

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

1A-2. Collaborative Applicant Name: Rochester/Monroe County Homeless Continuum of Care, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Rochester/Monroe County Homeless Continuum of Care

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
4.	CoC-Funded Victim Service Providers	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	No	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	Yes	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Yes	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	Yes	Yes
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	No	No	No
24.	Organizations led by and serving people with disabilities	Yes	No	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	Faith Based Organizations	Yes	Yes	Yes
34.	Public Library	Yes	No	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

Describe in the field below how your CoC:	
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 characters)

1. Annually, the CoC Governance Committee actively seeks out new CoC Board members that have knowledge and experience in homelessness, housing, services and systems that are interrelated with homelessness as well as in areas of expertise needed by the Board such as finance, legal, etc. Special outreach efforts are made to recruit members from the community that are not currently represented or who are under-represented. CoC Board and the HSN members are continuously soliciting people to attend meetings, join committees, etc. that ensure diverse representation and to draw in people from the community both the public and private sector who can partner with the CoC, HSN and providers to accomplish goals of ending homelessness and improving performance outcomes. The CoC emails its contact list (400+ individuals and organizations) that it is accepting nominations for CoC Board membership and makes announcement at HSN meetings. Outreach for CoC Board and HSN includes talking with housing developers, workforce and economic development organizations, landlords/property managers, the business community, local schools and universities, etc.
2. CoC is able to effectively communicate with people with disabilities through

use of email, phone and TTY. Upon request ASL translation can be provided. All CoC documents are posted in pdf format.

3. The CoC Board is required to have at least one member who is formerly homeless. Providers are encouraged to identify participants/persons with lived experience, who are willing to join CoC Board, HSN and committees. There has been increased participation due to more programs using peers as staff or volunteers. Inclusion of formerly homeless on project Boards and advisory councils is reviewed during project monitoring visits.

4. The Equity and Leadership Diversity Committee has been formed with the goal of having its membership reflect the racial and ethnic composition of the homeless population, persons with disabilities and persons with lived experience.

1B-3.	CoC’s Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1. The CoC stakeholder group, the Homeless Services Network (HSN), is comprised of more than 70+ organizations and individuals who provide housing and/or services to the homeless, represent other systems that regularly interact with the homeless, persons with lived experience, and community members who are interested in addressing issues of homelessness, housing and poverty. HSN meets monthly and elects two representatives to the CoC Board. Both the HSN and the CoC Board have standing agenda items for CoC Board and HSN reports respectively, that ensures ideas, opinions, needs/gaps, etc. are communicated. The CoC develops community priorities based on both data and input from HSN and committees that are utilized for planning purposes, and to guide funding decisions. The community priorities drive the tasks of both the CoC and HSN working committees: Chronic Homeless, STOMP (homeless youth leadership committee), Coordinated Entry, HSN Training Committee, PIT Planning Committee, Landlord Engagement Committee, CE High Needs Committee, Equity and Diversity Leadership Committee, CE Oversight Committee etc. Each committee reports back to HSN and/or CoC Board to report on progress, and provides input for community priorities, policies and procedures, program models, etc.

2. CoC and HSN leaders are also members of larger collaborations and task forces such as the Rochester/Monroe Anti-Poverty Initiative, Finger Lakes Regional Economic Development Council, Health Home and Managed Care Initiatives. They ensure that homeless and housing issues are included on these agendas that create new partnerships and can bring additional resources.

3. Some examples of how input is taken into consideration include: a) currently exploring options for VISPDAT based on provider and participant concerns with questions; b) implementing CE case conferences post move-in when participant is struggling with housing stability to help identify additional

services, consider transfers, etc.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:	
1.	that your CoC’s local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1. The CoC Local Application competition is an open, transparent process. An RFP is released by the CoC for both renewal and new project applications. It is emailed to more than 300+ organizations and individuals who are on the Homeless Services Network email list serve. The RFP was also published in the CoC weekly electronic newsletter that goes out to 400+ persons. Those who receive it are encouraged to share it with other interested parties. It is also posted on the CoC website, www.letsendhomelessness.org.
2. The vast majority of entities receiving the RFP information are not currently receiving CoC funding and all organizations are encouraged to apply. The CoC Programs Coordinator will meet with organizations who are not currently receiving CoC funding throughout the year to provide technical assistance to those who are interested in applying.
3. All application materials are released through the RFP process described in #1. This includes any required forms, scoring matrixes, and instructions, including how to submit applications. Project applicants must submit their project applications via email. Potential applicants are instructed to contact the CoC if they are not able to electronically submit.
4. The Review and Ranking Committee reviews all renewal and new project applications. Once those processes have been completed the full ranked project list is produced. Individual letters are sent to organizations that submitted applications informing them of their score and ranking. The final project ranking list is also posted to the CoC website. For this competition, the ranked list was posted on www.letsendhomelessness.org on 10/26/2021.
5. The CoC is able to effectively communicate with people with disabilities through the use email, phone, TTY and upon request ASL translation can be provided. All documents produced using Office and Adobe are reviewed for accessibility issues and all documents are posted in pdf.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC’s geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,000 characters)

1. There are two ESG Recipients in the CoC, the City of Rochester and Monroe County. The City and the County combine their ESG allocations and issue a joint RFP annually and chose to do the same with the ESG-CV funding. The CoC and ESG recipients work closely together throughout the year in planning and coordinating homeless housing and services. Both ESG recipients are on the CoC Board and participate on various CoC and Homeless Services Network committees. Once ESG-CV funding allocations were announced, planning meetings were held to identify where the greatest needs were and strategized how ESG-CV funding and other COVID related funding would be used in the most effective and efficient way to ensure that crisis response services remained operational for the duration of the pandemic.
2. CoC staff participate in the review and rating of both ESG and ESG-CV applications and ESG recipients sit on the CoC Review and Ranking Committee. The HMIS Lead works with ESG recipients and sub-recipients to ensure that CAPERS which report on performance are complete, accurate and submitted on time into SAGE. Performance reports using HMIS data are provided for individual projects and reporting groups, i.e. - emergency shelters, street outreach, etc.
3. The CoC provides PIT and HIC data to the Consolidated Plan jurisdictions in the CoC geographic area which includes the City of Rochester, Monroe County, and the towns of Greece and Irondequoit.
4. The CoC provides the narrative for the Homeless sections of the Consolidated Plan and the annual Action Plans for each of the jurisdictions in the CoC.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
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2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

The RCSD, the largest school district in the CoC and their McKinney Vento liaison is a member of HSN, the HSN Steering Committee, and a member of the CoC Review and Ranking Committee to ensure ongoing communication around educational needs of homeless children in the shelter system who are with their parent(s)/guardian and unaccompanied youth. All CoC and ESG funded projects that serve unaccompanied youth and families with school age children have designated staff that are responsible to ensure that the educational needs of the children are met in a timely manner. These programs have effective relationships with the McKinney Vento liaisons at both the Rochester and suburban school districts, support staff at local community colleges and universities to ensure educational needs are being met. Programs have policies and procedures detailing how youth should be encouraged to remain and/or be connected to educational services.

