



Jasper and Newton County Continuum of Care (CoC)

2025 Rank and Review Scoring Form

New Bonus, DV and Relocation Projects and SSO

Agency	_____
Project Name	_____
Project Funding Type	_____
Total Request for Project	_____
Contact Person	_____ Phone: _____
Contact Email Address	_____
Agency Mailing Address	_____
City and Zip Code	_____

Section One

Applicant Instruction: This section encompasses the requirements for the agency or program as required by funding source as provided by the United States Department of Housing and Urban Development. If any of these questions cannot be answered in the affirmative, the application is ineligible, and your agency will be required to meet the program requirements in order to be scored. Documentation, at minimum agency certification, is required, and the Rank and Review Committee may require submittal of the relevant policy, bylaws or acknowledgements to meet the requirement. It is always recommended to include all relevant documentation in the initial submittal. **Please sign the agency certification at the end of Section 1.**

Instructions for evaluation: This section is designed to evaluate compliance with federal and CoC policies. If any of these standards are not met, the Review Committee reserves the right to request additional information, amend your application back for revision, or choose not to consider the application in the ranking process. There is no scoring for this section. The requirements must be met. The committee is recommended to evaluate this section last to ensure that no narratives or responses in other sections contradict the assertions and certifications to follow. If inconsistencies are found to justify the committee requesting additional information from the applicant, the committee must provide what was the justification and what additional information is being request to suffice the requirement of the application.

Housing First and Treatment First for All Housing Programs

Does your agency agree to incorporate the Housing First and Treatment First principles outlined within the proposed project application?

☐ Yes ☐ No

Committee Section Only If the agency was able to check off all boxes for "Treatment First" and "Housing First Approach" box in the project application, and the agency did not provide any information in the project application narratives that is considered to not be Housing First & Treatment First, the standard is met.	Y/N
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HMIS Participation Acknowledgement

Does your agency currently participate, or agree to participate in the HMIS system of the Jasper and Newton County Continuum of Care? Note: If you are a provider of services for people fleeing from Domestic Violence, please mark "DV" under this standard to agree to participate in the use of a comparable database.

☐ Yes ☐ No ☐ DV

Committee Section Only Participation in the Jasper and Newton County CoC's chosen HMIS, or comparable database if a DV provider, is a requirement. If the agency uses HMIS or is a Domestic Violence Shelter and certifies to using a comparable database, the requirement is met.	Y/N
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Harm-Reduction Programing

Does your agency currently participate in harm-reduction programing listed below?

- Safe Consumption Sites (facilities where individuals can use drugs under supervision to prevent overdose)
- Drug Injection Sites (locations allowing injection of illicit substances with medical oversight)
- Distribution of Drug Paraphernalia (Programs providing syringes, pipes, or other tools for safer drug use)
- Needle/Syringe Exchange Programs (Services that supply clean needles to reduce HIV and hepatitis transmission)
- Naloxone (Narcan) Distribution (Programs providing overdose-reversal medication)
- Safe Smoking Supplies (Kits to reduce harm from smoking illicit substances)
- Drug Testing Strips (Fentanyl or other drug-checking tools to prevent accidental overdose)
- Medication-Assisted Treatment (MAT) (Programs offering methadone or buprenorphine as part of harm-reduction strategy)

☐ Yes ☐ No

Committee Section Only If the agency does not participate in any harm-reduction programing, the requirement is met per Executive Order 14321 - "Ending Crime and Disorder on America's Streets"	Y/N
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Non-Discrimination Requirements

Faith-Based and Other Neighborhood Organizations

With respect to program beneficiaries, Executive Order 13559 states that organizations, in providing services supported in whole or in part with federal financial assistance, and in their outreach activities related to such services, should not be allowed to discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice. These protections must be provided to beneficiaries in writing.

https://www.hud.gov/program_offices/faith_based/execorders

Does your agency understand and agree to not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice?

