountyil.gov*](mailto:boconnell@lakecountyil.gov) *no later than 5PM on Friday, June 30.*