

**Alameda County Local Application Process
For the 2017 HUD Continuum of Care NOFA
FREQUENTLY ASKED QUESTIONS
8/21 - 8/24/2017**

29. Do new proposed projects submit a target population report for similar projects?

- A.** No, new projects do not need to submit a Target Population Report. They will just propose the populations the project will serve.

30. Under cost effectiveness (page 12) i. and ii. It refers to proposed # of persons served but the actual calculation of costs refers to proposed # of households. Which are we projecting costs for?

- A.** New projects calculating projected cost per outcome (third paragraph at the top of page 13), please replace the phrase “proposed households” with “proposed persons.” This is a typo in the application.

31. For performance outcomes section (page 21) –even though the outcomes charts on pages 13-19 refer to the new TH-RRH model, it looks like as a proposed project we don’t do anything with those charts. Is that correct?

- A.** In the performance outcomes section, new projects should only complete Tables 4 or 5 (page 21) depending on project type. Renewing projects should complete Tables 1, 2 or 3, depending on project type. The charts on pages 13-19 are to guide projects in completing the corresponding 5 tables on pages 19-22.

32. For outcomes charts 4 and 5 (for proposed projects), how do we calculate the self-score? Is it the average of the 3 APRs that we are using?

- A.** Yes, for new projects, the self-score is produced from the average of the 3 APRs selected.

33. Do proposed projects provide any data under the grants management/spending section? The directions do not refer to proposed projects.

New projects do not need to provide spending data. We will reduce the total possible score by 5 points (the maximum point value for this section). For example, if the project scored 77/100, without a report, it would now score 77/95.

34. Do proposed projects provide any data under the Organizational Capacity section? The directions do not refer to proposed projects in the HMIS and fiscal management sections.

- A.** For HMIS Data Quality, new projects do not provide any data. We will also reduce the total possible score by 2 points (the maximum point value for this section). For example, if the project scored 77/100, without a report, it would now score 77/93 (less spending and data points).

For the Fiscal Management section, new projects need to answer all questions related to audits and monitoring findings and attach a copy of the direct grantee’s most recent Annual Independent Audit/Financial Statement as indicated under the Required documents section (page 5).

35. Can you clarify exactly what documents should be attached for a proposed new project?

- A. The list of required documents appears on page 5. New projects are required to submit 1.d; 2 a. and b., 3 c., d. e. and f (if applicable).

36. If we are proposing a new program, how would we have proposed participant agreements or leases? Usually program documents are created once a program is funded.

- A. For new projects, all Housing First required documents (participant agreements; leases; house rules; eligibility criteria and housing applications) can come from comparable programs.

37. A: Regarding scoring of the Outcome C – Benefits – Several of our applications are scoring very low. With many showing “data not collected” values are showing up under the “Benefit for Latest Annual Assessment for Stayers” column (total) of their individual HUD APR reports. That said, if you look up in Question 18, there are the same number of adult stayers not yet required to have an annual assessment. I compared the lists for both measures, and it is the same clients. Is there a quirk in the report or how this is being scored? I am concerned because in my understanding was that grantees shouldn't lose points for not doing an annual assessment for that wasn't required.

B: For several of our PSH programs our score on 1C Obtains/Maintains non-cash mainstream benefits (Outcome Measures by Sector) seems low. That score comes from APR Q20b. Then we saw that this year with the new APR release that Medi-Cal is no longer classified as "Non-Cash Mainstream Benefits." Health insurance is classified as its own separate category, APR Q21. We think that both 20b. and 21 should be considered Non-Cash benefits. Is it possible to change that Performance Outcome to include Health Insurance or should we just use narrative to explain?

- A. These 2 questions refer to the same outcomes formula and instructions which are addressed below. In response to Question 37.A, the original formula didn't take into account the number of stayers who didn't yet need to have an assessment. Question 37. B lead to a revision of the formula to include health insurance in the non-cash benefits, after consultation with the NOFA Committee. Please see following formula, explanation, and tables:

$$\frac{A + B + E + F + G + H}{2(C - D)}$$

To calculate the numerator by adding the number of stayers and leavers with one or more non-cash benefit sources (A and B in APR table 20b), plus the number of stayers and leavers with one or more sources of health insurance (E, F, G, and H in APR table 21).

To calculate the denominator, take the total number of participants (C from APR table 20b) and subtract the number of stayers who do not yet need an annual assessment (D from APR table 21), then multiply by two. Multiplying by two accounts for the new APR format, which doesn't de-duplicate the participants with non-cash benefits from those with health insurance.

20b - Number of Non-Cash Benefits Sources			
	"Benefit at Entry"	"Benefit at Latest Annual Assessment for"	"Benefit at Exit for Leavers"
"No Sources"			
"1+ Source(s)"		A	B
"Client Doesn't Know/Client Refused"			
"Data Not Collected"			
"Total"	C		
21 - Health Insurance			
	"At Entry"	"At Annual Assessment for Stayers"	"At Exit for Leavers"
"Medicaid"			
"Medicare"			
"State Children's Health Insurance Program"			
"VA Medical Services"			
"Employer Provided Health Insurance"			
"Health Insurance through COBRA"			
"Private Pay Health Insurance"			
"State Health Insurance for Adults"			
"Indian Health Services Program"			
"Other"			
"No Health Insurance"			
"Client Doesn't Know/Client Refused"			
"Data Not Collected"			
"Number of Stayers not yet Required To Have an Annual Assessment"		D	
"1 Source of Health Insurance"		E	G
"More than 1 Source of Health Insurance"		F	H

38. The formula provided for 3. Performance Outcomes, Outcome A: Housing, does not deduct from the row "181 to 365 days" so you are having it calculate stays of 6 months or more, not more than 12 months.

- A. You are correct, the formula accounts for stays 180 days or less. On average, Applicants will receive a marginally higher score when calculating this time range, and will not see a sufficient impact to their overall score.