

**UNION COUNTY CONTINUUM OF CARE (CoC) SUPERNOFO
PROJECT PRIORITY LISTING AND RANKING PROCEDURE**

CoC PRIORITY RANKING COMMITTEE'S ROLE

The Union County Continuum of Care Priority Ranking (CPR) Committee serves as the primary vehicle for evaluation of projects and sets the ranking priorities for the Continuum of Care application for the Union County Continuum of Care (UC-CoC). This is an Ad Hoc Subcommittee under the Union County Comprehensive Emergency Assistance System (CEAS) and Continuum of Care (CoC) Committee (hereafter referred to as CEAS/CoC).

The CPR Committee is a network of public and private entities. Committee members may not submit project applications or receive HUD CoC Homeless Assistance Program funding. Committee members must sign a conflict of interest form for the purpose of assessing any potential conflicts of interest. This ensures that the CPR Committee members have no direct benefit and allows for use of objective criteria. (See below for more detail.)

The UC-CoC has utilized a CPR Committee to rank new projects since 1998. In 2013 the CPR Committee began ranking both New and Renewal projects. The CPR Committee primary goal is to meet the national goals of preventing and ending homelessness in the County of Union, NJ. The CPR Committee uses objective, performance-based scoring criteria and selection priorities that are outlined below to determine the extent to which each project addresses HUD's policy priorities.

The CPR Committee meets year-round to effectively implement a CoC NOFO planning process, including annually with the release of the CoC application. Special meetings may be called provided that five (5) business days' notice is given electronically or by mail to the members. At each meeting an agenda is developed and meeting minutes are prepared immediately following the meeting. Both items are maintained on file with the meeting sign in sheet, materials distributed and the Committee member's conflict of interest form.

The functions and purpose of the Committee are as follows:

- a. Assess provider organization(s) (applicant/sponsor) eligibility and capacity;
- b. Review and evaluate project readiness/eligibility;
- c. Review project quality;
 - % of permanent housing exit destinations
 - % increases in income
 - program participant eligibility
 - utilization rates
 - drawdown rates
 - frequency and/or amount of funds recaptured by HUD
- d. Review project match and all leveraging letter(s) to ensure they meet HUD requirements;
- e. Review site visit(s) and CoC Monitoring Findings;
- f. Review CoC membership involvement;
- g. Review HMIS participation status and data quality ensuring that youth, domestic violence & LGBTQ clients would be served;
- h. Assess cost effectiveness;
- i. Assess number of housed to be served and receive mainstream resources (cash and non-cash benefits);
- j. Assess number of households to be served and by various target populations;
- k. Assess provider organization experience;
- l. Assess spending (fast or slow); and
- m. Review HUD APR for Performance results.

PROJECT RANKING PROCESS

Renewal Project Scoring: Renewal projects approved by CPR for inclusion in the CoC project ranking will be scored according to an objective scoring tool based on their individual project performance, alignment with HUD and CoC policy priorities, and compliance. Performance and HMIS elements are heavily weighted measures used by HUD in determining the overall CoC score for the NOFO. Data used in the project scoring tool comes largely from projects most recently submitted Annual Performance Report (APR). Scoring tools are provided in the Appendix. First-time renewals are projects that have not yet completed their first operating year, and thus,

cannot be scored for their performance due to not having a completed Annual Performance Report (APR). However, the CPR will evaluate each first-time renewal to ensure that each project is achieving satisfactory progress.

New Project Selection: New project applicants will be assessed on the following: project design, how the project addresses local priority needs, how the project aligns with local strategies and HUD's priority to end homelessness, budget appropriateness and accuracy, project match, leveraging, CoC participation, community collaboration, organizational capacity, use of Housing First, and implementation timeline. There may be new projects that fail to score well enough to be included in the NOFO submission, or there may not be enough new project funding to fund all requests. New project applicants are highly encouraged to review the new project application guide and instructions while preparing their application, which provide a wealth of resources on best practices, policies, procedures, and requirements. Scoring tools are provided in the Appendix.

