| | | | 2024 TX 603 Co Boarderland R | C New Project Independ | lent Review Score SI | neet | Project Type: | R | RH |
|--|--|--|---------------------------------|--|-------------------------|------------------|------------------|------------------|------------------|
| | Gantee: | | Boaruerianu K | Project Type Priorit | tiae | | Data | Appl | ication |
| | Goal | End homelessness usin | g a Housing First approach. | ттојест турс ттого | Reviewer's Name: | Reviewer's Name: | Reviewer's Name: | Reviewer's Name: | Reviewer's Name: |
| | Project Type | | d ReHousing | Max Points | Reviewer #1 | Reviewer #2 | Reviewer #3 | Reviewer #4 | |
| | | | The poir | 10 its above are automatically awarded according | ng to the program type. | | | | |
| | Project Description | | Max Points | Findings | Point Awarded | Point Awarded | Point Awarded | Point Awarded | Point Awarded |
| | Describe the project scope, to include: "Target population including the number of households to identify housing and/or supportive services: "Anticipated project outcomes; "Coorce organizations; "How CoC funding will be used | s/clients served; •Plan ination with other | 30 | LGBTQIA+ demographic. Serve 5 individual. Target Population: selected were also seniors, veterans, and families, but description appeared to only focus perhaps moreso on youth only. Youth only was selected | 30 | 30 | 20 | 30 | |
| _ | Describe how your agency will implement the Housing First model or exper Describe how you will lower barriers to entry and during program enrolln How will your project quickly move participants into permanent housin. | nent. | 25 | This agency alledge to be the only provider of its kind within or over a 200 miles radius. | 25 | 25 | 25 | 25 | |
| points can be awarded | Describe your experience working with individuals or families who have behavioral health ne trauma, or other vulnershifty factors (as applicable for proposed project population). If q violence bount fainting, please technical adversation of your agency's experience agrees violence, during violence, actual granular please technical period and your arbility to house survivors and | oplying for domestic urvivors of domestic | 20 | •Enter reviewer comments | 20 | 20 | 20 | 18 | |
| can be | Creating opportunities for lived experience, advocacy, and decision making creates more effect and elevates the standard of care provided. Describe how you will engage participants will organizational and program planning, policy and decision making for this pre- | lived experience in | 20 | Limited. | 20 | 20 | 15 | 17 | |
| | Note any evidence-based, best, or promising practices, or otherwise innovative practices you ensure the best quality and targeted services are available to participants in a cost-effective service delivery model you describe will help individuals/families maintain or regain h | vay. Discuss why the | 10 | Community partnerships with local businessess, etc. | 8 | 10 | 10 | 8 | |
| 150 possible | Describe the specific plan to coordinate and integrate with other mainstream health, social ser program for which program participants may be eligible. Include how participants will be assist employment and/or income and to maximize their ability to live independe | ed both to increase their | 10 | Marked. | 10 | 10 | 10 | 8 | |
| 150 pd | For all the supportive services available to program participants, indicate who will provide the will be provided? | m and how often they | 10 | "Food" was listed that applicant would provide food weekly. Would this food last for a week? | 10 | 10 | 5 | 10 | |
| | Identify whether your project will include the following: Transportation assistance to clear | ved and renewed ff person providing | 10 | Mentioned only annual follow-up. Typically, transportation and/or referrals to medical appts, get food, and employment is needed. | 6 | 7 | 5 | 3 | |
| | Describe how you will work with landlords and community stakeholders to identify appropriate the strategies you will utilize to persuade landlords to rent to clients who may har and/or a criminal background. Describe how you will engage clients in decision-making a preferences. | e poor rental history | 15 | "Client Advisory Board" | 12 | 15 | 15 | 15 | |
| | | | | Organizational Cap | acity | | | | |
| hed | Describe the organization's mission, as well as a brief overview of the primary programs and services offered by you organization. Provide evidence of the following: *Agency's experience and expact/s to develop and implement the project. *Examples that illustrate experience identifying housing and supportive services for the target population | | 15 | Limited - Lacked focus on housing. | 15 | 15 | 10 | 10 | |
| an be award | Describe the organization's operations to include leadership and management. Include Ability to supervise the project and staff Examples of ensuring program effectiveness and fidelity to funding agreen | | 10 | Marked. | 10 | 10 | 10 | 10 | |
| ossible base points can be awarded | Describs your organization's commitment to racial equity, Include to falls • Retail and other making of your organization's blockhed part affined board, inclu- • Detail the initiatives and efforts your organization but simplemented to increase the represent in leadership poor in the committee of the present of the competency among your staff-volunters's • Describe efforts to increase cultural and racial competency among your staff-volunters's • Examples of how your organization and/sec data and inferration about race and et • Examples of how your organization addresses racial inequiries for participants in your organization addresses racial inequ | ling statistics. ation of people of color program participants unicity? | 15 | Existing team vs board seems to lack racial equity, but otherwise application's statement and mission is almost marked. | 15 | 15 | 10 | 10 | |
| 50 pc | Describe your agency's internal systems, including your fiscal management system, case/clie system and recording-pragreedures. Describe your fiscal control and accounting procedures and for your enginization account me | for federal funds in | 10 | Adhere to 2 CFR part 200 Use Theranest a HIPPA compliant client reord platform. "No audit findings." - Marked | 10 | 10 | 10 | 10 | |
| | | | First C | perational Year Proje | ect Work Plan | | | | |
| 0 possible points can be awarded | Describe the activities that the organization will undertake prior to the grant start date to ensure the project is ready to house and/or serve the first participant at the start of the grant award. Provide a detailed description of the project's work plan and goals at 60 days, 120 days, and 180 days after the grant start date. Goals | 120 180 | 5 | •Enter reviewer comments | 5 | 5 | 5 | 5 | |
| 10 possib | Enter the number of days from the execution of the grant agreement that each of the following related to CoC Program funds requested in this project application. If a milestone is not application of the following related to CoC Program funds requested in this project application. | milestones will occur as plicable,enter N/A. | 5 | •Enter reviewer comments | 5 | 5 | 5 | 5 | |