☐ Yes ☐ No

Equal Housing

In addition to the Fair Housing Act, HUD has provided additional guidance ensuring equal access to housing. The Equal Access to Housing Final Rule adds additional protections to ensure that all HUD core programs are available to all eligible individuals and families. <https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/>

Does your agency understand that it is illegal to discriminate against any populations based on their race, color, national origin, religion, sex, disability, familial status, sexual orientation, gender identity, or marital status?

☐ Yes ☐ No

Committee Section Only	
If the agency acknowledges both Faith-Based and Other Neighborhood Organization and Equal Housing requirements, the standard is met.	Y/N

Affirmatively Furthering Fair Housing

Please provide additional information in regards to how your agency will affirmatively further fair housing. Please provide a couple of examples of how you outreach to individuals and families. (24 CFR 578.93(c)). Response will need to address:

1. How your agency affirmatively markets their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities (please attach).
2. Does your agency report when a recipient encounters a condition or action that impedes fair housing choice for current or prospective program participants and provide such information to the jurisdiction that provided the certification of consistency with the Consolidated Plan? (The City of Joplin, Zoning-Planning@joplinmo.org)

☐ Yes ☐ No

3. Does your agency provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws? (Fair Housing brochure is available by the Joplin Area Community Housing Resource Board.)

☐ Yes ☐ No

Committee Section Only	
If in the response, the agency has provided clear strategies in the form of specific actions that are, and will be, conducted to ensure that the service or housing is marketed through special outreach	Y/N

Notice of Occupancy Rights under the Violence Against Women Act

Agencies will be required to provide the Notice to all persons at the time an applicant is admitted, denied, and with any notification of eviction or termination of the program.

Link to Notice of Occupancy Rights – <https://www.hud.gov/sites/documents/5380.docx>

Does your agency provide the Notice (Form HUD-5380) to program participants?

☐ Yes ☐ No

Program Capacity: Financial & Staff Organizational Structure

Has your agency attached a cover letter outlining the most recent completed and Board approved agency fiscal year audit including independent auditor's report?

☐ Yes ☐ No

Please attach a description of staff that will be designated to this project specifically addressing the following roles- financial management of the grant, direct services, and oversight.

☐ Description is attached to this application.

Committee Section Only	
If the application includes the required audit, and required description of agency capacity to conduct the program is determined to be adequate and appropriate the standard is met.	Y/N

Committee Section Only: Rank and Review Form Section 1 Certification	
All requirements for Section 1 of the Rank and Review Form are HUD requirements for agencies to be eligible to participate in the Jasper/Newton County Continuum of Care. If any of the standards are not met, the committee must provide specific comments as to why. Committee Comments:	Chair Initials:

Agency Certification: Signature certifies that the responses to this section accurately reflect the ongoing procedures and actions undertaken in compliance with respect to all programs administer by your agency and not just programs funded by Housing and Urban Development.

_____(Authorized Agency Signature)

Section Two

Maximum Score: 50

Applicant Instruction: This section encompasses the specific requirements for the agency or program as required by Jasper/Newton Continuum of Care. Section Two is comprised of submitted documentation of specific targets of involvement of Continuum of Care events and attendance, as well as narratives describing the quality of your agency's involvement. Please feel free to describe how your agency adds value to the CoC events and cooperation through events such as the Point in Time Count, and Housing Connect with the understanding not all agencies operate or participate similarly but can contribute substantially.

Committee Instruction: Review this section to determine the maximum score for the agency. Scoring for documentation, attendance and participation shall be awarded on the scoring criteria listed, and only on documentation attached. Participation narratives will be scored with a preference to give the maximum amount due to how agencies participate vary greatly based on services provided and physical location. Scoring deductions should only reflect circumstances where there is consensus in the committee that the agency willfully intends not participate or contribute to the Homeless Coalition in a manner that is reasonable to capacity and the services the agency has to provide. Consensus will also be required in comments justifying the deduction or maximum score provided. The committee may choose to call a provided contact to respectfully question for the purpose of clarity the applicants' narrative responses if there is not consensus among the committee. The intent of the narratives is to encourage the applicant to evaluate how their agency can enhance the institutional structure of the Homeless Coalition and foster a culture of cooperation among homelessness providers, not for the committee to be punitive.

