

Southern Nevada Homelessness Continuum of Care (CoC)

2022 LOCAL COC UNSHELTERED HOMELESSNESS NOFO APPLICATION REVIEWER'S FEEDBACK



Agency Name: _____ Agency Project: _____

AGENCY APPLICATION TAB

Question	Your Score / Total Score	Feedback – Strengths or Areas for Improvement
Q2. Describe your agency's experience providing assistance to individuals experiencing homelessness: Please include overall experience as well as experience working with unsheltered populations.	/ 4	
Q3. Part 1: Describe agency's experience in a) effectively utilizing federal funds & performing the activities proposed in your project application(s) given funding/time limitations; and leveraging other federal, state, local & private funds	/5	
Q3. Part 2: Describe how your agency identifies or determines any fees required by participants and any other billing options and accounting practices used.	/3	
Q4. Describe agency collaborations.	/6	
Q5. Describe agency organizational and management structure. Include evidence of internal and external coordination and an adequate financial accounting system.	/4	
Q6. Participation in regional efforts	/1	

Q7. Description of participation in regional efforts.	/1	
Q13. Do project participants have access to SOAR activities (SOAR process).	/1	
Total	/25	

General Comments:

THRESHOLD AND ADMINISTRATIVE REVIEW

See Local Application				
Question/Item	Source	Yes	No	N/A
1. Is the agency on the HUD Code of Conduct List?	HUD Website	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there a valid UEI number in application?	Summary-Organization Info	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there a valid SAM CAGE code in application?	Summary-Organization Info	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has the agency demonstrated they are Eligible Project Applicants?	NV Secretary of State Website, Local Application, Uploads	<input type="checkbox"/>	<input type="checkbox"/>	
5. Has the agency been an active participant in CoC activities?	Agency Application Q6-7	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you agree to continue participating in HMIS? Or, if a new project (other than DV), will your agency participate in HMIS?	Agency Application Q8	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does the agency have any outstanding, delinquent federal debts?	Agency Application Q10	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by your organization?	Agency Application Q10	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the project propose to serve chronically homeless?	Project Application Q16, 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will it be feasible for the project to be under grant agreement by September 15, 2024	Project Application Q3	<input type="checkbox"/>	<input type="checkbox"/>	
11. Does the applicant agree to comply with the requirements of the CoC Coordinated Entry process?	Project Application Q16	<input type="checkbox"/>	<input type="checkbox"/>	
12. Project will enroll program participants who have the following barriers: having too little or little income; active or history of substance abuse; having a criminal record with exceptions for state-mandated restrictions; and history of victimization (e.g. domestic violence, sexual assault, childhood abuse)?	Project application Q21	<input type="checkbox"/>	<input type="checkbox"/>	
13. Project will ensure participants are not terminated from the program for the following reasons: failure to participate in support services; failure to make progress on a service plan; loss of income or failure to improve income; any other activity not covered in a lease agreement typically found for unassisted person in the project's geographic area?	Project Application Q19	<input type="checkbox"/>	<input type="checkbox"/>	
14. Will the project utilize a Housing First approach?	Project Application Q20-23	<input type="checkbox"/>	<input type="checkbox"/>	
15. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?	Project Application Q24	<input type="checkbox"/>	<input type="checkbox"/>	
Question/Item	Source	Yes	No	N/A
16. Will more than 16 persons live in one structure?	Project Application Q25	<input type="checkbox"/>	<input type="checkbox"/>	

17. Does the project comply with Fair Housing and Equal Opportunity laws including Gender Identity Equal Access to Housing, Final Rule and anti-discrimination policies?	Project Application Q29	<input type="checkbox"/>	<input type="checkbox"/>	
18. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?	Project Application Q31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?	Project Application Q30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does this project propose to allocate funds according to an indirect cost rate?	Project Application Q32	<input type="checkbox"/>	<input type="checkbox"/>	
Comments				

See Local Application Documents				
<i>Document/Upload</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>Comments</i>
21. Budget Form	<input type="checkbox"/>	<input type="checkbox"/>		
22. Cash Match Form & Letters	<input type="checkbox"/>	<input type="checkbox"/>		
23. Agency List of Board Members	<input type="checkbox"/>	<input type="checkbox"/>		
24. Certificate of Acknowledgement	<input type="checkbox"/>	<input type="checkbox"/>		
25. IRS Form I-990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. A-133 Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. APR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Help Hope Home

www.HelpHopeHome.org

email: HelpHopeHome@ClarkCountyNV.gov