COVID presented challenges to the educational services provided all students, but especially challenging for homeless students. The vast majority of homeless students are in the Rochester City School District that transitioned to remote learning in March 2020 for the majority of students, and continued until September 2021 when new school year started. There was really no way for the RCSD to identify homeless students. Emergency shelters worked diligently to create space for children to do remote learning and PSH and RRH programs provided support to their families to assist them in supporting remote learning in their home. We anticipate that now that students are back in school providers will return to the relationships long established prior to COVID to ensure that homeless children are in school, transportation is provided in timely manner and that all children have access to the school supplies that they need.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

For all CoC and ESG funded programs that serve persons less than 19 years of age or less than 22 if they have/had an Individualized Education Plan (IEP), CoC Written Standards require that the programs identify a staff person(s) whose responsibility is to inform participants of their eligibility for educational services; assist as needed with obtaining school supplies and/or clothing that are needed to return/stay in school, assist as needed with providing/coordinating transportation so that students miss the least number of days as possible at both entry into program and at exit. Transportation also includes any after school programs/activities that the student participated in prior to becoming homeless. The two providers of Head Start and Early Head Start are members of the Homeless Services Network and provide information on their programs to the membership.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1. There are numerous training resources for Trauma Informed Care (TIC) available in the community. Homeless providers are made aware of these opportunities through the Homeless Services Network Training Committee. The CoC and Willow Domestic Violence Center partner to provide Safety Planning training to program and Coordinated Entry staff. Training is provided at least once per year. Willow will also go to program sites and train staff upon request. Training in administering the VSPDAT is also provided at least twice annually. This training includes recommendation on language that should be used to ask the questions so they are not re-traumatizing. Due to COVID, these trainings have been conducted via Zoom.
2. There is not a separate Coordinated Entry system for Victim Service providers in the CoC. Coordinated Entry staff worked with Willow staff to develop Coordinated Entry (CE) processes that allow survivors to access RRH and PSH housing programs without jeopardizing confidentiality and safety. CE staff provide training on the CoC Emergency Transfer Plan once per year. The plan is also available on the CE page on the CoC website. Willow staff participate in CE case conferences and their input reinforces the training of both CE and program staff on best practices in serving survivors, specifically in safety planning and confidentiality.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

For projects that participate in HMIS, the CoC is able to track data on the numbers of persons entering the homeless system that are currently fleeing domestic violence and those that have experienced domestic violence. There is not a comparable database being used at this time, as there are no DV programs being funded by the CoC. Willow utilizes a web based software for their data collection activities but it is not a comparable database. Willow fully participates in the annual PIT count, provides data annually on total numbers served as requested by the CoC and through their annual report to the community. Staff from Willow attend Homeless Services Network meetings and participate in the Coordinated Entry workgroup. Though data is not fully integrated; Willow's participation in CoC and Homeless Services Network activities keep the CoC and the community informed and supportive of meeting the needs for crisis housing, services and for permanent housing options for survivors. The CoC has facilitated opportunities for providers to partner with affordable housing developers. Willow has also recently partnered with the Rochester Cornerstone Group for a set-aside of 10 units of supportive housing

for survivors in an affordable housing development which has been awarded funding. Willow is also partnering with PathStone Development Corporation for an additional 24 units of supportive housing for DV survivors. The CoC is submitting a DV-RRH Bonus project for a DV-RRH program, a partnership of Willow and Providence Housing Development Corporation.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
NOFO Section VII.B.1.e.		

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:	
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1. The first question asked as part of coordinated entry is whether the person(s) is safe. If household is fleeing DV, they are immediately connected to the Willow Domestic Violence Center 24 Hotline where an assessment is conducted. Based on the DV assessment the household is either admitted into Willow's licensed DV emergency shelter, placed in a DV shelter in a neighboring county, to an emergency shelter in the CoC or diverted to another safe housing option. Initial safety planning is conducted and info is provided on the non-residential programs and services that Willow offers. DV survivors referred to the Prioritization List through HMIS have the option of providing personal identifying information or being entered anonymously and assigned a unique ID with no info provided such as DOB, # of children, etc. When the survivor is reached on the list, the communication is with the case manager at Willow.

2. The CoC has implemented an emergency transfer plan in accordance with the Violence Against Women Act (VAWA). This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD) and is in compliance with VAWA. If a program participant becomes a victim of DV and it is determined their safety is at risk if they stay in the unit; they will be transferred to another unit within the program if one is available or will go to the top of the prioritization list if they must transfer to another program.

3. Staff at Willow are members of the CE Oversight Committee and have provided guidance to ensure that the CE policies and procedures ensure confidentiality and safety.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender—Anti-Discrimination Policy and Training.	
NOFO Section VII.B.1.f.		

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
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2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Rochester Housing Authority		No	No
Fairport Housing Authority		No	No

You must enter information for at least 1 row in question 1C-7.

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference--if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

1. While the Rochester Housing Authority (RHA) does not have a general homeless preference, RHA is one of the original CoC members and has been an active participant in homelessness activities in this community since the mid-1980s. RHA is the applicant for multiple CoC funded rental assistance programs to provide long term rental assistance to homeless households. RHA staff is on the CoC Board, attend Homeless Services Network meetings, actively participates on the Coordinated Entry workgroup, Project Homeless Connect, volunteer for unsheltered Point In Time Count, Rochester/Monroe Anti-Poverty Initiative's Housing Policy Committee, and other task forces/workgroups working on issues related to housing, homelessness and reduction of poverty.

The Fairport Housing Authority (FHA) is the second PHA in the CoC. The FHA service area is in eastern and southeastern area of Monroe County. If an HCV is available, the household must live in their service area which is predominantly suburban, and rents are generally higher than 110% of FMR,

making it very. It is therefore very difficult for low income households, particularly families to secure housing in those areas. The CoC will continue to encourage the FHA to consider homeless preferences in their administrative plan.