| | | | | Project Staffing P | lan | | | | |
| 10 possible base points can be awarded | Provide an overview of the staffing plan for the project using the tables | | 10 | Recommend: Hope Program Supervisor/Casemanager for vacancy and Amber Perez be listed as HOPE Program Director | 10 | 10 | 10 | 10 | |
| | | | Comp | unity Partnerships an | d Leveraging | | | | |
| scanbe | Please describe your agency's commitment to and participation in the El Paso Coalition for the current level of participation in committees and initiatives. | e Homeless, including | 15 | •Enter reviewer comments | 10 | 15 | 0 | 0 | |
| 30 possible base points can be awarded | Describe how your agency is collaborating with other houseless service providers and mainst. How do these collaborative efforts help minimize or sword the displication of service and efforts and resources aroundless one commanding your service plant believe and resources aroundless one commanding your service plant Thedale as providers (if you do not have an MOU in place, state why). | t? How do you include | 10 | *Enter reviewer comments | 10 | 10 | 0 | 0 | |
| 30 b | Describe your organization's experience in leveraging Federal, State, local and private secto extent to which you leverage in-kind donations and volunteers for the project. If your organiza- please indicate that your organization has no experience. | r funds. Describe the tion has no experience, | 5 | •Enter reviewer comments | 5 | 4 | 0 | 0 | |

| | | | HMIS | | | | | | | |
|-----------------------------------|---|------------|--------------------------|----------------------|----------------------|----------------------|----------------------|--|--|--|
| can be awarded | Please explain the following about your organization's HMIS participation: If you are a homeless service provider, please explain the agency's level of HMIS participation for anyiall homeless programs-inverse. (5 Pounis) Does your agency adhers to the revised local HMIS Pounis (8 Pounis) Describe your agency and the provided by the Provided Provided (8 Pounis) Has your agency saff participated acquality in the HMIS Sterring Committee meeting (5 Points) If no, 'please explain why, (-10 Points) | 30 | -Enter reviewer comments | 10 | 15 | 5 | 10 | | | |
| 40 possible points can be awarded | It is the CoCs Governing Board Policy that complete HMIS information is a requirement for full compliance with HUD funding, and whereas it benefits the entire Continuum of Care to be in full compliance. The CoC Board makes as recommendations for funding continuent on the commitment of all funded agreeies to fully participate in HMIS with the HMIS Lead Entity, excluding those who are prohibited by federal regulation and must use a comparable database. Further, should agencies with intiligh recommended programs not be repositive, other programs will be recommended in their place. Is your Agency fully compliant as per the above CoC Governing Board Policy above? (10 points) If not, please explain why? (0 Points) | 10 | -Enter reviewer comments | 10 | 10 | 10 | 10 | | | |
| | | | Budget | | | | | | | |
| | Are you proposing to include indirect costs in your budget? ☐ Yes ☐ No | | Duuget | | | | | | | |
| 20 possible points can be | Supportive Services Budget | | | | | | | | | |
| an Sib | Housing Assistance Budget | | | | | | | | | |
| င္သ | Operating Costs Budget | 20 | •Enter reviewer comments | 20 | 20 | 16 | 15 | | | |
| 흔별 | HMIS Budget | | | | | | | | | |
| 었 ig | Budget Summary | | | | | | | | | |
| _ | Match-Clearly demonstrates 25% of HUD request | | | | | | | | | |
| Summary Preformance | | | | | | | | | | |
| | | Max Points | | Total Points Awarded | Total Points Awarded | Total Points Awarded | Total Points Awarded | | | |
| | Total Possible Points for RRH | 320 | | 276 | 291 | 216 | 229 | | | |

Average Score 253.00

| | Gantee: Independent Reviewer: | | | | 2024 TX 603 Co Center of | oC New Project Independ of Hope | dent Review Score SI | neet | Project Type: Data | Joint Combo Application | |
|--|--|---|---|------------------------------|------------------------------|--|--|------------------|-----------------------|----------------------------|------------------|
| | independent Neva vier. | | | | | Project Type Priori | ities | | Data | 141. | |
| | Goal | | End hom | elessness usir | ng a Housing First approach. | | Reviewer's Name: | Reviewer's Name: | Reviewer's Name: | Reviewer's Name: | Reviewer's Name: |
| | Project Type | | | Com | abo TH-RRH | Max Points | Reviewer #1 | Reviewer #2 | Reviewer #3 | Reviewer #4 | |
| | Project Description | | | | The poir Max Points | nts above are automatically awarded accordings | ng to the program type. Point Awarded | Point Awarded | Point Awarded | Point Awarded | Point Awarded |
| | Describe the project scope, to include: 'Target population including the to identify housing and/or supportive services; 'Anticipated proje organizations; 'How CoC funding was a continuous to the continuous transfer of the continuous transfer or the continuous tra | ect outcomes; | nouseholds/clients ser •Coordination wit | ved; •Plan h other | 30 | •Enter reviewer comments | 30 | 30 | 30 | 30 | |
| | Describe how your agency will implement the Housir Describe how you will lower barriers to entry and a How will your project quickly move participants in | during program | am enrollment. | | 25 | •Enter reviewer comments | 20 | 25 | 25 | 23 | |
| pep | Describe your experience working with individuals or families who has trauma, or other vulnerability factors (as applicable for proposed pro- violence boms funding, please include a description of your agency- violence, dating violence, sexual assault, or stalking, and your ability to | ject population 's experience | ion). If applying for e serving survivors o | domestic f domestic | 20 | •Enter reviewer comments | 19 | 20 | 20 | 20 | |
| can be awarded | Creating opportunities for lived experience, advocacy, and decision ma and elevates the standard of care provided. Describe how you will e organizational and program planning, policy and decis | engage particij | ipants with lived expe | ng programs erience in | 20 | •Enter reviewer comments | 20 | 20 | 20 | 16 | |
| s can be | Note any evidence-based, best, or promising practices, or otherwise in ensure the best quality and targeted services are available to participal service delivery model you describe will help individuals/familic | nts in a cost-e | effective way. Discu: | ss why the | 10 | •Enter reviewer comments | 10 | 10 | 10 | 9 | |
| e points | Describe the specific plan to coordinate and integrate with other mainst program for which program participants may be eligible. Include how paremployment and/or income and to maximize their al | articipants wil | ll be assisted both to | employment increase their | 10 | •Enter reviewer comments | 10 | 10 | 10 | 10 | |
