



Capital Area Coalition on Homelessness

...to educate and mobilize our community and coordinate services to prevent and reduce homelessness in the Capital Region.

The 2022 Continuum of Care (CoC) Homeless Assistance Programs Notice of Funding Opportunity (NOFO) by US-Housing and Urban Development (HUD) is available.

Agencies interested in applying for funding please read the FY22 CoC Competition NOFO:

- FY22 CoC Competition NOFO ([Document](#))
- [Project Renewal Detailed Instructions](#)
- [New Project Detailed Instructions](#)

All agencies applying or renewing must be [members in good standing of CACH](#)

2022 CoC Competition Timeline – Capital Area Coalition on Homelessness (CACH)

- August 1, 2022 2022 CoC NOFO is announced by US HUD.
- August 10, 2022 CACH publishes on website, listserv and social media the NOFO, timeline, criteria for ranking, and submission procedures for projects.
- **August 31, 2022 Renewals and new project applications due to CACH via esnaps.**
- September 15, 2022 CACH notifies projects in writing if application(s) are accepted and ranked, rejected, or reduced on the CoC Priority Listing.
- September 28, 2022 CACH posts publicly all parts of the CoC application and Priority Listing.
- **September 30, 2022 Final Submission to HUD CoC Competition by CACH**

Process to Apply:

CACH is the “Collaborative Applicant” or the agency that submits a Consolidated CoC application for the Continuum of Care PA501 (City of Harrisburg and the County of Dauphin, Pennsylvania). New or renewal projects are submitted as part of that singular application. All applications are submitted through HUD’s E-SNAPS system. In order to do so agencies must create membership on E-SNAPS AND have a valid DUNS number and SAMS affiliation (NOFO III.A, p.19, V.A.1.)

1. RENEWALS may **reapply, consolidate** same type renewal (NOFO V.B.4.a.(7), or **transition** to a new project (NOFO III.B.2.cc).
2. NEW projects are only: reallocated from renewals, **CoC bonus** (NOFO III.2.c), **DV bonus** (NOFO II.b.11.e). They can be an **expansion** of an existing project (FY22 NOFO II.5.2.j)

CACH welcomes all NEW projects to submit for this competition including from agencies that have not submitted before. Agencies applying for a NEW project and/or is a NEW applicant, please send a short email with your agency name and your TYPE of NEW projects (NOFO V.B.4.3) **to gpayne@hra-harrisburgpa.org no later than August 20, 2022.**

There are two tiers for all projects submitted:

- **Tier 1** is 95 percent of the CoC annual renewal demand (ARD) or the total for all renewals.
- **Tier 2** is remaining 5 percent up to the total HUD final pro rata need (FPRN) allocated for the CoC and amounts for CoC bonus and DV bonus projects.

Projects in Tier 1 are evaluated on basic eligibility and agency merit and likely to be funded. Projects that fall in or straddle Tier 2 compete nationally and may/may not be funded/fully funded. All projects, new or renewal, are ranked by CACH in Tier 1 through Tier 2 following their order.

All projects are RANKED based on HUD and local priorities, agency performance or capacity, compliance to pertinent regulations, HUD specific outcomes, sustainability, and participation in the Continuum of Care (see Appendix below for Ranking tool and score criteria).

*If you have any questions, please contact George Payne
at 717-255-6431 or gpayne@hra-harrisburgpa.org*



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Projects are accepted, rejected, reduced or reallocated based on [CACH's Reallocation Policy](#) (click)

Appendix: CACH COC 2022 - RANKING TOOL AND SCORE MATRIX

CACH Ranking and Scoring Matrix used to rank projects submitted for the CoC application is based (80%) on Objective Criteria such as cost effectiveness, type of population served, type of housing proposed, housing first, capacity, CE effectiveness, and System Performance Measures (20%). The rest of the measures involve programmatic functions such as capacity, compliance, and representation of racial, ethnic, and those with lived experience.

	Criteria	Max Points	% of Score
1	Thresholds	Pass/Fail	-
2	Project Type Priorities	50	25%
3	HUD And Local Population Priorities	35	18%
4	Agency Experience And Capacity	5	3%
5	Current Grant Status	10	5%
6	Unit Cost Effectiveness	5	3%
7	Number Of Beds (Capacity)	5	3%
8	Housing First	10	5%
9	Vulnerability/Localized Need	10	5%
10	Project System Performance Measure	40	20%
11	Effective Use Of CE	5	3%
12	HMIS Quality And Usage	10	5%
13	Homeless Participation	5	3%
14	Racial Disparity	5	3%
15	Utilize Health Care	5	3%
	Total Maximum Points	200	100%

1. THRESHOLDS (hyperlinked below to various source documents) Yes/No
 Attend 75% of CACH general membership or CACH committee/sub-committee meetings
 Participate in Coordinated Entry
[Consistent with CACH Blueprint](#)
[Consistent with Harrisburg City Consolidated Plan \(pg. 60 ff and 85 ff\)](#)
[Consistent with Dauphin County Consolidated Plan \(pg. 45 ff\)](#)
[Consistent with Harrisburg City Comprehensive Plan](#)
[Consistent with Dauphin County Comprehensive Plan](#)
[Consistent with Dauphin County Human Services Block Grant Plan](#)
 Consistent with Zoning for Housing Components of Project

2. PROJECT TYPE PRIORITIES (Total possible Points 50)
 • Homeless Management Information System/Coordinated Entry System - 50 pts
 • Permanent Housing. This includes Permanent Supportive Housing, Rapid Rehousing, and Joint Transitional Housing and Rapid Rehousing - 47 pts

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- Safe Haven (Indefinite Housing for Chronically Homeless Persons) - 45 pts

