

FY2016-2018 Virginia Homeless Solutions Program Evaluation Tool

VA-501 Norfolk/Chesapeake/Suffolk/Isle of Wight/Southampton Counties Continuum of Care
February 19, 2016

Project Name:	Total Participants/Units:
Applicant:	Total VHSP Funds Requested:

**The CoC Program Administrator will review the Supplemental Applications along with supporting documents and verify some of the information below prior to the review by the Program Monitoring Committee.*

Attendance	Agency participation rate on the SVHC Program Monitoring Committee since January 2015: _____ Agency participation rate on the SVHC General Membership Committee since January 2015: _____	
Submission of Documents	Supplemental Application was received on or before the submission deadline: <b style="color: red;">March 4, 2016 at 3:00 p.m. If no, when was the application received? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Applicant submitted copies of all required attachments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Is this project part of a larger project?	Yes No
2. Does the applicant demonstrate community-wide collaborations that are appropriate for the population served and ensure that clients have access to necessary resources, including participating in coordinated assessment?	Yes No
3. Does the applicant demonstrate the leveraging of cash or in-kind resources to meet the VHSP 25 percent match requirement?	Yes No
4. Has the agency received any findings from the State or HUD within the last 24 months?	Yes No
5. Does the proposed project meet the priorities set forth in the Federal Strategic Plan to End Homelessness and the SVHC Vision to ensure that homelessness is rare, brief and non-recurring?	Yes No
Please circle the code that most closely reflects your assessment of each of the following statements.	
	4 = Strongly agree 3 = Agree 2 = Disagree 1 = Strongly Disagree
6. Does the applicant have a solid plan to reduce the lengths of homeless episodes?	4 3 2 1 N/A
7. Does the applicant have a solid plan to reduce returns to homelessness?	4 3 2 1 N/A
8. Does the proposed cost per household seem reasonable for the target population?	4 3 2 1 N/A
9. Does the applicant have a solid plan to reach the hard to serve homeless population and/or a prioritized population?	4 3 2 1 N/A

