

# FY 2026 Renewal Applications Scoring Rubric

	Available Points				Scoring Criteria Notes
	PSH	Joint TH/RRH	SSO - CE	HMIS	
<b>HUD Thresholds: Section 2</b>					
9. Does the agency have an acceptable organizational audit/financial review? If not, explain. If yes, ensure it is attached in the application submission.	2	2	2	1	Include attachment for full points
10. Were draws of the funding completed at least quarterly in eLOCCS? If not, explain why and how this will be improved.	2	2	2	1	2 points = 4 draws throughout the grant year; 1 point = Irregular draw times, 3 draws; 0 points = Fewer than 3 draws
11. Calculate the utilization rate for the project's last completed grant year. List the total award, and the final total drawn from eLOCCS. Divide the total drawn by the total award, then multiply by 10 for the percent. This is the utilization rate.	3	3	3	2	3 points = 90% or more; 2 points = 80-90%; 1 point = 65-80%; 0 points = Less than 65%
12. If there were unspent funds noted in the calculation above, explain why the grant was not fully expended and plans to improve project utilization.	2	2	2	2	Ensure both parts are fully answered
13. Has your organization been monitored by HUD in the last three (3) years? If yes, send an email to coc@uwscmi.org with the following attachments: monitoring report by HUD, applicant's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.	3	3	3	3	Ensure all parts are fully answered and attachment included for full points.
14. Participation in Coordinated Entry HUD requires all funded programs participate in the local community's Coordinated Entry Process. Does your agency participate in Coordinated Entry?	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	If the application does not agree, it cannot continue
15. Describe your agency and project's participation in Coordinated Entry (CE)?	5	5	5	0	
16. The project applicant will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863.	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	If the application does not agree, it cannot continue
17. The project applicant will not engage in illegal racial discrimination.	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	If the application does not agree, it cannot continue
<b>Section Total</b>	<b>17</b>	<b>17</b>	<b>17</b>	<b>9</b>	
<b>Project and Agency Overview: Section 3</b>					

18. Provide a narrative description that covers the entire purpose, design, and scope of this project. Responses should detail the goals of the project, the target population for the project, how participants are served within the project, including connections to services outside the project, the ongoing community need for the project, and note any changes to the project from its last application.	5	5	5	5	Ensure all parts are fully answered
19. How does/will your project identify individuals experiencing serious mental illness and connect them with the services necessary to promote stability, including models that combine intensive care coordination and assertive outreach with comprehensive treatment?	0	0	0	0	Not Scored
20. Do/will you provide or partner with a provider who provides outpatient treatment for mental health and substance use disorders? Please describe the range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports provided.	0	0	0	0	Not Scored
21. Do/will you provide or partner with a provider that provides access to peer recovery specialists or other forms of peer support and recovery navigation? Please describe.	0	0	0	0	Not Scored
22. Do you have any partnerships with entities providing services in connection with drug court or other speciality courts serving individuals with mental and substance use disorders, assisted outpatient treatment, and inpatient treatment? Please describe how you coordinate with these providers to support housing stability and movement towards independence.	0	0	0	0	Not Scored
<b>Section Total</b>	5	5	5	5	
<b>HUD Priorities: Section 4</b>					
23. Does the project currently require supportive service participation as a condition of continued housing? Describe how you keep participants engaged in services.	3	3	3	0	Applicants should include information about the engagement techniques used that align with trauma informed care (such as motivational interviewing, person-centered planning).
<b>Section Total</b>	3	3	3	0	
<b>HMIS Objective Criteria: Section 5</b>					
25. Technical Experience	0	0	0	2	0-2 of 5 Checked = 0pts; 3 of 5 Checked = 1pt; 4 or More = 2pts
26. System Administration	0	0	0	2	0-3 of 7 Checked = 0pts; 4-5 of 7 Checked = 1pt; 6 or More = 2pts
27. Technical Support	0	0	0	2	0-2 of 4 Checked = 0pts; 3 of 4 Checked = 1pt; 4 = 2pts
28. HMIS Security and Privacy	0	0	0	2	0-2 of 4 Checked = 0pts; 3 of 4 Checked = 1pt; 4 = 2pts
29. Training	0	0	0	2	0-4 of 9 Checked = 0pts; 5-7 of 9 Checked = 1pt; 8 or More = 2pts
30. Data Quality	0	0	0	2	0-2 of 4 Checked = 0pts; 3 of 4 Checked = 1pt; 4 = 2pts

