



## Supportive Services Only (SSO) Street Outreach HUD Project Quality Threshold Requirements (New Projects)

*Please ensure you review the following requirements based on project type when submitting your project application and questionnaire. HUD will review the application submission in the e-snaps system and score the new project applications on whether or not your project meets the following quality threshold requirements. If you do not include this information in your application in e-snaps, your new project will be rejected by HUD. You must address the criteria in your project application in e-snaps for HUD review.*

*New SSO project applications that focus on street outreach and indicate so in their project application must receive at least 5 out of the 6 points available for this project type. Projects that do not receive at least 5 points will be rejected.*

**Agency:**

**Project Name:**

Points Available	Criteria	Criteria Met?
1	The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	The proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	Demonstrate that the applicant has a history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate, assist, and not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	The applicant has experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13) and has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	The services provided are cost-effective consistent with 2 CFR 200.404.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agency Authorized Representative Name/Title: \_\_\_\_\_

Agency Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_