| 160 possible | For all the supportive services available to program participants, indica will be provided? | ite who will pr | provide them and how | v often they | 10 | •Enter reviewer comments | 10 | 10 | 10 | 10 | |
| 160 p | benefit appointments, employment trai ☐ Annual follow-ups with program participants to ensure mainst ☐ Access to SSISSDI technical assistance provided by this project technical assistance completed SOAR training: Staff person providing technical assistance completed SOA | rill include the following: Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs horgan participants to ensure mainstream benefits are received and renewed maxil assistance provided by this project or a postner agency staff person providing al assistance employed SOAR training in the past 24 months in getchical assistance completed BOAR training in the past 24 months of the complete assistance completed BOAR training in the past 24 months. | | | 10 | -Enter reviewer comments | 10 | 10 | 10 | 10 | |
| | Describe how you will work with landlords and community stakeho Describe what strategies you will utilize to persuade landlords to rent and/or a criminal background. Describe how you will engage client preferences. | to clients who | no may have poor ren | ital history | 15 | •Enter reviewer comments | 14 | 10 | 15 | 13 | |
| | RAPID RE-HOUSING & JOINT COMPONENET (T Describe how you will determine rental assistance amounts, duration, enrolled in the project. What tools or objective assessments will | and manage: | rent redetermination | for clients cess? | 10 | •Enter reviewer comments | 7 | 10 | 10 | 8 | |
| | | | | | | Organizational Cap | acity | | | | |
| varded | organization. Provide evidence of the •Agency's experience and capacity to develop and | the organization's mission, as well as a brief overview of the primary programs and services offered by your organization. Provide evidence of the following: *Agency's experience and engacy to develop and implement the project. xamples that illustrate experience identifying housing and supportive services for the target population | | 15 | •Enter reviewer comments | 15 | 15 | 15 | 15 | | |
| an be av | Ability to supervise the project a | ration's operations to include leadership and management. Include the following: •Ability to supervise the project and staff s of ensuring program effectiveness and fidelity to funding agreements | | ring: | 10 | •Enter reviewer comments | 7 | 10 | 10 | 10 | |
| ilble base points can be awarded | Describe your organization's commitment to racial eq. Racial and othnic makep of your organizator's leadeship Detail the institutes and efforts your organization has implemented to Describe efforts to increase cultural and landership posteriors Describe efforts to increase cultural and landership posteriors Describe efforts to increase cultural and and and information and you data and information and you data and an information of the control of t | staff and boa increase the your staff/vo ation about ra | ard, including statistic representation of per olunteers/program pa ace and ethnicity? | ople of color | 15 | •Enter reviewer comments | 4 | 15 | 14 | 13 | |
| 50 possit | Describe your agency's internal systems, including your fiscal manage system and recordisciping proce Describe your fiscal control and accounting procedures and if your accordance with the requirements of 2 Describe any auditing findings or concerns during the last 36 m | edures. r organization CFR part 200 | n accounts for federa 0. | l funds in | 10 | •Enter reviewer comments | 3 | 10 | 8 | 9 | |
| | | | | | First C | Operational Year Proj | ect Work Plan | | | | |
| 10 possible points can be awarded | Describe the activities that the organization will undertake prior to the grant start date to ensure the project is ready to house and/or serve the first participant at the start of the grant award. Provide a detailed description of the project's work plan and goals at 60 days, 120 days, and 180 days after the grant start date. | Days Goals | 60 120 | 180 | 5 | •Enter reviewer comments | 5 | 5 | 5 | 5 | |
| 10 possible | Enter the number of days from the execution of the grant agreement that related to CoC Program funds requested in this project application. | t each of the | following milestones te is not applicable,er | will occur as ster N/A. | 5 | •Enter reviewer comments | 5 | 5 | 5 | 5 | |
| | | | | | | Project Staffing P | lan | | • | | |
| 10 possible base points can be awarded | Provide an overview of the staffing plan for the p | project using t | the tables. | | 10 | -Enter reviewer comments | 10 | 10 | | 10 | |
| | | | | | Comm | nunity Partnerships ar | nd Leveraging | | | | |
| s can be | Please describe your agency's commitment to and participation in the le current level of participation in committee | case describe your agency's commitment to and participation in the El Paso Coalision for the Homeless, including current level of participation in committees and initiatives. | | | 15 | •Enter reviewer comments | 13 | 15 | 12 | 10 | |
| 30 possible base points can be awarded | Describe how your agency is collaborating with other homeless service. How do these collaborative efforts help minimize or avoid the duplicati leveraged services and resources available in our community in your services (if you do not have an MOU in providers (if you do not have an MO | ion of service service plan? | and effort? How do Include all MOUs w | you include | 10 | •Enter reviewer comments | 10 | 10 | 9 | 8 | |
| ssod 08 | Describe your organization's experience in leveraging Federal, State, extent to which you leverage in-kind donations and volunteers for the please indicate that your organization has | roject. If your | ir organization has no | escribe the experience, | 5 | •Enter reviewer comments | 5 | 5 | 5 | 4 | |

| | | | HMIS | | | | | | | | |
|----------------------------------|---|------------|--|----------------------|----------------------|----------------------|----------------------|--|--|--|--|
| 40 possible points can be warded | Please explain the following about your organization's HMIS participation: * If you are a homeless service provider, please explain the agency's level of HMIS participation for any'all homeless programs/service. (5 Points) * Does your agency adhere to the revised bead HMIS Policy and Procedure? (5 Points) * Does rho your agency-wide compliance with HMIS. (5 Points) * Broach's your agency-wide compliance with HMIS. (5 Points) * If 'no,' please explain why. (-10 Points) | 30 | The Center does not currently have a formal hondess program and therefore does not contribute hondess that to HMIS – funding from this project would allow for the Center to run a honneless program and contribute data to HMIS if awarded. The Center does not currently participate with HMIS as we have not previously hald a honeless program previously hald a honeless program of the contribute of the contribut | 30 | 10 | 20 | 20 | | | | |
