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**Agency Assessment for ESG Endorsement**

Using this assessment helps the Lowcountry CoC:

Endorse organizations that have the capacity to run effective programs (can manage and administer the program, can operate on a reimbursement basis, have experience serving this population).

Endorse projects that reflect HUD and CoC priorities.

Incentivize agencies to be good partners (participate in community efforts to end homelessness, including the PIT Count and CES; utilize HMIS; strengthen our community’s homeless service system).

Ensure that funded projects are being good stewards of ESG funding and performing to Lowcountry CoC written standards.

**Agency Name: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Components applied for: (check all that apply)**

 **\_\_\_ Street Outreach \_\_\_ Shelter Operations \_\_\_ Rapid Re-Housing \_\_\_ Prevention**

**2. Summary of the services and activities proposed in the HESG application:**

**3.** **Agency is an active participant in the CoC (some or all of these apply: attends membership meetings, participates in committee/workgroups, participates in trainings, is an active CoC member, regular communicates or interacts with CoC staff).** \_\_\_\_Yes \_\_\_\_No

**4. Agency is an active participant in the Coordinated Entry System (CES).** \_\_\_\_Yes \_\_\_\_No

**5. If not actively using CES, provide detail on how you will become compliant with this requirement and demonstrate an understanding of this requirement:**

**6. Agency utilizes HMIS or comparable database (DV providers).** \_\_\_\_Yes \_\_\_\_No

**7. If the agency uses HMIS, data is entered timely and accurately.** \_\_\_\_Yes \_\_\_\_No

**8. If the agency does not use HMIS, provide detail regarding what type of data system is currently being used and how you will implement HMIS.**

**9. Agency actively participated in the 2020 Point-in-Time count (some or all of these apply: provided volunteers, attended trainings, administered and/or collected surveys, provided a space for PIT volunteers to conduct surveys).** \_\_\_\_Yes \_\_\_\_No

**10. If agency did not participate in the 2020 PIT Count, provide detail about how you will actively participate in future PIT Counts and demonstrate an understanding of this requirement:**

**11. Agency plans to serve individuals and families living in Charleston County.** \_\_\_\_Yes \_\_\_\_No

Please also submit the Budget Summary page of the HESG application and signed HMIS User Agreement (request agreement from hcarver@lowcountrycoc.org). Please return this form and required attachments to hcarver@lowcountrycoc.org by Thursday, January 6, 2022 at Noon (12 p.m.).