

## EHAP 15 SCORE SHEET

### Emergency Shelter/Transitional Housing/Safe Haven Operational Applicants

Agency Name: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

#### **SECTION 1—IMPACT AND EFFECTIVENESS (max 50 points)**

a) Emergency Shelter/Transitional Housing Operations:

1	Address each of the following in regards to your emergency shelter/transitional housing program operations: <ul style="list-style-type: none"> <li>➤ size of facility;</li> <li>➤ target population;</li> <li>➤ eligibility requirements;</li> <li>➤ geographic area served;</li> <li>➤ description of facility;</li> <li>➤ how long such services have been provided;</li> <li>➤ number of people served in your past fiscal year;</li> <li>➤ length of stay</li> </ul>	<i>(max 10 points)</i>	
		Sub-Total (10 points max)	

b)

1	Describe how your services assist clients to become stable and placed in longer-term housing. Include information on your relationships with transitional and/or permanent housing providers.	<i>(max 8 points)</i>	
2	How many clients have been placed in permanent and/or transitional housing?	<i>(max 1 point)</i>	
3	How long clients have remained housed as such?	<i>(max 1 point)</i>	
		Sub-Total (10 points max)	

c)

1	Do you work with other social service providers? Name the agencies with whom you work.	<i>(max 3 points)</i>	
2	In what ways does your agency coordinate services with other social services agencies? (e.g. shared storage, volunteers, client referrals, deliveries or advocacy efforts).	<i>(max 3 points)</i>	
3	If you ever are unable to accommodate certain homeless persons within your sub-population, describe why and to whom you refer them.	<i>(max 2 points)</i>	
4	Indicate whether you are involved in any formal collaborations and/or coalitions and in what ways you participate.	<i>(max 2 points)</i>	
		Sub-Total (10 points max)	

d) Describe the following regarding client feedback:

1	How your agency collects feedback from clients and former clients for new program development and program changes or enhancements and how such feedback is used.	<i>(max 6 points)</i>	
2	How your agency has implemented any changes or suggestions obtained from client feedback	<i>(max 4 points)</i>	
		Sub-Total (10 points max)	

e) Emergency Shelter/Transitional Housing

**Transitional Housing Program Only:**

1	Supportive services provided to clients	(max 5 points)	
2	Services provided on-site and services provided off-site	(max 3 points)	
3	How clients get to and from off-site services	(max 2 points)	
		Sub-Total (10 points max)	

**-OR-**

f) Emergency Shelter/Transitional Housing

**Emergency Shelter Program Only:**

1	Supportive services provided to clients	(max 5 points)	
2	Services provided on-site and services provided off-site	(max 3 points)	
3	How clients get to and from off-site services	(max 2 points)	
		Sub-Total (10 points max)	

Grand Total for Section 1: \_\_\_\_\_

**SECTION 2—PROPOSED PLANS AND ACTIVITIES (max 20 points)**

a)

1	Eligible activities for which EHAP 15 funds are requested	(max 6 points)	
2	Need for EHAP 15 funds	(max 4 points)	
		Sub-Total (10 points max)	

b) This question is in regards to overall program goals/outcomes, not individual service plan goals:

1	How goals are established	(max 3 points)	
2	How outcomes will be measured	(max 3 points)	
3	Plan of action to achieve outcomes	(max 3 points)	
4	Corrective action if goals are not achieved	(max 1 point)	
		Sub-Total (10 points max)	

Grand-Total for Section 2: \_\_\_\_\_

**SECTION 3—ORGANIZATIONAL CAPABILITY (max 30 points)**

a) Organizational Structure:

1	Copy of Organizational Chart	(max 1 point)	
2	Roles of Board, staff members and volunteers	(max 5 points)	
3	Information on key staff, including educational and licensing qualifications	(max 4 points)	
		Sub-Total (10 points max)	

c)

1	History of fund development	(max 3 points)	
2	Experience using state/public funds	(max 3 points)	
3	Current committed sources of support	(max 2 point)	
4	Fundraising plan	(max 2 points)	
		Sub-Total (10 points max)	

d)

1	Describe the procedures that your agency has in place to ensure fiscal and programmatic accountability. Include in your description the oversight undertaken by the Board of Directors and such things as receipts, disbursements, payroll, bank reconciliation, and financial reporting.	(max 8 points)	
2	Does your organization have an annual audit? Who performs the audit? List the name of the auditing firm if applicable.	(max 2 points)	
		Sub-Total (10 points max)	

Grand Total for Section 3: \_\_\_\_\_

GRAND-TOTAL POINTS (Section 1+2+3) \_\_\_\_\_

<p><b>(FOR STAFF USE ONLY)</b> Final point total after point deduction, if applicable _____</p>
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**Comments:** Attach additional sheets if necessary.