2. N/A

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC’s jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Emergency Housing Vouchers	Yes

1C-7c.	Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC’s coordinated entry process?	No
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC’s practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
---	----

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	-----

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Rochester Housing...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Rochester Housing Authority

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	42
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	39
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	93%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

During the annual monitoring visit by the CoC Monitoring Committee, Housing First policies, termination policies, occupancy agreements, etc. are reviewed to ensure there are no service participation requirements, no pre-conditions for entry and that every possible effort is made to stabilize a participant in housing,

including transfer considerations before there is an unsuccessful termination from a program. There are also opportunities to monitor adherence to Housing First principles through Coordinated Entry (CE) case conferences for participants who are exhibiting behaviors that are jeopardizing their ability to stay housed. The case conferences provide an opportunity for other providers to make suggestions for additional services that participants could be linked to as well as advocate with other systems to provide additional support or placements which would better meet the needs of the participant. CoC Compliance staff also randomly audit case notes monthly for CoC funded programs to ensure that the case management and support services provided are addressing the needs and goals of the participants. Since COVID, CoC staff meet remotely each month with programs to discuss progress with performance measures, occupancy and other issues that affect program operations. Based on the case note audit, individual participants may be discussed if there has been difficulty in maintaining contact with the participant, or situations are discovered where there are questions on next steps that should be taken to address issues that could potentially affect housing stability. CE has definitely been successful in ensuring that those with the highest needs are prioritized for housing. There are currently ongoing community conversations regarding how CoC funded programs can access additional resources or ensure that other systems, i.e. - mental health, chemical dependency, will support the homeless system to adequately meet the needs of participants.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:	
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

1. Street Outreach (SO) services have increased. Outreach teams continue to go to known locations, as well as to new locations where there is concern that there may be persons living in uninhabitable places. New locations are learned about from police, concerned community members and from homeless participants. SO teams provide personal care products, socks, blankets etc. to those that they encounter and are working to engage. SO assists people with accessing shelter and referring to the Prioritization list, as well as navigating them through the systems that provide mainstream income supports. A Chronic

Homeless Committee meets monthly. SO Teams share info on specific individuals, help to find people who have gotten referred to housing and for checking on the well-being of individuals who are extremely vulnerable. Updates are provided on numbers of people and locations where unsheltered have been found, organizes clean ups at encampments or under bridges, etc.

2. CoC Street Outreach (SO) activities cover 100% of the CoC's geographic area.

3. SO is conducted throughout the day and evening hours. There is a schedule of locations they will be at on specific days and time, ie. - library, known locations, etc. so that people know where they are going to be if they need assistance. When temperatures fall consistently below 32 degrees; additional outreach is conducted to get people into shelter. SO staff go and refer those that they encounter to the warming centers that are available during the winter which provides another opportunity for engagement.

4. SO engages with unsheltered persons who are the least likely to seek assistance. They have often been kicked out of shelter or are unable to tolerate a congregate living situation, are very distrustful and are very difficult to engage. It is the persistence of SO that will lead to engagement and linking people to shelter, housing and services.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	438	598

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance—Information and Training.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1. All CoC programs provide participants with assistance in accessing mainstream benefits. A single application is utilized for SNAP, TANF, Medicaid and other public benefits and Legal Assistance of WNY (LAWNY) is a crucial CoC partner that provides legal services for persons unable to access benefits for which they are eligible. ESG-CV funds were awarded for a dedicated SOAR program that will increase our efforts in assisting homeless with SSI/SSD applications and/or appeals. A collaboration of community members has developed and is beginning testing on a benefits calculator tool to determine benefit eligibility.

2. MCDHS provides annual DHS 101 Training for community-based case managers that provides detailed training on the public assistance process and regulations. This training has proven to be invaluable for Case Managers in their advocacy efforts to get people linked to cash and non-cash mainstream benefits as quickly as possible. The Homeless Services Network (HSN) is the primary vehicle for keeping program staff up to date on changes or new services that are available and has a Training Committee that schedules DHS 101 and other skills-based trainings throughout the year. HSN Steering Committee schedules presentations on new programs and resources for each meeting.

3. The CoC is currently working on activities that increase collaboration between homeless providers and Health Home Care Managers to ensure that health care benefits are maintained and that health care services are coordinated for those with behavioral health and chronic health conditions.

4. The CoC encourages partnerships with homeless and health care providers to address social determinants of health. Examples are imbedded health home care managers at shelters, increased resources at shelters for persons with

chronic health conditions, and identifying high utilizers of Medicaid and to provide support to reduce ED visits and hospitalizations.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC’s geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1. Monroe County is the CoC geographic area and Coordinated Entry (CE) system covers the entire County. CE staff conduct ongoing outreach and training to providers outside the homeless system that serve homeless persons regardless of their location. RRH and the majority of the PSH programs provide tenant based rental assistance that allows participants choice in where they live throughout Monroe County. Review of the list of organizations making referrals to the prioritization list and the zip code of participants collected in HMIS demonstrates that CE covers the whole county.
2. Prior to CE and by-name prioritization list it was unlikely that unsheltered homeless or persons staying in shelters that have limited or no case management services would be referred to PH programs. This group is also the most vulnerable. Since CE these individuals are now placed on the Prioritization List from shelters or through focused Street Outreach efforts across the County to conduct assessments and submit prioritization list referrals.
3. CoC has adopted the VI-SPDAT tool (Individual, Family and TAY) to assess vulnerability for prioritization. It is administered at emergency shelters (within 72 hours of admission), during street outreach efforts, by care/case managers at community-based organizations and drop-in/meal sites. In addition to the VISPDAT a prioritization list application is completed for each person. LOT homeless, age, chronic homelessness, disability and being unsheltered are indicators that affect placement on the prioritization list in addition to the VI-SPDAT score.
4. A case conferencing process is in place to ensure appropriate referrals are being made and are expedited as quickly as possible. CE uses HMIS for referrals, and data collected will be used in CE monitoring reports to ensure that the system continues to cover the entire CoC area and prioritizes persons with the highest needs in a timely manner.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	Yes
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC and providers are actively engaged in work to improve racial equity in the provision and outcomes of assistance. HMIS data is analyzed to ensure that race and ethnicity of program participants mirrors that of the overall homeless population. Data is also analyzed to identify disparities in outcomes based on race and ethnicity for three performance measures; remaining in or exiting to permanent housing, having cash income and accessing healthcare. At this time, there have been no disparities identified in accessing housing and services within the homeless system and no significant disparities in outcomes. Data workgroup is working on additional performance measures that will be analyzed through an equity lens. Likely measures will be determining whether there are disparities in program terminations, accessing other systems and returns to homelessness.

The CoC Board Governance Committee is completing a survey of the Board to determine how future recruitment of members can increase the diversity of the Board and Board Committees to ensure membership is reflective of the racial composition and ethnicity of the homeless population as well as increasing the numbers of persons with lived experience and areas of expertise needed by the Board.