Attendance - 26 points

Did your agency attend at least 75% of the last 12 months Homeless Coalition's meetings?

Please attached your agencies attendance.

- ☐ Yes (5 points) ☐ No (0 points)

Did your agency participate in the January Point in Time Count?

Please attach emailed documentation from the collaborative applicant.

Provided Sheltered PIT data?

- ☐ Yes (2 points) ☐ No (0 points)

Participated in the Project Homeless Connect event(s)?

- ☐ Yes (2 points) ☐ No (0 points)

Participated on one of the Unsheltered PIT teams?

- ☐ Yes (2 points) ☐ No (0 points)

Did your agency submit a letter of intent by the deadline? (12/1/25)

Please attach copy of letter of intent.

- ☐ Yes (1 points) ☐ No (0 points)

Does your agency have any unresolved findings with HUD?

Please attach letter from Executive Director.

☐ No (10 points) ☐ Yes (0 points)

Is your agency a faith-based organization?

Please attach Tax-Exempt 501(c)(3) Religious Organization designation form.

☐ No (0 points) ☐ Yes (4 points)

Committee Section Only	
Report the total points earned based on the required points provided. Faith-based organizations are to receive priority scoring in homelessness grant competitions per Executive Order 14321 "Ending Crime and Disorder on America's Streets".	Total Points:

Section 2 Narratives

Please provide a phone number for your agency of someone who will be able to be reached at the time the rank and review committee is meeting.

Name: _____ Phone Number: _____

Special Populations Narrative – 12 points

This narrative is to address whether this project will provide services to a targeted subpopulation? If so, please describe the subpopulation(s) that the program is targeted, and an elaborate on how this subpopulation is underserved in the area, and how this new project will enhance and or cooperate with other agencies that serve the same subpopulation to meet the underserved need. (Examples include: Substance Use, Mental Health, Domestic Violence, Youth, or Families. This is for informational purposes only, and you will not be scored based on your response.)

Is the narrative attached to the application?

☐ Yes ☐ No

Is there and attached letter of support for the application from someone with lived experience or is currently experiencing homelessness for the program serving this subpopulation? (For reasons of privacy, the letter does not have to state the author to be from someone from the subpopulation or have to be from the subpopulation. This attachment is a recommendation provided by professional consultant to enhance the collaborative application of the CoC, and it is requested that you provide if able.)

☐ Yes ☐ No

Committee Section Only	
Comments:	Total Points:

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Housing Connect Narrative – 12 points

This narrative is to describe your agency's current participation with Housing Connect, and how the new project will differ or enhance the effectiveness of Housing Connect.

Is the narrative attached to the application?

- ☐ Yes ☐ No

Comments: Committee Section Only	Total Points:
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Section Maximum Score	Section Final Score & Chair Initials
50	

Forward to Section 3

Section 3 is the project specific section of the application. Please select which section is to follow for clarity and only turn in or only complete the section to be scored by the committee.

- ☐ Rapid Rehousing Project
- ☐ Permanent Supportive Housing Project
- ☐ Domestic Violence Project
- ☐ Supportive Services Only
- ☐ Supportive Services Only HMIS

Section 3: Rapid Rehousing Programs

Applicant Instruction: Please provide the following information based on the type of housing that you are applying for. This section is only for programs wishing to provide Rapid Rehousing Services.

Committee Instruction: This section will be reviewing the narratives. Applicants will receive points only as determined by the type of project that they are submitting. If no conditions for points are met, add 0 points. The scoring explanation and scoring box will directly follow the corresponding question.