| 40 possible | It is the CGC4 Governing Board Policy that complete HMIS information is a requirement for full compliance with HUD finading, and whereas it benefits the entire Continuum of Care to be in full compliance. The CoC Board makes is recommendations for funding contingent on the commitment of all funded agencies to fully participate in HMIS with the HMIS Lead Entity, excluding those who are prohibited by federal regulation and must use a comparable database. Further, should agencies with mitality recommended programs not be responsive, other programs will be recommended in their place. Is your Agency fully complaint as a per the above CoC Governing Board Policy above? (10 points) 4ft not, please explain why? (0 Points) | 10 | -Enter reviewer comments | 10 | 10 | 3 | 0 | | | | |
| | | | Budget | | | | | | | | |
| 20 possible points can be | Are you proposing to include indirect costs in your budget? □ Yes □ No Supportive Services Budget Housing Assistance Budget Operating Costs Budget HIMS Budget Budget Budget Budget Summary Match-Clearly demonstrates 25% of HUD request | 20 | -Enter reviewer comments | 20 | 20 | 20 | 18 | | | | |
| | Summary Preformance | | | | | | | | | | |
| | Total Possible Points for TH-RRH | Max Points | | Total Points Awarded | Total Points Awarded | Total Points Awarded | Total Points Awarded | | | | |
| | | 330 | | 287 | 295 | 286 | 276 | | | | |

Average Score 286.00

| | | | | C New Project Independ | lent Review Score S | heet | | | |
|--|--|---|-----------------------------|---|-------------------------|------------------|-----------------------|------------------|------------------|
| | Gantee: Independent Reviewer: | | El Paso Vi | | | | Project Type: Data | Joint (| cation |
| | Goal | End homelessness usin | g a Housing First approach. | Project Type Priori | Reviewer's Name: | Reviewer's Name: | Reviewer's Name: | Reviewer's Name: | Reviewer's Name: |
| | | I | bo TH-RRH | Max Points | Reviewer #1 | Reviewer #2 | Reviewer #3 | Reviewer #4 | |
| | Project Type | Com | | 10 ats above are automatically awarded according | ng to the program type. | | | | |
| | Project Description | | Max Points | Findings | Point Awarded | Point Awarded | Point Awarded | Point Awarded | Point Awarded |
| | Describe the project scope, to include: Target population including the number of households' identify housing and/or supportive services; Anticipated project outcomes; Coordination w How CoC funding will be used | 'clients served; •Plan to with other organizations; | 30 | Did not list # of clients served | 22 | 30 | 30 | 30 | |
| | Describe how your agency will implement the Housing First model or exper Describe how you will lower barriers to entry and during program enrollar How will your project quickly move participants into permanent housing | nent. | 25 | •Enter reviewer comments | 21 | 25 | 25 | 20 | |
| pep | Describe your experience working with individuals or families who have behavioral health nec- tramus, or other vulnershifty factors (as applicable for proposed project population). *Urqu* voidence bound faiting please technical description of jour agency's experience servi- voidence, daining voidence, seemed around, or studing, and your adulty to house survivors and | oplying for domestic curvivors of domestic | 20 | •Enter reviewer comments | 20 | 20 | 18 | 16 | |
| e awar | Creating opportunities for lived experience, advocacy, and decision making creates more effect and elevates the standard of care provided. Describe how you will engage participants with organizational and program planning, policy and decision making for this pre- | h lived experience in | 20 | •Enter reviewer comments | 20 | 20 | 18 | 17 | |
| points can be awarded | Note any evidence-based, best, or promising practices, or otherwise innovative practices you ensure the best quality and targeted services are available to participants in a cost-effective was service delivery model you describe will help individuals/families maintain or regain he | way. Discuss why the | 10 | •Enter reviewer comments | 8 | 10 | 10 | 10 | |
| | Describe the specific plan to coordinate and integrate with other mainstream health, social ser program for which program participants may be eligible. Include how participants will be assist employment and/or income and to maximize their ability to live independent | ed both to increase their | 10 | •Enter reviewer comments | 8 | 10 | 7 | 8 | |
| 160 possible | For all the supportive services available to program participants, indicate who will provide the will be provided? | m and how often they | 10 | •Enter reviewer comments | 10 | 10 | 7 | 7 | |
| 160 p | Identify whether your project will include the following: Transportation assistance to client benefit appointments, employment training, or jobs benefit appointments, employment training, or jobs and project participants to ensure mainterant benefits are received. Access to SSISSDI technical assistance provided by this project or a partner agency site technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance completed SOAR training in the past 2 denotes SSIII person providing technical assistance as a denote SSIII person providing technical assistance as a denote SSIII person provided SS | ved and renewed aff person providing | 10 | -Enter reviewer comments | 10 | 10 | 8 | 7 | |
| | Describe how you will work with landlords and community stakeholders to identify appropriate the strategies you will utilize to persuade landlords to rent to clients who may have and/or a criminal background. Describe how you will engage clients in decision-making at preferences. | ve poor rental history | 15 | •Enter reviewer comments | 15 | 15 | 15 | 13 | |
| | RAPID RE-HOUSING & JOINT COMPONENET (TH-RRH) PROJECTS Describe how you will determine rental assistance amounts, duration, and manage rent redete enrolled in the project. What tools or objective assessments will you use in the determine | termination for clients | 10 | •Enter reviewer comments | 10 | 10 | 8 | 9 | |
| | | | | Organizational Cap | acity | | | | |
| varded | Describe the organization's mission, as well as a brief overview of the primary programs and services offered by you organization. Provide evidence of the following: *Agency's experience and enquexity to develop and implement the project. *Examples that illustrate experience identifying housing and supportive services for the target population | | 15 | •Enter reviewer comments | 15 | 15 | 15 | 12 | |
| an be a | Describe the organization's operations to include leadership and management. Include • Ability to supervise the project and staff • Examples of ensuring program effectiveness and fidelity to funding agreements. | | 10 | •Enter reviewer comments | 7 | 10 | 10 | 8 | |