Coordinated Entry (CE) has formed a CE Equity Leadership Committee that is working on expanding its membership with a focus on BIPOC populations, persons with disabilities and meaningful representation of persons with lived experience. Committee will be looking at CE and CoC policies and procedures to ensure that the approaches used in the homeless system are equitable, accessible and useful to all that are in need.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	1	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	5	1
3.	Participate on CoC committees, subcommittees, or workgroups.	10	1

4.	Included in the decisionmaking processes related to addressing homelessness.	3	0
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	No
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC’s Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

1. Street Outreach workers continued to engage with the unsheltered homeless throughout the pandemic. Workers stressed the importance of mask wearing, hand-washing/sanitizing, social distancing & provided all necessary PPE. Covid symptoms were reviewed and instruction was provided on where to get tested. Food pantries & soup kitchens where the unsheltered frequently go, quickly modified their operations, providing meals as “grab and go” rather than congregate dining. Unsheltered were offered hotel placements so they could be housed in a non-congregate setting if willing.
2. A Shelter Task Force was formed in late March 2020 to address COVID related issues in the emergency shelter system. Members included MCDHS, MC Dept. of Health, hospital systems, behavioral health providers, homeless providers, etc. 250 individuals were moved from shelters to hotel rooms to allow the shelters to reduce their capacity to allow for social distancing to protect those who were 60+ and those with chronic health conditions. MCDOH contracted hotel rooms for isolation/quarantine with priority given to those in congregate settings and to the community at large. Published an extensive manual for shelters to educate staff on screening, sanitation procedures, food preparation and service, process to transport those who needed isolation/quarantine, contact tracing, etc. Contingency protocols were developed in case of the need to close shelters due to outbreak; that outlined how current participants would be re-located, notification of community and first responders, etc.
3. Transitional housing programs in the CoC are all congregate living and were treated the same as congregate emergency shelters.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

In addition to the manual developed by the Shelter Task Force, a contingency plan for emergency closure of a shelter was developed. This plan detailed the method of communication, identified the people who would initiate the emergency response, and how to immediately shift residents to hotels or another shelter in the event of an emergency. A stock of PPE and other supplies has been secured in a central location and would be one of the resources in the event of a future emergency. The Task Force formed an Emergency Response Team to ensure the manual and contingency plan was uniformly implemented throughout the CoC.

The Shelter Task Force communicated information regularly from the CDC and local/state health department to the emergency shelter providers, provided ongoing community education, and made recommendations on how organizations respond to Covid-19 while continuing to serve clients in the midst of a pandemic. The group took responsibility for communicating constantly changing requirements, developing recommendations, and the initial acquisition and distribution of PPE. The infrastructure that has been established very quickly over the past year and half, has set the foundation for handling future public health emergencies as well as other situations which could potentially result in the closing of emergency shelters, i.e. - weather events, fire, etc.

The CoC coordinated community resources and communication to homeless providers to keep them informed of mandates from our local and state departments of health and the CDC. The vast expertise of our CoC membership allowed us to respond quickly and accordingly to mandates and to formulate plans on how best serve our clients and at the same time protect staff and participants from Covid-19 infection.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

Approximately 60% of the ESG-CV funds were used to support street outreach activities and emergency shelters whose capacity was reduced significantly

during Covid-19; 40% of the funds were allocated for other activities such as homeless prevention and rapid rehousing.

1. Emergency shelter beds were reduced significantly to comply with social-distancing recommendations by New York State Department of Health, the CDC and local health departments. Shelters adopted the recommendations of the Shelter Taskforce in order to minimize the spread of Covid-19. These recommendations included the installation of hand-sanitizer stations, admissions phone screenings, temperature checks, sign-in sheets to aid in contact tracing, mandatory use of PPE, daily deep cleaning/disinfecting of the facility and closing the dining room food service and replacing with prepackaged meals.

2. ESG & ESG-CV funds were used for rapid rehousing activities and resulted in serving 200 households. Funds were also used to pay first month rent and security for people exiting shelters and hotels.

3. The eviction moratorium in New York State reduced the need for eviction prevention – at least initially. Once the moratorium is lifted now currently scheduled for January 15, 2022, it is expected that the remaining funds quickly will be spent quickly.

4. PPE is an eligible expense for ESG-CV funds and emergency shelters and street outreach programs were able to pay for those items that were not available at no cost through the County Department of Public Health. This partnership resulted in an efficient use of resources.

5. Cleaning/sanitation products were also purchased with ESG-CV funding and included gloves, bleach, disinfectant cleaning solutions and hand-sanitizing stations. Other funding provided congregate care programs with commercial disinfectant sprayers for deep cleaning of common spaces and when rooms turned over, another example of new partnerships resulting in the efficient use of resources.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1. The Monroe County Department of Health (DOH) became vital partners with the CoC. They provided guidance for the manual, contingency planning and were key members of the Shelter Taskforce. DOH contracted for hotels and meals to provide quarantine/isolation for the entire community and prioritized homeless individuals for those rooms. Homeless individuals were provided with pre-paid phones so that they could communicate with their case managers. Once vaccines became available, DOH set up vaccination sites to administer shots to homeless individuals in congregate care facilities and in hotels that house homeless. The two major hospital systems in the CoC also participated on the Task Force.

The goal was to effectively and clearly set up a communications network to assist front-line homeless staff to understand how to work with clients safely to minimize the spread of Covid-19. Educating workers/clients and providing PPE

continues to be a significant part of what is done to minimize the spread.
 2. Recommendations of the DOH, and health care providers were used to educate front line staff on importance of wearing a mask at all times. Agencies throughout the CoC staggered shifts to reduce the number of employees in the office at any given time and encouraged non-essential staff to work from home whenever possible. Hand-sanitizing stations have been installed and masks were widely available. Congregate care programs shut down common areas, including the dining rooms providing prepackaged food instead. Front-line staff distributed PPE including hand-sanitizer to clients, including the unsheltered. Staff educated participants on the basics of how Covid-19 is transmitted, effective measures to be taken to protect themselves, symptoms to watch for and what to do if they feel symptomatic or came in contact with someone they believed to be sick. The DOH is now an active member of our Homeless Services Network and continues to provide the most updated COVID and vaccination information to the CoC membership.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

1. MCDOH attended the HSN meetings and had a permanent agenda item. At these meetings, MCDOH kept members and homeless providers with updated safety & health information, announced pop-up test sites as well as vaccination sites. They were instrumental at ensuring communications concerning Covid-19 were accurate, immediately addressed any false information and addressed concerns & eligibility for the vaccine. Zoom meetings and email became the standard method of communication in order to reduce the amount of in person interactions. CoC and membership agency offices adopted Covid-19 policies with the intention of minimizing viral spread, sign in sheets that would aid contact tracing in the event of an exposure risk, masking and temperature checks. They also provided PPE, hand-sanitizing stations, adopted cleaning policies, e.g. wiping down copier/scanner, cleaning office phones regularly, wiping down door knobs, etc. All non-essential staff were encouraged to work from home when possible.

2. The CDC, State and local DOH modified its guidelines calling for increasing or decreasing restrictions regularly. That information is communicated via email, the CoC weekly electronic newsletter and at monthly CoC and HSN meetings. Agencies are urged to share the information.