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## EHAP 15 SCORE SHEET

### Rental Assistance and Eviction Prevention

Agency Name: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

#### SECTION 1—CURRENT PROGRAM AND EXPERIENCE (max 25 points)

a)	Describe the programs operated by your agency, including any prior experience operating rental assistance and eviction prevention programs.	<i>(max 25 points)</i>	
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**Total for Section 1:** \_\_\_\_\_

#### SECTION 2 – FISCAL AND PROGRAMMATIC ACCOUNTABILITY (max 25 points)

a)	Procedures that the agency has in place to ensure fiscal and programmatic accountability (i.e. board oversight, fiscal accounting procedures, record keeping system)	<i>(max 12.5 points)</i>	
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b)	<table border="1" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 55%;">If your agency has prior experience, describe the procedures required of referral agencies participating in the rental assistance and eviction prevention program to ensure agency accountability</td> <td rowspan="3" style="width: 20%; text-align: center; vertical-align: middle;"><i>(max 12.5 points)</i></td> <td rowspan="3" style="width: 10%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>OR</b></td> </tr> <tr> <td style="text-align: center;">2</td> <td>If you have no prior experience operating rental assistance, or eviction prevention programs how do you propose to ensure accountability on the part of participating agencies</td> </tr> </table>	1	If your agency has prior experience, describe the procedures required of referral agencies participating in the rental assistance and eviction prevention program to ensure agency accountability	<i>(max 12.5 points)</i>		<b>OR</b>		2	If you have no prior experience operating rental assistance, or eviction prevention programs how do you propose to ensure accountability on the part of participating agencies
1	If your agency has prior experience, describe the procedures required of referral agencies participating in the rental assistance and eviction prevention program to ensure agency accountability	<i>(max 12.5 points)</i>							
<b>OR</b>									
2	If you have no prior experience operating rental assistance, or eviction prevention programs how do you propose to ensure accountability on the part of participating agencies								

**Total for Section 2:** \_\_\_\_\_

#### SECTION 3—PROGRAM PLAN AND EVALUATION (max 30 points)

a)	Number of persons and specific geographic area to be served and how your organization proposes to perform outreach to the eligible population	<i>(max 7 points)</i>	
b)	Methodology for certifying all required documents	<i>(max 11 points)</i>	
c)	Plan for internally monitoring the quality of service	<i>(max 7 points)</i>	
d)	Plans to ensure follow-up case management and after-care services to former clients by referring agencies	<i>(max 5 points)</i>	

**Total for Section 3:** \_\_\_\_\_

#### SECTION 4—COMMUNITY INVOLVEMENT (max 20 points)

a)	Community linkages in place (include other agencies from whom you will accept referrals, as well as coalitions/advocacy groups participation)	<i>(max 10 points)</i>	
b)	Process by which you will select participating referral agencies	<i>(max 10 points)</i>	

**Total for Section 4:** \_\_\_\_\_

**TOTAL POINTS (Section 1+2+3+4)** \_\_\_\_\_

<b>(FOR STAFF USE ONLY)</b> Final point total after point deduction, if applicable	_____
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## EHAP 15 SCORE SHEET Winter Shelter

Agency Name: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

### SECTION 1—CURRENT PROGRAM AND RENTAL ASSISTANCE EXPERIENCE (max 35 points)

a)	Describe the programs operated by your agency, including any prior experience operating winter weather shelter programs.	<i>(max 35 points)</i>	
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**Total for Section 1:** \_\_\_\_\_

### SECTION 2 – FISCAL AND PROGRAMMATIC ACCOUNTABILITY (max 30 points)

a)	Procedures to ensure fiscal and programmatic accountability	<i>(max 15 points)</i>	
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b)	<table border="1" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 60%;">If your agency has prior winter weather shelter experience, describe the procedures required of referral agencies participating in the winter weather shelter program to ensure agency accountability</td> <td rowspan="2" style="width: 20%; text-align: center; vertical-align: middle;"><i>(max 15 points)</i></td> <td rowspan="2" style="width: 15%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>OR</b></td> </tr> <tr> <td style="text-align: center;">2</td> <td>If you have no prior experience operating winter weather shelter programs, how do you propose to ensure accountability on the part of participating agencies</td> <td></td> <td></td> </tr> </table>	1	If your agency has prior winter weather shelter experience, describe the procedures required of referral agencies participating in the winter weather shelter program to ensure agency accountability	<i>(max 15 points)</i>		<b>OR</b>		2	If you have no prior experience operating winter weather shelter programs, how do you propose to ensure accountability on the part of participating agencies				
1	If your agency has prior winter weather shelter experience, describe the procedures required of referral agencies participating in the winter weather shelter program to ensure agency accountability	<i>(max 15 points)</i>											
<b>OR</b>													
2	If you have no prior experience operating winter weather shelter programs, how do you propose to ensure accountability on the part of participating agencies												

**Total for Section 2:** \_\_\_\_\_

### SECTION 3—PROGRAM PLAN AND EVALUATION (max 35 points)

a)	Number of persons and specific geographic area to be served and how your organization proposes to perform outreach to the eligible population	<i>(max 10 points)</i>	
b)	Methodology for certifying all required documents	<i>(max 10 points)</i>	
c)	Plan for internally monitoring the quality of service	<i>(max 10 points)</i>	
d)	Describe the specific facilities that you propose to utilize and provide a budget for each	<i>(max 5 points)</i>	

**Total for Section 3:** \_\_\_\_\_

**TOTAL POINTS (Section 1+2+3)** \_\_\_\_\_

<p><b>(FOR STAFF USE ONLY)</b> Final point total after point deduction, if applicable _____</p>
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