| ole base points can be awarded | Describe your organization's commitment to racial equity. Include the follow- * Resid and other makeup of your organization's leadership staff and boord, includ- * Detail the nainteens and offents your organization has implemented to increase the representa- * Describe efforts to increase cultural and exist competency among your staff-volunteers) * Describe efforts to increase cultural and exist competency among your staff-volunteers of the competency among your staff-volunteers of the competency among your staff-volunteers are called * Examples of how your organization addresses racial mequities for participants in your competency and the competency are consistent or competency and competency are consistent or competency and competency are consistent or competency and competency are competency as a competency are competency as a competency and competency are competency as a competency are competency as a competency are competency as a competency and competency are competency as a competency are competency as a competency are competency as a competency and competency are competency as a competency are competency as a competency and competency are competency as a competency and competency are competency as a competency as a competency are competency as a competency and competency are competency as a competency and competency are | ling statistics. ation of people of color program participants hnicity? | 15 | -Enter reviewer comments | 15 | 10 | 15 | 12 | |
| 50 possible | Describe your agency's internal systems, including your fiscal management system, case-clier system and recordlecying procedures. Describe your fiscal control and accounting procedures and if your organization accounts accounts with the requirements of 2 CFR part 200. Describe any auditing findings or concerns during the last 36 months as well as the rec | for federal funds in | 10 | •Enter reviewer comments | 6 | 0 | 10 | 6 | |
| | | | First C | perational Year Proje | ect Work Plan | | | | |
| 10 possible points can be awarded | Describe the activities that the organization will undertake prior to the grant start date to ensure the project is ready to house and/or server the first participant at the start of the grant award. Provide a detailed description of the project's work plan and goals at 60 days, 120 days, and 180 days after the grant start date. | 120 180 | 5 | •Enter reviewer comments | 5 | 5 | 5 | 5 | |
| 10 possib | Enter the number of days from the execution of the grant agreement that each of the following related to CoC Program funds requested in this project application. If a milestone is not ap | milestones will occur as pplicable,enter N/A. | 5 | •Enter reviewer comments | 5 | 5 | 5 | 4 | |
| | | | | Project Staffing P | lan | | | | |
| 10 possible base points can be awarded | Provide an overview of the staffing plan for the project using the tables. | | 10 | % of time not included | 8 | 10 | 7 | 7 | |
| | | | Comn | nunity Partnerships an | d Leveraging | | | | |
| scanbe | Please describe your agency's commitment to and participation in the El Pase Coalition for the current level of participation in committees and initiatives. | ne Homeless, including | 15 | •Enter reviewer comments | 15 | 15 | 7 | 5 | |
| 30 possible base points can be awarded | Describe how your agency is collaborating with other horncless service providers and mainste How do these collaborative efforts help minimize or avoid the duplication of service and effort leveraged services and resources available in our community in your service plan' flechde all providers (if you do not have an MOU in place, state why). | t? How do you include | 10 | -Enter reviewer comments | 10 | 10 | 8 | 7 | |
| 30 bo | Describe your organization's experience in leveraging Federal, State, local and private sector extent to which your leverace in kind donations and solunteers for the project. If your organizations | r funds. Describe the | 5 | •Enter reviewer comments | 3 | 5 | 4 | 4 | |

| | please indicate that your organization has no experience. | - | | - | - | | | | | | |
|----------------------------------|--|-------------------|--------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|--|--|--|
| | | | HMIS | | | | | | | | |
| can be warded | Please explain the following about your organization's HMIS participation: If you are a homeless service provider, please explain the agency's level of HMIS participation for anyfull homeless programs of the control of Plants participation for anyfull homeless programs of the Plants of Plants o | 30 | -Enter reviewer comments | 30 | 20 | 20 | 20 | | | | |
| 40 possible points can be warded | It is the CoCa Governing Board Policy that complete HMIS information is a requirement for full compliance with HUD finding, and whereas is benefits the entire Continuum of Care to be in full compliance. The CoC Board makes is recommendations for funding contingent on the commitment of all funded agreeies to fully participate in HMIS with the HMIS Lead Entity, excluding those who are prohibited by federal regulation and must use a comparable dutabase. Further, should agencies with mitally recommended programs not be responsive, other programs will be recommended in their place. Is your Agency fully complant as a per the above CoC Governing Board Policy above? (10 points) off not, please explain why? (0 Points) | 10 | -Enter reviewer comments | 10 | 10 | 10 | 10 | | | | |
| | | | Budget | | | | | | | | |
| 20 possible points can be | Are your proposing to include indirect costs in your brudget? "Yes \(\triangle \) No Supportive Services Budget Housing Assistance Budget Operating Costs Budget HMS Budget HMSB Budget Budget Summary Match-Clearly demonstrates 25% of HUD request | 20 | -Enter reviewer comments | 20 | 20 | 20 | 15 | | | | |
| | Summary Preformance | | | | | | | | | | |
| | Total Possible Points for TH-RRH | Max Points 330 | | Total Points Awarded 293 | Total Points Awarded 295 | Total Points Awarded 282 | Total Points Awarded 252 | | | | |

Average Score 280.50

| | Gantee: | | 2024 TX 603 Co La Posada l | C New Project Independ | lent Review Score Sh | neet | Project Type: | | Combo |
|--|---|---|-------------------------------|---|---------------------------------------|------------------|------------------|------------------|------------------|
| | Independent Reviewer: | | | Project Type Priori | ties | | Data | Appl | ication |
| | Goal | nd homelessness usin | g a Housing First approach. | | Reviewer's Name: | Reviewer's Name: | Reviewer's Name: | Reviewer's Name: | Reviewer's Name: |
| | Project Type | Com | bo TH-RRH | Max Points | Reviewer #1 | Reviewer #2 | Reviewer #3 | Reviewer #4 | |
| | Dustant Decoulation | | The point Max Points | ts above are automatically awarded according | g to the program type. Point Awarded | Point Awarded | Point Awarded | Point Awarded | Point Awarded |
| | Project Description Describe the project scope, to include: •Target population including the number of households | folionte corrodo aPlon | wax ronus | Findings | Foint Awarded | Foint Awarded | Foint Awarded | Font Awarded | Foliit Awarded |
| | to identify housing and/or supportive services; *Anticipated project outcomes; *Coordination wi *How CoC funding will be used | th other organizations; | 30 | Did not address every bullet | 0 | 30 | 30 | 26 | |