3. DOH considered direct care staff in congregate programs as essential workers when vaccines were made available. They had two dedicated days for homeless provider staff allowing for nearly 200 staff to receive first and second vaccine doses. DOH and Health Care for the Homeless set up times to come to the shelters to administer vaccines to anyone who wanted them, addressing any concerns staff or clients had. Per NYS requirements providers have implemented a policy to pay time-off to any worker wishing to receive a vaccination and now for boosters.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
NOFO Section VII.B.1.q.		

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

Early on in the pandemic, NYS regulations deemed that anyone living or working in a congregate care facility were eligible for vaccines. In January 2021 the CoC developed an HMIS Covid-19 vaccine assessment which simply recorded whether the client is open to receiving the vaccine or not, and if administered - when and where, and if a second shot was required. This assessment was extremely useful and proved to be a highly effective vaccine roll out tool. As people moved within the homeless system, their vaccine record went with them and second shots were offered at the appropriate time. The HMIS assessment allowed us to track the number of people receiving vaccinations, the number of people declining vaccinations, where vaccination was administered, and the type of vaccine administered. The use of this tool was expanded as vaccines became more available to the PSH and RRH providers so that case managers could educate participants on the importance of vaccination and allow them to track their interest and remind them of their appointments.

1D-7.	Addressing Possible Increases in Domestic Violence.	
NOFO Section VII.B.1.e.		

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

Willow Domestic Violence Center hotline nearly doubled in calls for assistance in 2020. We had 2-3 teams responding to the calls as well as the hot-line case manager calling survivors to provide emotional support and to ensure that they had a safe exit plan in place. Willow’s vast experience & breadth of services helped to quickly institute changes to respond to the increase in the number of survivors attempting to flee DV. Willow has partnerships with many organizations within the CoC and outside the area. These partnerships became an important part in responding to the increased need. Willow’s shelter program had to reduce the number of beds from 49 to 45 so that they were able to social distance. Each family unit has its own bathroom, bedroom and kitchen making it possible to quarantine a family if necessary. Willow’s team leaders received training and extensive PPE (masks, gloves, face shields, and surgical gowns) to deliver needed supplies (including meals) to the family in quarantine. The number of days in shelter increased due to the lack of available units caused by the eviction moratorium. In response, Willow secured additional funding to place survivors in hotels. Willow court advocates assisted survivors by petitioning for orders of protection via Zoom. Willow was able to secure funds from private

donors to assist with moving expenses, security deposits, housing items, etc. for families moving into safe permanent housing. Willow and partnering agencies worked very closely to ensure that survivors of domestic violence had a way out. That each had 1) a solid safety exit plan to an undisclosed location, 2) emotional support and education supports for their children, 3) a financial plan for self-support, 4) continued family counseling, 5) credit repair services, 6) shelter for their pets, and 7) a pathway to a safe future.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

NYS is a right to shelter state, so the Monroe County Dept. of Human Services is the primary entry point into emergency shelter. Once people are in shelter or engaged with Street Outreach, they are referred to CE for placement on the prioritization list. Therefore, there did not have to be overall systemic changes made in the Coordinated Entry (CE) system. There were several new RRH programs funded with ESG-CV funding that were new resources for referral to PH that are accessed through CE. CE adjustments made were for the administration of the Emergency Housing Vouchers (EHV) as there were different eligibility criteria for the EHV vouchers. All referrals for EHV vouchers were required to go through CE.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC’s local competition.	08/24/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	03/05/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:
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1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC’s analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1. Applicants provide data on participants served; sub-populations, special needs; describe how they utilize Housing First principles so have few or no barriers to entry into the project, have high retention and exits to permanent housing, high percentage of persons connected to mainstream resources both cash and non-cash benefits. This data is validated using HMIS. The CoC develops a scoring rubric that is made available to all potential applicants during the local application process that is used to score applications. The renewal application completed for the local process includes a question on mitigating factors that the applicant would like reviewers to be aware of. There is also a question that allows applicants to discuss reasons why performance measures weren't met and whether serving the high needs population(s) they serve affected those outcomes or describe their participants in more detail, providing an opportunity for reviewers to increase their score.

2. The severity of needs and vulnerabilities served by a project is considered when reviewing and ranking projects. An application can earn up points based on the sub-populations and types of special needs served by the project and incorporating Housing First. Qualitative information is also shared on how the program operates in practice; i.e. - does a project reject Coordinated Entry referrals of very high need individuals, does a project terminate participants immediately upon a violation rather than trying to resolve the situation. For new project applications, reviewers also look at the services that are proposed for participants to ensure that they are sufficient to meet the special needs of the proposed sub-population(s).

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
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NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

1. The Review and Ranking (R&R) Committee, a standing CoC Board Committee are responsible to approve the rating factors used to review project applications. Both the Committee and the CoC Board are developing recruitment strategies to increase the participation of persons of color, as well as persons who represent different ethnicities, persons with disabilities and persons with lived experience. Currently, 23% of the membership of the R&R

Committee are people of color. 19% of the general population are persons of color; however nearly 64% of the homeless population are persons of color.

2.The R&R Committee is also responsible for reviewing applications, application scoring and ranking of projects. Efforts are in progress to increase the diversity of the R&R Committee as well as the Board and all other CoC Committees and activities. A Racial Equity Leadership Committee has been formed and is actively recruiting members with a focus on BIPOC populations to ensure our approaches within the homeless system are equitable and accessible to all. This would include the review and ranking processes for the CoC.

3.Project APR data is used as part of project monitoring and the review and ranking process. Demographic data in the APR is examined to ensure that their program participants reflect the demographics of the entire homeless population. Disparities identified would be part of the discussion during project presentations. There are currently no points given to projects based on the diversity of their participants, but anticipate doing that in the future.

1E-4.	Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1. The written reallocation policy is made available to applicants at the beginning of the local application process. Possible reasons for reallocation include: history of unspent HUD funds; project voluntarily decides not to renew or requests to be reallocated to create a new project; history of not meeting performance measures; project has deficiencies in the on-going operation of their program. The Reallocation process is approved prior to releasing the local application RFP by the Review and Ranking Committee which is composed of non-conflicted CoC Board and community members who have knowledge of the homeless system, expertise in program management, etc. Projects are identified as low performing or no longer meeting a priority need in the CoC based on the scoring of their local application. All project applications are reviewed and scored based on scoring matrix that is available to applicants at the start of the local application process. The matrix sets uniform criteria for scoring in areas of performance, utilization, cost per household, severity of needs of participants, participation in Coordinated Entry and HMIS; adherence to Housing First principles; and involvement in CoC, HSN and other community efforts addressing homelessness.

2. Three renewal projects were initially identified through the review and ranking process as being potential candidates for reallocation.