Ranking Order: Renewal projects approved for inclusion in the CoC's project ranking will be ranked in the following order

1. Renewal permanent supportive housing projects, ranked in order of highest to lowest percentage score (projects that have not completed a full operating year will be ranked at bottom of PSH programs)
2. Renewal rapid re-housing projects, ranked in order of largest number of units to smallest number of units

Coordinated Access SSO projects and new projects, including regular and domestic violence projects, will be ranked after the CPR Committee has evaluated all new and renewal projects. Coordinated Access SSO and new projects will be ranked in such a way to (1) maximize the CoC's overall application score; (2) maximize the score of Tier 2 projects and ensure the highest possibility of having projects funded; (3) increase the CoC's system performance; and (4) effectively meet HUD policies and priorities.

Tie-Breakers: Ties within the same project type will be broken in the following order:

- Highest % of clients exiting to or retaining permanent housing
- Highest utilization rate

The CPR may adjust individual projects up or down in the ranking or reallocate in order to fulfill HUD priorities, prevent potential losses of funding, and maximize the overall CoC application score.

If any project is rejected by the CPR Committee, a written letter is provided to the provider organization listing the reason(s) for denial. This letter is required to be sent to the provider organization no later than 15 days prior to the submission of the CoC consolidated application to HUD. The provider organization can appeal the process. (See below for more detail.)

All motions and other actions of the CPR Committee are to be approved by a majority vote. This recommendation is then presented at the CEAS/CoC Committee meeting. Once approved a copy of the Consolidated application is uploaded to the County's website (www.ucnj.org) under the Continuum of Care unit and the UC-CoC consolidated application is submitted to HUD.

CONFLICT OF INTEREST POLICY

Members of the Continuum of Care Priority Ranking Committee are precluded from participating in their official capacity in discussions and/or decision-making regarding funding of programs or monitoring of programs for which they are employed, serve as a board member, or as a volunteer, or have a financial interest. In addition, the potential for conflict of interest is reviewed.

For purposes of assessing potential conflict of interest, Continuum of Care Priority Ranking members are asked to disclose information on themselves, their spouse, and other family members*.

**Family members include: children, parents, grandparents/grandchildren, uncles/aunts, siblings, in-laws, significant other, or other members of the immediate household.*

COUNTY'S ROLE

The County's role in this CPR Committee shall be through the Union County Department of Human Services Continuum of Care Unit (UC-CoC). This unit sends an email solicitation notification to the UC-CoC informing

them of the Continuum of Care application. This solicitation outlines the requirements for provider organizations interested in applying for these funds. Outreach is done to faith-based groups and all homeless social service provider agencies within the geographic area of UC-CoC. It is announced at the CEAS/CoC meeting and other meetings in the geographic area of UC-CoC.

UC-CoC staff provides information on HUD and Union County Independent Monitoring Unit (IMU) findings in an effort to assist CPR Committee members in the ranking of project applications. IMU findings include, but are not limited to: adherence to HUD regulations, participant eligibility documentation, level of service, and support services provided. HUD APRs are reviewed weekly by UC-CoC staff. UC-CoC staff provides all Project applications to the CPR Committee for review. Committee members ask questions and are provided the necessary information to rate all project applications.

APPEALS

It is the policy of Union County that any agency/organization participating in Continuum of Care funding processes shall have the recourse to an appeal **based on procedural matters**. To ensure a uniform and equitable means of applying this policy, the following guidelines shall structure the appeals procedures. Any agency/organization shall have the right to appeal any Union County CPR Committee's funding recommendation on a **Procedural** basis if:

- a) *The funding was not publicized; there was insufficient time to prepare a completed proposal; or the application requirements or processes were inappropriate for the funds requested; or*
- b) *A conflict of interest charge can be substantiated against any Committee member.*

If any agency/organization chooses to appeal the funding disposition, the agency's Executive Director and/or Chief Operating Office must:

- i. *Contact the Union County Division of Individual & Family Support Services as of the date specified in the letter of funding disposition in order to formally initiate an appeal. The first contact must be by telephone to (908) 527-4839 to be followed by a formal letter setting forth the reason(s) for the appeal.***
- ii. *Personally appear to present the appeal and submit any documents of evidence or proof of the procedural violation on the day/time of the appeal hearing as set forth by the Appeals Committee.*

*** All appeals must be initiated by telephone (with follow-up letter) on or before the date specified in the notification letter to the Union County Division of Individual & Family Support Services, Administration Building – 4th Floor, Elizabeth, NJ 07207, email difss@ucnj.org or by FAX (908) 558-2562. Program staff will notify the appealing agency of the date, time and location of the appeal hearing by telephone during the afternoon preceding the scheduled appeal hearing.*