| | Describe how your agency will implement the Housing First model or experie Describe how you will lower barriers to entry and during program enrollme How will your project quickly move participants into permanent housing? | nt. | 25 | •Enter reviewer comments | 25 | 25 | 25 | 20 | |
| þ | Describe your experience working with individuals of families who have behavioral health needs trauma, or other witherability factors (on aphicable for personed opioist population). If approach violence homes funding, please include a description of your agency's experience serving survivolence, dating violence, sexual assault, or stalking, and your ability to house survivors and new today. | lying for domestic vivors of domestic | 20 | •Enter reviewer comments | 19 | 20 | 20 | 20 | |
| awarded | Creating opportunities for lived experience, advocacy, and decision making creates more effective housing programs and elevates the standard of care provided. Describe how you will engage participants with fived experience in organizational and program plunning, policy and decision making for this project. | | 20 | •Enter reviewer comments | 20 | 20 | 15 | 16 | |
| can be | Note any evidence-based, best, or promising practices, or otherwise innovative practices your- ensure the best quality and targeted services are available to participants in a cont-effective service delivery model you describe will help individuals/families maintain or regain hou | y. Discuss why the | 10 | •Enter reviewer comments | 10 | 10 | 10 | 8 | |
| points can | Describe the specific plan to coordinate and integrate with other mainstream health, social servi program for which program participants may be eligible. Include how participants will be assisted employment and/or income and to maximize their ability to live independent | both to increase their | 10 | •Enter reviewer comments | 7 | 10 | 10 | 8 | |
| | For all the supportive services available to program participants, indicate who will provide them will be provided? | and how often they | 10 | •Enter reviewer comments | 10 | 10 | 10 | 10 | |
| 160 possible | Identify whether your project will include the following: Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs: Annual follow-ups with program participants to ensure mainstream benefits are received and renewed. Access to SSISSDI technical assistance provided by this project or apparter agency will preson providing technical assistance completed SOAR training in the past 24 months. Stuff person providing technical assistance completed SOAR training in the past 24 months. Type SOAR DNA | | 10 | -Enter reviewer comments | 10 | 10 | 10 | 10 | |
| | Describe how you will work with landlords and community stakeholders to identify appropriate the describe what strategies you will utilize to persuade landlords to rest to clients who may have and/or a criminal background. Describe how you will engage clients in decision-making are preferences. | iate housing units. poor rental history und their housing | 15 | -Enter reviewer comments | 15 | 15 | 15 | 13 | |
| | RAPID RE-HOUSING & JOINT COMPONENET (TH-RRH) PROJECTS O Describe how you will determine rental assistance amounts, duration, and manage rent redeer enrolled in the project. What tools or objective assessments will you use in the determin | mination for clients | 10 | •Enter reviewer comments | 7 | 10 | 10 | 9 | |
| | | | | Organizational Cap | acity | | | | |
| arded | escribe the organization's mission, as well as a brief overview of the primary programs and services offered by your organization. Provide evidence of the following: Agency's experience and enquesty to develop and implement the project. Examples that illustrate experience identifying bousing and supportive services for the target population | | 15 | Extremely marked: Many services offered for at least 30+ years and rental assistance for 10 + year. Agency has financial stability prior to reimbursement payments. | 14 | 15 | 15 | 15 | |
| oints can be awarded | Describe the organization's operations to include leadership and management. Include the Abdity to supervise the project and staff. *Examples of ensuring program effectiveness and fidelity to funding agreements. | | 10 | Applicant's response on page 7 is very descriptive and HMIS reports weekly. Extremely marked for 10 points. | 10 | 10 | 10 | 10 | |
| 50 possible base points o | Describe your organization's commitment to racial equity. Include the follow *Racial and ethnic makeup of your organization's leadership staff and board, includir *Detail the initiatives and efforts your organization has implemented to increase the representation in leadership positions *Describe efforts to increase cultural and racial competency among your staff volunteers/pro *How does your organization analyte data and information about race and othn *Examples of how your organization addresses racial inequities for participants in you | ng statistics. on of people of color ogram participants icity? | 15 | Marked! | 13 | 15 | 10 | 13 | |
| sod 09 | Describe your agency's internal systems, including your fiscal management system, case/client - Describe your fiscal control and more and recordiscoping procedures. - Describe your fiscal control and secondance with the requirements of 2 CFR part 200. - Describe any auditing findings or concerns during the last 36 months as well as the reso | or federal funds in | 10 | Page 9 Extremely marked La Posada undergoes an annual audit with no incidence of final, bad financial practices, or waste in 35 years. La Posada has never had any uncleur emolitoring from federal, state, or local funders. There have been no concerns in the last 3 years | 10 | 10 | 10 | 7 | |
| | | | First C | perational Year Proje | ect Work Plan | | | | |
| 10 possible points can be awarded | Describe the activities that the organization will undertake prior to the grant start date to ensure the project is ready to house and/or serve the first participant at the start of the grant wared. Provide a detailed description of the project's work plan and gush at 60 days, 120 days, experit on 180 days after the grant start date. | 120 180 | 5 | •Enter reviewer comments | 5 | 5 | 5 | 5 | |
| 10 possibl | Enter the number of days from the execution of the grant agreement that each of the following or related to CoC Program funds requested in this project application. If a milestone is not app | nilestones will occur as licable,enter N/A. | 5 | •Enter reviewer comments | 4 | 5 | 5 | 5 | |
| | | | | Project Staffing P | lan | | | | |
| 10 possible base points can be awarded | Provide an overview of the staffing plan for the project using the tables. | | 10 | •Enter reviewer comments | 10 | 10 | 5 | 8 | |
| | | | Comm | unity Partnerships an | d Leveraging | | ı | | |
| can be awarded | Please describe your agency's commitment to and participation in the El Paso Coalition for the current level of participation in committees and initiatives. | Homeless, including | 15 | -Enter reviewer comments | 15 | 15 | 15 | 15 | |