3. Two of those projects were reallocated during the local competition this year.

4. N/A

5. The reallocation process was publicly posted on the CoC website on 3/5/2021. All projects that were reallocated were notified in writing. The notification gave the reason(s) for the decision to reallocate and their right to appeal the reallocation if they chose to.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/08/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/27/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021
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2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	04/26/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

1. have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2. submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

1. There are currently no organizations that primarily serve survivors of Domestic Violence who receive CoC funding. Willow Domestic Violence Center is the only certified DV Shelter in the CoC. They are active in CoC and Homeless Services Network activities and partner with another CoC Funded organization, the YWCA of Rochester and Monroe County who is the applicant for a DV RRH program. Willow is also partnering with Providence Housing Development Corporation (applicant) for the CoC 2021 Funding competition for a DV Bonus RRH project. The CoC and the HMIS Lead have gotten pricing to have a second implementation of ServicePoint for comparable database and are exploring possible funding resources for it.

2. Willow provides the CoC with Point in Time data and annual de-identified data as requested. PIT data collection procedures ensures that those PIT numbers are deduplicated.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	463	49	357	86.23%
2. Safe Haven (SH) beds	7	0	7	100.00%
3. Transitional Housing (TH) beds	172	0	164	95.35%
4. Rapid Re-Housing (RRH) beds	598	81	598	115.67%
5. Permanent Supportive Housing	1,359	0	1,359	100.00%
6. Other Permanent Housing (OPH)	29	0	29	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

All bed coverage rates are above 84.99%.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.	0.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
NOFO Section VII.B.3.c.		

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,000 characters)

The CoC and the HMIS Lead have gotten pricing to have a second implementation of ServicePoint for comparable database and are exploring possible funding resources for it.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
NOFO Section VII.B.3.d.		

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

1. From FY 2019 to FY2020, the number of people entering ES, SH or TH experiencing homelessness for the 1st time decreased by 741; the number of people entering ES, SH, TH or PH experiencing homelessness for the 1st time decreased by 661. This decrease is largely attributed to the Covid-19 pandemic and households deciding to double-up in lieu of jeopardizing their health by entering congregate shelter. Over years HMIS data has been studied to determine risk factors for first time homeless. Data shows that the primary risk factor is the lack of affordable housing mostly impacting young families (households with minor children where the head of household is less than 25 years of age). The primary reason they become homeless is they have to leave doubled up living situations with friends or family wherein the situations devolve due to over-crowding, financial strain on the host, emotional stress, drug use, etc. The end result is a family-often a young family-becoming homeless for the 1st time.

2. MCDHS, the primary entry point into emergency shelter, and "211" does a diversion assessment with all households requesting emergency shelter. They attempts to divert as many persons as possible to other safe and acceptable housing by linking them to other services and support. Interventions may include landlord mediation, providing resources to the host household such as food or linking to other community resources so that guest household could stay housed until they find their own housing. An ESG funded homelessness prevention program provides some additional resources for prevention services, but the total amount of funding in relation to community need is insufficient. DHS & legal services interview people at housing court to link to services that can prevent the eviction, i.e. - ERAP programs. The number of number of evictions remains abnormally low due to the NYS eviction moratorium which

ends 1/15/22.

3. Monroe County Department of Human Services and CoC staff oversee strategies to reduce first time homelessness.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

1. The average LOT homeless from 2019-2020 for ES and SH increased by 5 days (39-44 days), and 15 day increase for ES, SH and TH (47-62 days). Over the past several years, we have employed strategies to reduce the LOT homeless however since March 2020 there are unique challenges due to COVID. These include: a) emphasizing outreach & relationship building with landlords to create a sufficient stock of units. The stock of available units has been greatly reduced by the eviction moratorium; b) Shelters are required to conduct the VSPDAT within 72 hours of entry for a rapid referral to the prioritization list and to ensure that an exit plan is developed immediately – making housing the number one priority c) LOT homeless is heavily weighted in CE prioritization, as is chronic homeless status. d) increasing resources for RRH projects which quickly move people to permanent housing; e) developing and implementing Move On strategies which will open PSH slots reducing the waiting time to access PSH; f) case reviews of all persons referred out from prioritization list who do not have a housing move in date within 30 days to problem solve barriers to accessing housing.
2. HMIS data, third party verification and self-reporting is used to determine LOT homeless-persons who have been homeless the longest. Those homeless the longest have higher vulnerability scores and placed higher on the prioritization list. These variables account for approximately 25% of the prioritization score. Further, if individuals VISPDAT scores are equal, they are prioritized based on their LOT homeless. This is intended to move highly vulnerable individuals as quickly as possible from homelessness to permanent housing.
3. The CE Oversight Committee and the Prioritization Coordinator are responsible for these strategies.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1. From FY 2019 to FY 2020, the percentage of persons who exited from ES, SH, TH and PH-RRH to PH decreased slightly from 48% to 46%. The shortage of affordable housing units due to the eviction moratorium has had a huge impact on our ability to move participants into permanent housing and has increased the LOT homeless. When unable to find safe, affordable housing participants have returned to staying temporarily with family and friends until they can find housing. We expect to see an increase as our efforts to engage with landlords become more successful. The CE lead agency has recently recieved funding to provide landlord incentives which we believe will lead to increased numbers of available units for our PSH and RRH programs; and is implementing Front Door NY, a website that will list available units that are available only to the organizations that are serving homeless persons.

2. The percentage of persons in PH project exited to or retained PH dropped slightly from 97% to 95%. We expect post-pandemic performance to return to the progress made in recent years since PH programs embraced housing first and harm reduction principles. All PH providers are committed to only discharging a program participants in the most serious situations. If there must be a termination every attempt is made to not discharge to homelessness. Our community has also implemented Move-On strategies that move people from PSH to other affordable PH opportunities. The CoC encourages partnerships with homeless providers and non-profit developers to create additional affordable housing units, providing more options for PSH participants who have stabilized and no longer need intensive support services but continue to need a rent subsidy to remain stably housed.

2C-4.	Returns to Homelessness–CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1. Analysis of HMIS data identifies homeless persons who return to homelessness. Detailed program level reports for the SysPM for returns to homelessness and coordinated entry data give the CoC the ability to identify those people returning to homelessness. Those that return to homelessness are more likely to have short program lengths of stay, discharges due to behavioral issues or have accessed PH in the private market that was not affordable and had no support services.