31. Reporting	0	0	0	2	0-3 of 6 Checked = 0pts; 4 of 6 Checked = 1pt; 5 or More = 2pts
32. Data Quality and Analysis Function	0	0	0	2	0-2 of 4 Checked = 0pts; 3 of 4 Checked = 1pt; 4 = 2pts
33. HUD Requirements	0	0	0	2	0-2 of 3 Checked = 0pts; 3 of 3 checked = 2pts
<b>Section Total</b>	0	0	0	18	
<b>System Performance Scorecard: Section 6</b>					
34. APR Timeliness	5	5	5	5	
36. Enrollment in Non-Cash Benefits	5	5	0	0	
37. Supportive Service Participation	3	3	0	0	Not Scored for DV
39. PSH Retention and Exits	15	0	0	0	
40. PSH Returns to Homelessness	10	0	0	0	
41. PSH Total Income Growth for Stayers	3	0	0	0	
41. PSH Employment Income Growth for Stayer	3	0	0	0	
42. PSH Total Income Growth for Leavers	3	0	0	0	
42. PSH Employment Income Growth for Leavers	3	0	0	0	
43. TH- RRH Retention and Exits	0	15	0	0	
44. TH - RRH Returns to Homelessness	0	10	0	0	
45. TH - RRH Total Income Growth for Stayers	0	3	0	0	
45. TH - RRH Earned Income Growth for Stayers	0	3	0	0	
46. TH - RRH Total Income Growth for Leavers	0	3	0	0	
46. RRH Earned income Growth for Leavers	0	3	0	0	
47. SSO Successful Permanent Housing Placements	0	0	15	0	
48. SSO Enrollment in Non-Cash Benefits	0	0	5	0	
<b>Total for DV</b>	47	47			
<b>Section Total</b>	50	50	25	5	
<b>System Performance: Section 7</b>					
49. Describe any strategies and/or efforts made during the last 12 months to improve program outcomes.	4	4	4	4	Full points will outline and define the issue, detail the strategies/efforts, explain the outcomes and future plan to address
51. DV Detail how the project ensures and increases the safety of project participants.	1	1	1	0	For DV dedicated projects only
52. DV Detail how the applicant uses a trauma-informed, survivor-centered approach in service delivery.	2	2	2	0	For DV dedicated projects only

53. Cost Effectiveness - Reasonable Costs Chart	2	2	2	2	2 pts = 7 checked; 1pt = 5-6 checked; 0 pts = 4 or less
55. Costs per Positive Exit	1	1	1	0	Complete the math as directed.
56. Zero income at entry	1	1	1	0	1 point for 50% or more
57. Supplement project with other resources.	3	3	3	1	Full points for projects that can quantify supplementation by other resources and enumerate the sources.
58. Public Complaints Process	2	2	2	1	Full points for addressing all parts of the question.
<b>Total for DV</b>	<b>16</b>	<b>16</b>	<b>16</b>		
<b>Section Total</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>8</b>	

**Supportive Services: Section 8**

59. Supportive Services - Who Provides	2	2	2	0	Complete all items in the chart.
60. Supportive Services - How Often	2	2	2	0	Complete all items in the chart.
61. Is substance use treatment available on-site? Please list the provider(s)	1	1	1	0	1 point for Yes
62. Is behavioral healthcare available on-site? Please list the provider(s). (i.e. assisted living, residential treatment)	1	1	1	0	1 point for Yes
63. Please list any policies for: Assessing program participant need for higher levels of care; Assessing program participant readiness for moving on to unsubsidized or other permanent housing	0	0	0	0	Not scored
64. Does your project require engagement in substance abuse treatment services as a condition of continued participation in the program? How many units are proposed that require this participation?	1	1	1	0	1 Point for Yes
65. Does your project operate sober housing in accordance with 24 CRF 578.93(b)(5)?	0	0	0	0	Not scored
66. What percentage of your proposed funding request is for supportive services? Please also describe the value of leveraged funds, match, and other formal partnerships providing supportive services.	0	0	0	0	Not scored
<b>Section Total</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>0</b>	

**Budget: Section 10**

67. Attached budget and match	5	5	5	5	Include attachment and ensure it is complete for full points
<b>Section Total</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	

<b>Total Points for Each Project Type</b>	<b>PSH</b>	<b>Joint TH/RRH</b>	<b>SSO</b>	<b>HMIS</b>
	<b>100</b>	<b>100</b>	<b>75</b>	<b>50</b>

**Application Penalty Points Possible**

Application Submitted Late (Increase each day to 5 days)	-1 to -5	-1 to -5	-1 to -5	-1 to -5
Attachments Not Included	-3	-3	-3	-3
Missing or Incorrect Information	-2	-2	-2	-2