Points For Section 3 (50)

Scope – 5 points

Describe what counties you plan to provide these services in, and how you will ensure that the housing services are being provided throughout the identified coverage area:

Committee Section Only

If the agency adequately describes a plan to provide the services in a multiple county service area, then add 5 points. Key points: Services, Service area and how services will be provided.

Total
Points:

Reduce the Length of Time of Homelessness – 15 Points Total

A) Housing Identification – 10 points

B) Rent and Move-In Assistance – 5 points

A) What is your agency's strategy to identify housing type (and configuration if applicable) and number of housing units that meets the need of program participants? How will your agency recruit and retain landlords?

Committee Section Only

If the agency provides a strategy of identifying appropriate housing type or recruiting and retention of landlords, add 3 points.

If the agency provides additional information in the plan specifically identifying recruiting and retention of landlords, or identifying housing type needed but not both, add 7 points.

If the agency provides additional information in the plan specifically referencing recruiting and retention of landlords AND housing type, award a total of 10 points.

Total
Points:

B) What is your agency's plan to quickly administer the rent and move-in assistance? How will your agency track average cost per household serviced and ensure cost is reasonable, meaning the cost for housing and services provided by the project are consistent with the rapid rehousing population to be served by this project?

Committee Section Only If the agency provides a plan to administer rent and move-in assistance, add 5 points. Key point(s): Rehousing within 30 days or less and ensuring cost are reasonable (New HUD Guidance).	Total Points:
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Increase Exits of Households to Permanent Housing – 10 points

Describe how your agency will provide individual services (health, social, and employment programs) to clients to assist them in stabilizing housing, and other supportive services. Include specific services and how they help to obtain and remain in permanent housing.

Committee Section Only	Total Points:
If the agency describes how it will provide supportive services to clients to assist in locating housing, and employment/benefits, add 5 points. If the agency specifically provides information in the narrative regarding emphasizing client choice and individualized services, add an additional 5 points. (New HUD Guidance)	

Limit Returns to Homelessness – 10 Points

Describe how your agency will follow up with participants after the rental assistance is completed to assist in maintaining stabilization? How are program participants assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g. provides transportation, safety planning, case management).

Committee Section Only	Total Points:
If the agency has a plan for follow up after the rental assistance ends, add 5 points. If the agency has a plan detailing how it can extend the provision of supportive services in addition to follow up to address the participants needs, add an additional 5 points.	

Need & Supportive Services For Project - 10

Using state and local data sources, explain the need for these services in your area.

Committee Section Only	Total Points:
If the agency describes and documents the type of required supportive services available as part of the program, add 3 points. If the agency provides at least two local and/or state data resources including the PIT Count justifying a clear need for the program in the area, add an additional 7 points.	

Section 3: Permanent Supportive Housing

Applicant Instructions: Please provide the following information based on the type of housing that you are applying for. This section is only for programs wishing to provide Permanent Supportive Housing services.

Committee Instructions: This section will be reviewing the narrative. Applicants will receive points in only the RRH or PSH section, as determined by the type of project that they are submitting. If no conditions for points are met, add 0 points. Please Note that the scoring explanation and scoring box will directly follow the corresponding question.

Points this section (50)

Scope – 5 points

Describe what counties you plan to provide these services in, and how you will ensure that the housing services are being provided throughout the coverage area. Will This Program Be Dedicated or Dedicated Plus and how with the program assist participants in a manner that meets their specific needs (provides transportation, safety planning, case management)?

Committee Section Only	Total Points:
If the agency adequately describes a plan to provide the services in a multiple county service area, then add 5 points. Key points: Services, Service area and how services will be provided to meet the participant specific needs.	

Reduce the Length of Time of Homelessness – 15 points

A) Housing Identification – 10 points

B) Rent and Move-In Assistance – 5 points

A) What is your agency's strategy to identify housing type (and configuration if applicable) and number of housing units that meets the need of program participants? How will your agency recruit and retain landlords?