2. CoC has implemented a number of strategies to reduce the rate of returns: a) Coordinated Entry case conferences attempt to ensure that homeless persons are referred to the program(s) that will best meet their needs; b) CoC is providing increased support to programs to adopt Housing First principles that will reduce terminations which often result in returns to homelessness. When violations rise to the level where termination can't be prevented; programs are encouraged to provide assistance to the participant in securing other permanent housing or a possible transfer to another program that could better meet the

needs of the household; c) increasing the number of RRH programs in the CoC, with the goal of providing RRH assistance to persons who score 4-7 on VSPDAT. RRH assistance is focused on housing stabilization; d) CoC encourages partnering with community based organizations and investing non-CoC resources in stabilizing people in permanent housing; CoC and partners are active in community initiatives to reduce evictions and create housing policies that support increasing affordable housing resources and deconcentration of poverty; e) building partnerships and collaborations with health care system to connect homeless persons, particularly those that exit ES to temporary situations or PH in the private market, to Health Home Care Coordinators to provide additional support transitioning and sustaining in permanent housing.

3. PSH Providers Workgroup and CoC Staff are responsible for oversight of these strategies.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,000 characters)

1. CoC employs several strategies to increase employment income. 11% of participants have increased employment income. While 11% is below our targeted performance measure of 20%, the number of participants with employment income is now at 17% a percentage that has slowly been increasing in recent years. Our strategy to increase employment income includes: a) CoC encourages programs to focus on employment goals by including an Income & Employment category to all case plans. In addition, case managers engage more reluctant clients in conversations about their abilities and how they would add value to a workplace to get them in the mindset of participating in employment endeavors. b) The CoC has networked with employment recruitment agencies and they are now attending HSN meetings. c) encourage CoC member agencies to network with their vendors/suppliers and any contacts they may have in the private sector to encourage employment opportunities for formerly homeless individuals, d) educate potential employers on the issues of homelessness, dispelling any myths or preconceived notions they may have.

2. CoC staff and partners are building relationships with employment organizations, i.e. - Rochester Works the county one-stop employment center, Rochester Rehabilitation, etc. that provide both training and placement opportunities with a focus on persons who have been out of the workforce and/or have a disability. CoC Staff and partners support the Rochester Monroe Anti-Poverty Initiative efforts to address living wage issues.

3. CoC Programs Coordinator and Monitoring Committee are responsible for overseeing these strategies.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
NOFO Section VII.B.5.f.		
Describe in the field below how your CoC:		
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and	
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.	

(limit 2,000 characters)

1. The HSN email listserv and the CoC weekly newsletter shares information with providers regarding events in the community such as job fairs, employment and training program information, etc. and encourage providers to get their participants to attend. Program participants who receive public assistance and are assessed as being employable are able to access a variety of employment programming through MCDHS. These include job clubs for soft skill development, job search, referral to vocational assessment and training. Rochester Rehabilitation attends monthly Homeless Services Network meetings to provide information on employment and training opportunities and provides a full array of employment and training services including OJT and job coaching. SOAR Benefit Specialists inform participants with SSI/SSD income on work incentives available that allow people to work and receive benefits as they transition slowing from SSI/SSD. The Veteran Outreach Center an active CoC partner provides a variety of employment services for homeless veterans.

2. Behavioral health providers have fully incorporated peers into their treatment teams and it is increasingly being used by homeless providers providing meaningful employment for persons with lived experience. In anticipation of increased employment opportunities created with federal resources for infrastructure, the CoC will create new partnerships with employers, unions, employment and training organizations so program participants will have the opportunity to gain skills and gainful employment. Employers need to be educated of the financial benefits they may be eligible for, such as partial salary reimbursements and/or tax credits for hiring persons with disabilities or who have been displaced from the job market.

2C-5b.	Increasing Non-employment Cash Income.	
NOFO Section VII.B.5.f.		
Describe in the field below:		
1.	your CoC’s strategy to increase non-employment cash income;	
2.	your CoC’s strategy to increase access to non-employment cash sources; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,000 characters)

1. CoC employs several strategies to increase non-employment cash income. MCDHS has developed the MCDHS 101 curriculum that provides in depth information on navigating mainstream benefits. Training is provided at least quarterly to ensure that case managers know how to assist people with accessing and maintaining benefits. Prioritizing those with the highest needs and Housing First principles have increased the number of people who are

accessing CoC programs with no income; making access to mainstream benefits crucial to accessing and sustaining PH. A focus of HMIS training is teaching users how to correctly enter income information in HMIS at program entry and exit; and the importance of completing annual and interim updates to capture changes in source and amount of income. Annual monitoring of CoC funded projects and local application scoring is highly weighted on performance measures; accessing and increasing non-employment cash income affects scoring and ranking of projects. ESG-CV funding has been secured to begin a SOAR program in the CoC. SOAR Benefit Specialists will work with participants to apply and secure SSI/SSD benefits, and will train and support case managers in the SOAR methodology. Moving eligible people from public assistance to SSI/SSD nearly doubles their income.

2. Legal Assistance of Western NY (LAWNY) is a strong CoC partner that represents participants in fair hearings regarding their access to and maintenance of public benefits. LAWNY can't serve all who need representation so provide training to providers so they can advocate for and assist participants in navigating systems to access and retain their benefits.

3. The Homeless Services Network and CoC Staff are the primary organizations responsible for overseeing these strategies.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	No

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- | | |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

(limit 2,000 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- | | |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. |

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH/RRH Component	Yes

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	675
2.	Enter the number of survivors your CoC is currently serving:	450
3.	Unmet Need:	225

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1. The number of survivors served is the number of persons who entered Willow’s emergency shelter from 8/1/2020 - 7/31/2021, 450. The number of survivors who need housing or services is calculated by the number of persons who would have been immediately placed in shelter if there had been beds available. Because Willow does not use a comparable database, we cannot deduplicate Willow’s numbers with the number of people in HMIS that are fleeing DV. Therefore, these numbers represent an undercount of the persons served. Per HMIS data 278 or 12% of persons entering emergency shelter were fleeing DV during that time period.

2. The data for the number of survivors needing housing and numbers served is from Willow’s database that provides an unduplicated number of persons served. HMIS data was used to provide the number of persons fleeing DV in the emergency shelters and the number of persons that entered the existing DV-RRH program. Coordinated Entry data provided the number of persons fleeing DV that were referred to the prioritization list for the DV-RRH who were not reached or had found other housing on their own.

3. The largest barrier to meeting the needs of survivors is the lack of resources. When Willow’s DV shelter is full, survivors may be referred to other counties, to the homeless emergency shelters or hotel placements may be made either through Willow or MCDHS. The proposed DV-RRH program will address unmet need by increasing RRH resources for survivors. Additional RRH resources can increase the capacity of Willow’s and other shelters. The ability to move survivors more quickly to permanent housing will decrease the length of stay in emergency shelter allowing more survivors to be served.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Providence Housing

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	Providence Housing
2.	Rate of Housing Placement of DV Survivors–Percentage	100.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	93.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and	
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).	