Appeals Process

- A. Agencies applying for funds are advised of "Appeals Process".
- B. The Continuum of Care Priority Ranking (CPR) Committee makes tentative decisions regarding agency funding.
- C. All agencies submitting funding requests are advised of the tentative allocation recommendations in writing. Agencies not recommended for funding are given a brief explanation of the CPR Committee's decision, and are advised of procedures for appeal.
- D. The Committee will convene a meeting to hear appeal presentation(s) of agencies (up to 15 minutes allowed per agency). The Committee can reject the agency's appeal which thereby upholds the CPR Committee's original funding recommendations. The Committee can concur with the agency's appeal. In this case, the Committee must return documentation to serve as compelling reasons for the CPR Committee to review its original funding recommendations. In all cases, the final determining authority for all funding recommendations shall be the CPR Committee. The resulting recommendations are presented to CEAS/CoC.
- E. CEAS/CoC votes on the final funding recommendations. Persons in conflict shall abstain from the vote.

AMENDMENTS

The Project Priority Listing and Ranking Procedure may be amended by the two-thirds (2/3) vote of the voting members of the CEAS/CoC Committee, following an electronic or written notice at least two (2) weeks in advance to all Committee members indicating the proposed amendment or revision.

FY2024 Continuum of Care (CoC) SuperNOFO Application - Ranking Score Criteria

Maximum points available – 105 base points, 10 bonus points available, 115 points maximum

1. Performance Measures and Project Effectiveness (40 points total)

- Housing stability – Measure 7 b.2
- Leavers income – Measure 4.6
- Stayers income – Measure 4.3
- Stayers earned income – Measure 4.1
- Annual updates - HMIS data question 6c
- Overall increase in income – System Performance Measures 4.1, 4.3, 4.6
- Timely submission of annual assessments - SAGE
- Utilization rate
 - By units – last completed APR
 - By beds – last completed APR
- Sponsor Capacity/Project Value
 - The agency has been effectively implementing the project under review or has implemented similar projects in a timely fashion. This data is derived from their efficiency and number of clients served in other County, State and Federal funding streams.
 - The project under review provides a valuable service/housing opportunity to the homeless in Union County.

2. Serving High Need Populations (20 points total)

• **Priority - Chronic Homelessness, Victims of Domestic Violence, and Most Vulnerable populations**

- *Chronic Homelessness – HMIS data quality Q.26*
- *Victims of Domestic Violence – HMIS data quality Q.14*
- *Most Vulnerable – Number of 2 or more disabling conditions, HMIS data Q.13 a 2*

As seen in the past few Continuum of Care funding cycles, our Continuum is placing a large emphasis on the ability to house the chronically homeless, veterans and victims of domestic violence. For this reason, the following points will be awarded based on the percentage of households being specifically served within the project by the provider:

- **10** points will be awarded to any project that has dedicated 100% of their beds to the chronically homeless, veterans and / or victims of domestic violence.
 - **8** points will be awarded to any project that has dedicated 75% of their beds to the chronically homeless, veterans and / or victims of domestic violence.
 - **6** points will be awarded to any project that has dedicated or prioritized at least 50% of their beds to chronically homeless, veterans and / or victims of domestic violence.
 - **4** points will be awarded to any project that dedicated or prioritized at least 35% of their beds to the chronically homeless, veterans and / or victims of domestic violence.
 - **2** points will be awarded to any project that dedicated or prioritized at least 25% of their beds to the chronically homeless, veterans and / or victims of domestic violence.
- **Housing First Model** – From Internal Monitoring Reviews and Quarterly Voucher Submission
The CoC has been successful in utilizing best practices to work towards ending homelessness. One of the most effective best practices has been for projects to utilize a Housing First approach to housing. To receive the **10** points associated with being a housing first project, the project must:
 - Demonstrate that they are a low barrier program by showing that participants are not screened out of their program due to any of the below reasons.
 - Having too little or no income.
 - Active or history of substance abuse.
 - Having a criminal record with exceptions for State-Mandated restrictions.

- History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement), and
- Demonstrate that the clients are not terminated from the program for the reasons outlined in any of the below.
 - Failure to participate in supportive services.
 - Failure to make progress on service plan.
 - Loss of income or failure to improve income.
 - Being a victim of domestic violence.
 - Any other activity not covered in a lease agreement typically found in the project's geographic area.

