

HOPWA Score Card

Agency Name: _____

Total points scored for each section:

_____ Section III Q2 (10 pts possible)

_____ *Section III Q2a (5 pts possible) – Only for those who have not administered HOPWA*

_____ *Section III Q2b (5 pts possible)- Only for those who have not administered HOPWA*

_____ Section III Q3 (10 pts possible)

_____ Section III Q4 (5 pts possible)

_____ Section III Q4a (10 pts possible)

_____ Section III Q5 (5 pts possible)

_____ Staff Experience (10 pts possible)

_____ Total Application Score (50 pts possible)

Capacity Scorecard Deductions: _____

Additional Comments: _____

Review Team Member: _____

HOPWA Score Card

Section III

Q2. Agency has administered HOPWA Grant within the past 3 years.

_____ Yes (10pts)

_____ No (0 pts)

Q2A. If not administered, has agency administered other federal housing programs in the past 3 years?

_____ Yes (5pts)

_____ No (0pts)

Q2B. Describe services provided when administering other federal housing programs and how their experiences will help them administer a HOPWA program.

_____ Applicant clearly described services provided while administering other federal housing programs and how their experience will help administer a HOPWA program. (10 pts)

_____ Applicant somewhat described services provided while administering other federal housing programs and how their experience will help administer a HOPWA program. (5 pts)

_____ Applicant failed to describe services provided while administering other federal housing programs and how their experience will help administer a HOPWA program. (0 pts)

Q3. Indicate number of clients served from July 1, 2016 to June 30, 2017. Describe services provided to clients with HOPWA Funding.

_____ Applicant clearly explained how they utilized funds based on the what services were provided in the indicated time period and services described were eligible under [24 CFR Part 574](#). (10 pts)

_____ Applicant somewhat explained how they utilized funds based on the what services were provided in the indicated time period and services described were eligible under [24 CFR Part 574](#). (5 pts)

_____ Agency failed to explain how they utilized funds based on the what services were provided in the indicated time period and services described were eligible under [24 CFR Part 574](#). (0 pts)

_____ Applicant is new and chose N/A (10 pts)

Q4. Applicant provided correct number of people living with HIV/AIDS in the proposed service area per The 2016 Surveillance Report.

_____ Agency provided correct number. (5 pts)

_____ Agency did not provide correct number. (0 pts)

Q4a. Applicant provided detail regarding the anticipated amount of clients that will be served during the term of the grant and described what services will be provided to clients with HOPWA funding.

_____ Agency provided detailed information regarding the anticipated amount of clients and services to be provided. All proposed services are eligible with HOPWA funds. (10 pts)

_____ Agency provided some information regarding the anticipated amount of clients and services to be provided. All proposed services are eligible with HOPWA funds. (5 pts)

_____ Agency failed to provide information regarding the anticipated amount of clients and services to be provided with HOPWA funds. (0 pts)

Q5. Applicant submitted most recent CAPER by KHC's deadline.

_____ Yes (5 pts)

_____ No (0 pts)

_____ N/A (5 pts)

Staff Experience:

_____ At least one staff member has 2 years of experience administering HOPWA. (10 pts)

_____ At least one staff member has 1 year, but less than 2 years, of experience administering HOPWA. (5 pts)

_____ Agency staff has no experience or less than 1 year of experience administering HOPWA. (0 pts)