3. HUD AND LOCAL POPULATION PRIORITIES

Source: Project Submission Q. 3B, 5A,B - Projected Number (Total possible points 35)
(HMIS/CES gets average of points)

- Dedicated Beds for Chronic Homeless (5 pts). *Source: Project Submission. 5b*
- Dedicated Beds for Veterans (5 pts). *Source: Project Submission. 5b*
- Dedicated Beds for VAWA victims (5 pts). *Source: Project Submission. 5b*
- Beds for Families with Children (5 pts). *Source: Project Submission. 5a*
- Beds for Unaccompanied Youth under 25 (5 pts x % of beds). *Source: Project Submission.5a*
- Beds for Mental Health/Autism/Developmental Programs or Drug and Alcohol (5 pts x % beds). *Source: Project Submission. 5b*

4. AGENCY EXPERIENCE AND CAPACITY (Total possible points 5)

Source: Agency Application

- Board Members' Experience (0.5 pt.)
- Executive Leadership Experience (0.5 pt.)
- Program Manager Experience (1 pt.)
- Agency Resume (1 pt.)
- Agency Financial Statement (1 pt.)
- Program Operating Successfully/Sufficient Staff (Average of Pts for New Projects) (1 pt.)

5. CURRENT GRANT STATUS (Total possible points 10)

Source: Project Submission - Recipient Performance (pg. 23, 24), SAGE - Grant Spending report.

- Existing grant implemented (2 pts)
- Existing grant drawing funds on time (quarterly) (2 pt)
- Participant eligibility adhered (2 pt)
- Funds not fully drawn down in previous grant and returned to HUD (- 2 pts)
- No HUD findings in last 3 years (2 pts)
- Submitted APR on time (2 pts)

6. UNIT COST EFFECTIVENESS (Total possible points 8) Highest pts to project with lowest cost per bed and other projects pts are based on % variance from that lowest cost. (HMIS/CES gets average of scores). *Source: Average Beds utilization (APR Q7b)*

7. NUMBER OF BEDS (1 point for every 5 beds) (HMIS/CES gets average of scores)

Source: Project Submission Q.4b

8. HOUSING FIRST (Total Possible Points: 5) (HMIS/CES get average of scores)

Source: Project Submission Q.3b

9. VULNERABILITY NEEDS/ LOCALIZED NEEDS (COORDINATED ENTRY

REFERRAL NEEDS): % population x pts. (Total possible points: 10) (HMIS/CES gets average of all scores)

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Source: Project Submission Q3b, 5a, or Annual Progress Reports (APR) 5.a, 26.b, 11, 13.a.1, 15

- Serving those with significant Health/Behavioral challenges (2 pts) (Source APR Q. 13.a.1)
- Serving Chronic Homeless (3 pts) (Source APR Q. 26.b)
- Serving youth under 25 (3 pts) (Source: APR Q. 11)
- Serving those coming from streets or unsheltered situations (5 pts) (Source APR Q. 15)

10. RENEWALS - SYSTEM PERFORMANCE MEASURES: (Total possible points: 40)
(HMIS/CES and 1st year/ Reallocation Projects - given average of total) Source: APRS

- % of those who exited to PH or stayed put in PH program (% x 10 pts.) (Source APR 23c)
 - % of participants "increased or maintained" income (% x 10 pts) (Source APR 19.a.1)*
 - % of participants "increased or maintained" benefits (% x 10 pts) (Source APR 19.a.1, 20.a)*
 - Bed Utilization: 75% (2 pts); 76-80% (4 pts); 81-85%; (6 pts) 86-90%; (8 pts) 91-100 (10 pts)
- *Less % without the required annual assessment info updated (APR Q. 16)

11. EFFECTIVE USE OF COORDINATED ENTRY: (Total possible Points: 5)

- Was able to place a referral (1 point)
 - Length of time from CES referral to acceptance decreases (2 point) stays same (1 pt)
 - Length of time from CES referral to Housed decrease (2 point) or stays the same (1 pt)
- *-1 pt. for every appropriate CES referral which was not accepted, up to -3 pts. maximum.

12. HMIS QUALITY AND USAGE. Source - Annual Progress Reports (APR) Question 6.
(HMIS/CES and new projects gets average of all scores) (Total possible points: 10)

- APR 6a - Data Quality: Personally Identifiable Information - 2 points x % without errors
- APR 6b - Data Quality: Universal Data Elements - 2 points x % without errors
- APR 6c - Data Quality: Income and Housing Data Quality - 2 points x % without errors
- APR 6d - Data Quality: Chronic Homelessness - 2 points x % without errors
- APR 6e - Data Quality: Timeliness -- 2 points x % without errors

13. HOMELESS (FORMERLY HOMELESS IN PAST 7 YEARS) PARTICIPATION (5 pts)

Has homeless or formerly homeless persons on agency board who is able to make decisions on program structure, function, operations, budget and personnel

14. RACIAL DISPARITY (HMIS/CES and new projects gets average of all scores) (5 pts) (1 pt if % minority=county average +1 point for every 5% over up to maximum of 5 pts)

- People of different races or ethnicities receive homeless assistance (Source: APR Q 12.a)
- % of Population nonwhite or minority (Dauphin County Minority (US Census) =28.5%)

15. UTILIZE HEALTH CARE AND PUBLIC HOUSING VOUCHERS (new project only)
(CES/HMIS projects gets average of all scores) (5 pts)

Project includes written agreement with Public Housing Authority/developer and/or Healthcare agencies to "utilize housing vouchers and healthcare provided through an array of healthcare services providers" and 25% of project beds are funded by those sources.

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