Committee Section Only

If the agency provides a to identify needed housing type and not reference reducing barriers or recruiting and retention of landlords, add 3 points.

If the agency provides additional information in the plan specifically identifying recruiting and retention of landlords, or identifying housing type but not both, add 7 points.

If the agency provides additional information in the plan specifically referencing recruiting and retention of landlords AND reducing other barriers, award a total of 10 points.

Total
Points:

B) What is your agency's plan to quickly administer the rent and move-in assistance? How will your agency track average cost per household serviced and ensure cost is reasonable, meaning the cost for housing and services provided by the project are consistent with the rapid rehousing population to be served by this project?

Committee Section Only If the agency provides a plan to administer rent and move-in assistance, add 5 points. Key point(s): Rehousing within 30 days or less and reasonable cost for the program.	Total Points:
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Housing Stability – 10 points

Describe how your agency will provide required individual services (health, social, and employment programs) to clients to remain stabilized in permanent housing, and other supportive services. Include specific services and how they help to remain in permanent housing.

Committee Section Only If the agency describes supportive services surrounding participants in the PSH, add 5 points. If the agency specifically provides information in the narrative regarding required participation is supportive services, add an additional 5 points.	Total Points:
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Increasing Earned Income – 10 Points

Describe how your agency will provide services to clients to assist them in acquiring earned income, if the client has identified this as a goal.

Committee Section Only If the agency describes how the agency will provide or leverage supportive services surrounding employment if the client chooses to increase income, add 10 points.	Total Points:
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Need For Project - 10

Using state and local data sources, explain the need for these services in your area including prioritization of elderly and disabled participants.

Committee Section Only

If the agency describes a need for services in the coverage area, add 3 points.
If the agency provides at least two additional local and/or state data resources in addition to the PIT Count justifying a clear need for the services in the area, add an additional 7 points.
Data must include need for elderly and disabled need and prioritization for those populations.

Total
Points:

Section 3: Domestic Violence

Applicant Instructions Please provide the following information based on the type of housing that you are applying for. This section is only for programs wishing to create a DV Bonus Project (Rapid Re-Housing (RRH) for DV Survivors, Transitional Housing (TH) for DV Survivors, or Supportive Services Only for DV Survivors.

Committee Instructions: This section will be reviewing the narrative. Applicants will receive points in only the section, as determined by the type of project that they are submitting. If no conditions for points are met, add 0 points.

Points this section (50)

Scope – 5 points

Describe what counties you plan to provide these services in, and how you will ensure that the housing services are being provided throughout the coverage area.

Committee Section Only

If the agency adequately describes a plan to provide the services in a multiple county service area, then add 5 points. Key points: Services, Service area and how services will be provided.

Total
Points:

History of providing Domestic Violence services & provision of supportive services – 15 points

Please describe previous experience in providing serving survivors of domestic violence, dating violence, sexual assault, or stalking.

Committee Section Only	Total Points:
Did the applicant describe previous experience in providing serving survivors of domestic violence, dating violence, sexual assault, or stalking. 10 points If the agency describes required supportive services surrounding participants in the program , add 5 points.	

Need For Project – 15 points

Using state and local data sources, explain the need for these services in your area.

Committee Section Only	
If the agency describes a need for services in the coverage area, add 3 points. If the agency provides at least two additional local and/or state data resources in addition to the PIT Count justifying a clear need for the services in the area, add an additional 7 points.	Total Points:

Housing Stability – 15 points

Executive Order 14321 included requirements that HUD release updated forms for the VAWA (HUD-5380, 5381, 5382). These forms expanded protections and confidentiality requirements. Provide acknowledgment that your organization will be compliant with these updated forms and requirements.

Committee Section Only 15 points for applications that include trauma-informed care, survivor safety planning, coordination with law enforcement, are led by or partnered with faith-based organizations, and prioritize transitional housing.	Total Points:
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Section 3: Supportive Services Stand Alone

Applicant Instructions Please provide the following information based on the program type that you are applying for. This section is only for programs wishing to create a SSO Bonus Project.

