

**2019-2020 & 2020-2021 NOFO APPLICANT EVALUATION  
EMERGENCY SHELTER TO PERSONS WHO ARE UN-HOUSED IN CLACKAMAS COUNTY**

Applicant:		Qualification met or submitted	Not met or submitted	Documentation Required	INTERNAL RISK ASSESSMENT Internal assessment of applicant's ability/capacity to manage funding, program and reporting requirements. Only for applicants in Phase 2.	
					Low	<input type="checkbox"/>
Year 1, 2019-2020: \$					Medium	<input type="checkbox"/>
Year 2, 2020-2021: \$					High	<input type="checkbox"/>
Total Request: \$					Unacceptable	<input type="checkbox"/>
<b>ELIGIBILITY: Applicants must meet eligibility requirements to move to Phase 1 for application scoring.</b>				<b>REVIEW NOTES:</b>		
6.6 Electronic copy submitted by NOFO deadline		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.1 Cover Page		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2 Certifications & Assurances Form		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.1 Insurance - <b>proof</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.2 No vehicles provided by County		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Confidentiality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 ADA Accessible Site		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Non-Discrimination Policy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 HMIS Policy & Procedures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Required policies at time of award, non-discrimination, records retention, grievance, conflict of interest, confidentiality, fiscal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Financial/Demographic Documentation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Compliance with Records Retention		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10 Oregon Secretary of State Registry - <b>proof</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.11 Federal DUNS number - <b>proof</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.12 Criminal Background Checks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.13 Permitted operation of shelter (jurisdiction and Fire) - <b>proof</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.14 Media releases/211/Social Media		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>APPLICATION: Phase 1 Points = ____/80 points possible. Must score a minimum of 70 points to move to Phase 2.</b>						
6.3.1 Overview		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2.3 Experience		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3.3 Approach to the Work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3.4 References submitted (2 required with contractual relationship, and 2 additional if no contractual relationship with County)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.4 Budget & Narrative		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>APPLICATION: Phase 2 Points = ____/20 possible</b>						
Evaluation of Reference Checks, Past Contract Performance (spend-out, timeliness of reporting and invoice submittals, adherence to HMIS policies), and Risk Assessment						
<b>Budget Comments:</b>						
<b>Additional financial resources for consideration:</b>						

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**Additional Documentation Required or Other Comments:**

**Staff Recommendation:**

- Additional documents required to be considered
  
- Deny: Applicant did not meet qualifications or minimum points needed for award
  
- Re-evaluate application for Year 2

**Award Recommended:**

- Estimated Year 1 Award & Breakdown: \$ \_\_\_\_\_  
Year 1 Funding Stream(s):  Federal-EFSP  Federal-ESG  State-EHA  State-SHAP  County Gen. Funds
  
- Estimated Year 2 Award & Breakdown: \$ \_\_\_\_\_  
Year 2 Funding Stream(s):  Federal-EFSP  Federal-ESG  State-EHA  State-SHAP  County Gen. Funds

**Staff on Review Panel:**

Date: \_\_\_\_\_

**Director Recommendation:**

- Approve     Deny    Director Signature: \_\_\_\_\_    Date: \_\_\_\_\_