3. Equity Factors (20 points total)

- Serving/served persons who:
 - Identify as LGBTQIA+ - HMIS data quality Q.10
 - BIPIOC - Black and Indigenous people of color - HMIS data quality Q.12a
 - Hispanic/Latino - HMIS data quality 12b
 - Persons with disabilities (2 or more, as all of the CoC projects serve persons with disabilities) - *Number of 2 or more disabling conditions, HMIS data Q.13 a 2*
 - Mental Health - HMIS data quality Q.13a1
 - Substance Abuse - HMIS data quality Q.13a1

4. Project Financial Information (15 total points)

- **Percent of CoC funding expended last operating years**
 - CoC Amount Awarded Last Operating Year – Grant Agreements
 - CoC Amount Expended Last Operating Year – from LOCCS
- **Budget Appropriateness**

Due to recent budget constraints and education in funding, it is essential for the local Continuum process to ensure all projects are requesting appropriate funds for projects as well as utilizing any funding they are currently receiving. For these reasons, maximum points will be awarded to projects in which:

 - The budget is reasonable and appropriate for the number of households/persons that are expected to serve.
 - Administration funding requested do not exceed 7% of the total of the budget line items.
 - Project budget demonstrates match funding available of 25% of the total budget requested (this includes admin and excludes any leasing dollars). – Match % from the APR

5. Participation in Local Priorities (10 Points)

Our Continuum has continued to put an emphasis on collaboration and participation in local priorities, such as ending veteran homelessness, chronic homelessness, and survivors of Domestic Violence - as well as the requirement of participating in the coordinated assessment system of the community. Full points will be awarded for agencies that fully participate in all local homelessness initiatives.

- PIT Participation – List of the participants during the unsheltered count verbally shared
- CEAS/CoC – Meeting Minutes
 - The agency has attended at least 4 of the Comprehensive Emergency Assistance System and Continuum of Care (CEAS/CoC) Committee meetings held in the last year.

6. Bonus Points (up to 10 Points)

This is a section where additional points can be added or deducted based on the performance of the project, whether criteria have been met or not during previous years, such as:

- Match – exceeding the 25% required match - Match percentage from the APR
 - Leasing – drawing all rental assistance and/or leasing – unspent percentage of total funds from LOCCS
 - Serving Youth (25 and under) – HMIS data quality Q.5

**FY2024 Continuum of Care (CoC) SuperNOFO Application
Ranking Score Sheet**

Renewal Projects

Name Project: 157, 158, 159, 160, 162, 171, 173, 174, 271, 311, 334, 389, 392, 483, 538, 563

Evaluator's Number: _____

-
- | | | |
|----------------------------------------------------------|-------------------------|-------|
| 1. Performance Measures and Project Effectiveness | (40 points) | _____ |
| 2. Serving High Need Populations | (20 points) | _____ |
| 3. Equity Factors | (20 points) | _____ |
| 4. Project Financial Information | (15 points) | _____ |
| 5. Participation in Local Priorities | (10 points) | _____ |
| 6. Bonus Points | (up to 5 points) | _____ |

Which agency has been most cooperative?

in implementing Coordinated Entry
in answering phones and emails
in receiving referrals
in housing your clients
in running service fairs
served the most clients (not just CoC)
in returning contracts

in submitting vouchers in a timely manner
in having accurate voucher forms
in responding to IMU letters
and making the necessary corrections
in performing street outreach
people who do not speak English
HMIS dollars - CAU

**FY2024 Continuum of Care (CoC) SuperNOFO Application
Ranking Score Sheet**

NEW Project(s)

Name Project: EHA/Bridgeway-22U PSH / Urban League 20U PH-RRH

Evaluator's Number: _____

-
-
- | | | |
|----------------------------------------------------------|-------------------------|-------|
| 1. Performance Measures and Project Effectiveness | (40 points) | _____ |
| 2. Serving High Need Populations | (20 points) | _____ |
| 3. Equity Factors | (20 points) | _____ |
| 4. Project Financial Information | (15 points) | _____ |
| 5. Participation in Local Priorities | (10 points) | _____ |
| 6. Bonus Points | (up to 5 points) | _____ |