Committee Instructions: This section will be reviewing the narrative. Applicants will receive points in only the Supportive Services Only Section, as determined by the type of project that they are submitting. If no conditions for points are met, add 0 points.

Points this section: 50

Scope – 15 points

Describe the strategy for providing supportive services to those with the highest needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. Which eligible services as defined by 24 CFR 578.53 must be clearly described.

Committee Section Only

If the agency adequately describes a strategy that prioritizes provision of services to highest needs populations, add 5 points. If the plan specifically addresses how to engage those who do not seek services, then add 10 points.

Total
Points:

Unsheltered and Non-Engaged Populations Strategy – 20 points

Describe how your program will engage unshelterd participants and those participants that traditionally do not engage with services.

Committee Section Only If the agency describes how permanent & Transitional housing is obtained and maintained add 20 points.	Total Points:
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Coordinated Funding – 15 points

Describe how your agency will suplliment this application with additional resources from other public or private sources that may include mainstream health, social and employment programs.

Committee Section Only

Did the agency describe referral of program participants to obtain the benefits of mainstream health, social services, and employment programs for which they are eligible to apply and which meet the needs of the program participants. 15 points

Total
Points:

Section 3: Supportive Services Only HMIS

Applicant Instructions Please provide the following information based on the program type that you are applying for. This section is only for programs wishing to create a SSO Bonus Project.

Committee Instructions: This section will be reviewing the narrative. Applicants will receive points in only the Supportive Services Only Section, as determined by the type of project that they are submitting. If no conditions for points are met, add 0 points.

Points this section: 50

Scope – 20 points A) Implementation Strategy Narrative B) Funding Strategy Narrative

A) Describe the strategy for providing HMIS supportive services to the CoC and how this service furthers the CoC's HMIS implementation strategy. (10 Points)

Committee Section Only

If the agency adequately describes a strategy for providing supportive services to the CoC, add 5 points. If the plan specifically addresses how this application furthers implementation and of services and not just enhancement of existing services, then add 5 points.

Total
Points:

B) Describe how funding HMIS supportive services through this application is consistent with the CoC's funding strategy and the CoC NOFO. (10 Points)

Committee Section Only

If the agency adequately describes how the program is funded consistently with the CoC funding and CoC NOFO priorities, add 5 points. If the plan specifically addresses alternative sources that were applied for and not received or how alternative sources are not available, then add 5 points.

Total
Points:

Universal Data Elements & Client Duplication – 15 points

Describe how this application will ensure HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards and will increase the ability to un-duplicate client records.

Committee Section Only

If the agency describes persistent problems with respect to UDE data quality and duplication of client records, add 5 points. If the agency describes how this application will substantially improve data quality and client duplication, add 10 points.

Total
Points:

Reporting & Need – 15 points

Describe how this application will enhance all HUD-required reports and provides data as needed for HUD reporting. Use examples of any applicable reports as needed locally or federally (e.g. APR, QPR, CAPER/ESG, local homeless strategies.)

Committee Section Only	Total Points:
If the agency described how this application will enhance all HUD-required reports and provides data as needed for HUD reporting, add 10 points. If specific examples of reports that could be enhanced including non-HUD, reports add 5 points.	

Project type: _____

Title: _____

Applicant Certification

Date

Committee Section Below this Line

Was the Project Ranked?	YES/NO
Section 2	
Section 3 Points (RRH)	
Section 3 Points (PSH)	
Section 3 Points (TH)	
Section 3 Points (DV)	
Section 3 Points (SSO)	
Section 3 Points (SSO-HMIS)	

Total Agency Prioritization Score

Grant Checklist Notes (to be completed by CoC Collaborative Applicant):

Notes from the Committee Chair:

Review Committee Chair Signature: _____

Name: _____ Email: _____

Approved and Accepted by the Joplin, Jasper/Newton Counties CoC on _____.