| can | Describe how your agency is collaborating with other homeless service providers and mainstrea | ım service providers. | | | | | | | |

| 30 possible base points o | How do those collaborative efforts help minimize or avoid the duplication of service and effort? How do you include leveraged services and resources available in our community in your service plan? Include all MOUs with service providers (if you do not have an MOU in place, state why). | 10 | *Enter reviewer comments | 10 | 10 | 10 | 6 | |
|----------------------------------|---|------------|--|----------------------|----------------------|----------------------|----------------------|--|
| 30 possible | Describe your organization's experience in leveraging Federal, State, local and private sector funds. Describe the extent to which you leverage in-lend donations and volunteers for the project. If your organization has no experience, please indicate that your organization has no experience. | 5 | Page 11 - extremely marked: La Posada also owns a building that will be dedicated to the transitional housing part of the program. This building will be used for leveraging | 5 | 5 | 5 | 4 | |
| | | | HMIS | | | | | |
| can be warded | Please explain the following about your organization's HMIS participation: If you are a homeless service provider, please explain the agency's level of HMIS participation for anyiall homeless programs-inverses. (5 Points) Decords your agency adhere to the revised local HMIS Polesy and Procedures? (5 Points) Decords your agency-wide compliance with HMIS (5 Points) Has your agency staff participated regularly in the HMIS Steering Committee meeting? (5 Points) His your agency staff participated regularly in the HMIS Steering Committee meeting? (5 Points) | 30 | •Enter reviewer comments | 30 | 30 | 30 | 30 | |
| 40 possible points can be warded | It is the CoCs Governing Board Policy that complete HMIS information is a requirement for full compliance with HIUD funding, and whereas is benefits the entire Continuum of Care to be in full compliance. The CoC Board makes as recommendations for funding contingent on the commitment of all funded againcies to fully participate in HMIS with the HIMS Lead Entity, excluding those who are prohibited by federal regulation and must use a comparable database. Further, should agencies with initially recommended programs not be responsive, other programs will be recommended in their place. Is your Agency fully compliant as aper the above CoC Governing Board Policy above? (10 points) If not, please explain why? (0 Points) | 10 | •Enter reviewer comments | 10 | 10 | 10 | 10 | |
| | | | Budget | | | | | |
| 20 possible points can be | Are your proposing to include indirect costs in your budget? Yes No Supportive Services Budget Housing Assistance Budget Operating Costs Budget HIMS Budget HIMS Budget Budget Summany Match-Clearly demonstrates 25% of HUD request | 20 | •Enter reviewer comments | 20 | 20 | 20 | 16 | |
| | | | Summary Preform | ance | | | | |
| | Total Possible Points for TH-RRH | Max Points | | Total Points Awarded | Total Points Awarded | Total Points Awarded | Total Points Awarded | |
| | TOUR COMPANY TO THE WATER | 330 | | 279 | 320 | 305 | 284 | |

Average Score 297.00

| | Gantee: | | 2024 TX 603 Co Project | C New Project Independ | lent Review Score Sh | neet | Project Type: | | RH |
|--|---|---|---------------------------|--|---------------------------------|--------------------------------|--------------------------------|---------------------------------|------------------|
| | | | ., | Project Type Priori | ties | | Data | Appl | ication |
| | Goal End hor | melessness using | a Housing First approach. | Max Points | Reviewer's Name: Reviewer #1 | Reviewer's Name: Reviewer#2 | Reviewer's Name: Reviewer#3 | Reviewer's Name: Reviewer #4 | Reviewer's Name: |
| | Project Type | Rapid | ReHousing | | Reviewei #1 | Reviewel #2 | Reviewei #3 | Reviewei 114 | |
| | Delay Book de | | The points | 10 its above are automatically awarded according | | Date to the | Date of the second | Daine A | Daine A |
| | Project Description Describe the project scope, to include: •Target population including the number of households/clients | served; •Plan | | Findings | Point Awarded | Point Awarded | Point Awarded | Point Awarded | Point Awarded |
| | to identify housing and/or supportive services; *Anticipated project outcomes; *Coordination with other *How CoC funding will be used | r organizations; | 30 | Did not address every bullet | 0 | 30 | 0 | 0 | |
| | Describe how your agency will implement the Housing Fist model or experience. Describe how you will lower barriers to entry and during program enrollment. How will your project quickly move participants into permanent housing? | | 25 | It did not elaborate on the specifications of barriers, which need to be explained in more detail. | 25 | 15 | 18 | 20 | |
| awarded | Describe your experience working with individuals or families who have behavioral health needs, domentium, or other withoutholding forces (so applicable for proposed private populations). If applying failure violence homes familing, please include a description of your agency's experience serving survivors without each description of your agency's experience serving survivors and meet safe. | estic violence, or domestic of domestic fety outcomes. | 20 | Not detailed in descibing extensive experience | 12 | 20 | 18 | 16 | |
| an be a | Creating opportunities for lived experience, advocacy, and decision making creates more effective hou and elevates the standard of care provided. Describe how you will engage participants with lived experience of the configuration of the property of the | | 20 | •Enter reviewer comments | 20 | 20 | 19 | 20 | |
| points can be | Note any evidence-based, best, or promising practices, or otherwise innovative practices your organization ensure the best quality and targeted services are available to participants in a cost-effective way. Discovered service delivery model you describe will help individuals/families maintain or regain housing state. | uss why the | 10 | •Enter reviewer comments | 8 | 10 | 10 | 9 | |
| | Describe the specific plan to coordinate and integrate with other mainstream health, social services, and program for which program participants may be eligible. Include how participants will be assisted both to employment and/or income and to maximize their ability to live independently. | d employment o increase their | 10 | •Enter reviewer comments | 10 | 10 | 10 | 9 | |
| 150 possible | For all the supportive services available to program participants, indicate who will provide them and he will be provided? | ow often they | 10 | •Enter reviewer comments | 10 | 10 | 10 | 10 | |
| 4 | Mentify whether your project will include the following: Transportation assistance to cleast to attend mainstream benefit appointments, employment training, or jobs Annual follow-ups with program participants to ensure mainstream benefits are received and renoved Access to SSISSDI technical assistance provided by this project or a partner agency staff person providing technical assistance completed SOAR training in the part 24 menths | | 10 | -Enter reviewer comments | 10 | 10 | 10 | 10 | |
| | Describe how you will work with landlords and community stakeholders to identify appropriate hou Describe what strategies you will utilize to persuade landlords to rent to clients who may have poor ra and/or a criminal background. Describe how you will engage clients in decision-making around the preferences. | ental history | 15 | •Enter reviewer comments | 14 | 15 | 15 | 15 | |
| | | | | Organizational Cap | acity | | | | |
| hed | Describe the organization's mission, as well as a brief overview of the primary programs and services of organization. Provide evidence of the following: -Agency's experience and capacity to develop and implement the project. -Examples that illustrate experience identifying housing and supportive services for the target pop | | 15 | •Enter reviewer comments | 15 | 15 | 15 | 15 | |
| n be awar | Describe the organization's operations to include leadership and management. Include the following: • Ability to supervise the project and staff • Examples of ensuring program effectiveness and fidelity to funding agreements | | 10 | •Enter reviewer comments | 10 | 10 | 10 | 10 | |
| 50 possible base points can be awarded | Describe your organization's commitment to racial equity. Include the following: • Racial and ethnic makeup of your organization's leadership staff and beard, including statis: • Detail the initiatives and efforts your organization has implemented to increase the representation of p it leadership positions: • Describe efforts to increase ultural and racial competency among your staff volunteers/program p • How does your organization analyze data and information about race and ethnicity? • Examples of how your organization adultenesse racial inequities for participants in your progr | participants | 15 | •Enter reviewer comments | 15 | 15 | 15 | 15 | |
| 50 po: | Describe your agency's internal systems, including your fiscal management system, case/client record system and recordlecoping procedures. Describe your fiscal control and accounting procedures and if your organization accounts for feder accounting more with the requirements of 2 CFR part 200. Describe any auditing findings or concerns during the last 36 months as well as the resolution or | ral funds in | 10 | •Enter reviewer comments | 10 | 10 | 9 | 8 | |
| | | | First 0 | Operation Year Projec | et Work Plan | | | | |
| 10 possible points can be awarded | Describe the activities that the organization will undertake prior to the grant start date to ensure the project is ready to house and/or serve the first participant the sear of the grant worset. Provide a detailed description of that the start of the grant start due. Goals Goals | 180 | 5 | -Enter reviewer comments | 5 | 5 | 5 | 5 | |
| 10 possib | Enter the number of days from the execution of the grant agreement that each of the following mileston related to CoC Program funds requested in this project application. If a milestone is not applicable, | es will occur as enter N/A. | 5 | Description not met | 0 | 5 | 5 | 5 | |
| | | | | Project Staffing P | lan | | | | |
| 10 possible base points can be awarded | Provide an overview of the staffing plan for the project using the tables. | | 10 | •Enter reviewer comments | 8 | 10 | 8 | 8 | |
| | ··· | | Comm | unity Partnerships an | d Leversaina | | | | |
| can be | Please describe your agency's commitment to and participation in the El Paso Coalition for the Homel- current level of participation in committees and initiatives. | less, including | 15 | -Enter reviewer comments | u Leveraging | 15 | 15 | 15 | |
| 30 possible base points can be awarded | Describe how your agency is collaborating with other homeless service providers and mainstream service. How do these collaborative efforts help minimize or avoid the displication of service and effort? How do leveraged services and resources available in our community in your service plan? Include all MOUs providers (if you do not have an MOU in place, state why). | lo you include | 10 | -Enter reviewer comments | 10 | 10 | 9 | 8 | |
| 30 bos | Describe your organization's experience in leveraging Federal, State, local and private sector funds. I extent to which you leverage in-kind donations and volunteers for the project. If your organization has re- please indicate that your organization has no experience. | Describe the no experience, | 5 | •Enter reviewer comments | 3 | 5 | 5 | 3 | |
| | | | | HMIS | | | | | |

| anbeawarded | Please explain the following about your organization's HMIS participation. If you are a homeless service provider, please explain the agency's level of HMIS participation for anyiall homeless programs/errores. Dees your agency allet to the rore tolk beat HMIS to Bulky and Precoclures? (5 Points) Describe your agency-wisk complaines with HMIS. (5 Points) Has your agency staff participated regularly at the HMIS Sterente Committee meetings? (5 Points) The complaint of the provider of the providers with the providers of the pr | 30 | -Enter reviewer comments | 30 | 30 | 30 | 30 | |
|-----------------------------------|--|------------|--------------------------|----------------------|----------------------|----------------------|----------------------|--|
| 40 possible points can be awarded | It is the CoCa Governing Board Policy that complete HMIS information is a requirement for full compliance with HUD funding, and whereas is benefits the entire Continuum of Cure to be in full compliance. The CoC Board makes is recommendations for funding continuent or all funded agreeise to fully participate in HMIS with the HMIS Lead Entity, excluding those who are prohibited by federal regulation and must use a comparable database. Further, should agencies with mitally recommended programs not be responsive, other programs will be recommended in their place. It your Agency fully compliant as per the above CoC Governing Board Policy above? (10 points) Aff not, please explain why? (0 Points) | 10 | •Enter reviewer comments | 10 | 10 | 10 | 10 | |
| | | | Budget | | | | | |
| | Are you proposing to include indirect costs in your budget? ☐ Yes ☐ No | | | | | | | |
| <u>ම</u> සි | Supportive Services Budget | 1 | | | | 1 | | |
| 용등 | Housing Assistance Budget | 1 | | | | | | |
| SO | Operating Costs Budget | 20 | •Enter reviewer comments | 20 | 20 | 20 | 18 | |
| e ti | HMIS Budget | | | | | | | |
| 20 possible points can be | Budget Summary | | | | | | | |
| | Match-Clearly demonstrates 25% of HUD request | | | | | | | |
| | | | Summary Preform | ance | | | | |
| | | Max Points | | Total Points Awarded | Total Points Awarded | Total Points Awarded | Total Points Awarded | |
| 1 | Total Possible Points for RRH | 320 | | 260 | 300 | 266 | 259 | |

Average Score 271.25