(limit 1,000 characters)

1. Willow is currently partnering with the YWCA in a DV-RRH project. The rate of housing placement is the percentage of survivors who entered the DV-RRH program who had a housing move in date, 100%. The housing retention rate is the percentage of survivors who exited, or remained in the RRH-PH, 93%. Though PHDC does not have any dedicated housing programs for DV survivors they do operate PSH programs; 7% of their participants are fleeing DV. 90% of participants who entered PHDC PSH programs had a housing move in date and 94% either remained in PSH or exited to permanent housing. PHDC numbers were not used in 4A-4 because their programs are not dedicated for survivors. Data provided to show that PHDC as the applicant is able to successfully operate permanent housing.

2. Willow’s database was used to calculate the placement and retention rates for survivors. HMIS data was used to calculate the placement and retention rates for PHDC.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;	
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2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

The DV Bonus project is a partnership of Providence Housing Development Corp. (applicant), currently provides ES, RRH and PSH programs though none are dedicated to DV survivor, and Willow Domestic Violence Center, the only licensed DV emergency shelter in the CoC, and is partner in DV-RRH project with the YWCA.

1. Each utilize Housing Specialists who upon referral immediately begin presenting the survivor with housing options and begin locating safe housing options.
2. Each participate in Coordinated Entry. A de-identified CE assessment is sent to CE coordinator for placement on the CE prioritization list. When an opening is available the CE coordinator contacts the case manager, rather than the survivor to protect confidentiality and safety.
3. With innovative programs, strong partnerships, and solution-focused approaches, PHDC & Willow ensures survivors have access to the services needed. Services are provided by each of the partners, i.e. - case management, safety planning, court advocacy, employment services, housing search and stabilization support, etc. Participants are also referred to community based resources for services that are out of the range of expertise for PHDC and Willow; i.e. - mental and chemical dependence services, legal services, primary healthcare services, etc.
4. RRH participants remain in the same unit after the housing subsidy ends. Therefore, it is crucial during the housing search process that both current household income and the potential for the household to increase their income is accurately assessed. Parameters for rent are established that will be affordable to the participant based on the amount of likely household income at exit. Referrals are made to PHDC’s employment services and to those in the community to focus on employment goals and increasing household income through employment as well as linkages to any mainstream benefits.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:	
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

1. Staff attend regular trainings involving trauma-informed care, survivor-centered approaches, active listening and safety planning. Safety planning will be vary based on the survivor’s current situation whether living with the abuser, planning a safe escape and protecting oneself in their own residence, and safety with an order of protection.

2. Intakes are performed in comfortable private space designed to make the survivor feel safe, comfortable and welcome. Children are taken to a play area with the child specialist who will engage with the children (with mother’s consent). The mother/survivor is more likely confide in the intake specialist knowing her child(ren) are safe and out of ear-shot.

3. The majority of survivors that present as homeless, identify their intimate partner as their abuser. In the event that a client’s abuser is not their intimate partner, that individual could receive services as well, if they too are experiencing Domestic Violence. However, intakes would be done separately, and by different members of staff to ensure no conflicts are apparent.

4. Housing Specialists pay close attention to the security features of available units and the surrounding neighborhood. Features that may be assessed and discussed with the survivor include how well lit the entry way to the rental unit is, security features in windows and doors, and the proximity and responsiveness of police in the area. Additionally, there will be in depth conversations with the survivor to identify what areas would be safe/unsafe for the survivor. Factors would include areas where the abuser may frequent such as homes of abuser’s friends/family members, their job-site, etc. Other factors include availability of secure parking, close proximity to public transportation, well-lit exterior doorways and interior hallways.

5. The Willow shelter has been serving the greater Rochester community since 1977 and is licensed by the NYS Office of Children and Family Services. The safety of residents is the number one priority at Willow. The shelter is at an undisclosed location and has a state-of-the-art security system monitoring all common areas, the building exterior, and window alarms. No one is admitted into the building who is not staff, resident or vendors who have prior authorization. PHDC’s emergency housing consists of scattered site single family homes and duplexes that are rarely utilized for survivors as they do not have 24 hour staffing. PHDC does not have any other congregate living; RRH and PSH programs are scattered site or site based, but each unit is totally separate and private, there is no communal living space.

6. The location of the Willow shelter is confidential and all units/rooms are dedicated to survivors of domestic or dating violence. Shelter residents agree in writing at intake to not disclose the location to anyone. Violations could result in discharge as this could jeopardize the safety of current and future participants as well as staff. Safety planning with the survivor when in independent housing includes encouraging the survivor to disclose the location to as few friends and family as possible to decrease the chances of the abuser finding them.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

1) Evaluations of hotline calls are routinely performed seeking ways in which improvements can be made or to identify trends, e.g. advocates have fielded hotline calls from survivors in dangerous situations – afraid to call 911. As a result, Willow works closely with the police leadership to help ensure everyone feels safe calling 911. 2) Safety planning – our staff is trained extensively in this area since it is one of the most critical elements to ensure clients survive dangerous situations. Safety plan developed and reviewed regularly. There is a safety plan developed by our hot line counselors to assist survivors still living with their abuser. This may include – moving important documents, clothing, money, and other essentials to a friend or family member for safekeeping, moving to an exit door if they sense escalation, ask a neighbor to call police, etc. A safety exit plan is developed – on how and when to safely leave an abusive situation. Safety planning continues while at the shelter and planning for their housing search. This includes identifying a safe location in which to move, ensuring that the survivor has a copy of the order of protection on her at all times, maintaining outdoor lighting, locks on doors and windows, a second phone for emergencies, notifying employer of the order or protection and potential danger, and an awareness of surroundings. 3) Building safety: we evaluate our building security system for any failures including the proper functioning of all 60 cameras & equipment. Any malfunctioning items are repaired immediately. Client interview areas are also checked to ensure safety, privacy and comfort. 4) Our Housing Specialist work closely with survivors to easily identify unsafe areas for apartment location. While any location may be compromised no matter how good the planning, we ensure a thorough safety plan is in place. If the client is no longer safe in the housing unit, immediate action is taken.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. Both PHDC and Willow staff are fully trained and implement trauma informed

care victim/person centered practices to meet the needs of their participants, both DV survivors and other participants. Once DV survivors are reached on the prioritization list, all communication is with the survivor's case manager/housing specialist to ensure safety and confidentiality. Intake appointment will be scheduled at the location the survivor is most comfortable. Survivor will be assisted in completing all of the intake paperwork and getting any documentation that is needed to access housing. To maintain safety, survivors are transported to get documentation, appointments, etc. to reduce the possibility the abuser will locate the survivor. Throughout the process the PHDC and Willow staff work closely with the survivor to prevent additional trauma and stress that can occur when transitioning from shelter to independent living . Safety considerations are key when searching for housing including the geographic area and the proximity to where the abuser may live/work/frequent, the safety features of the apartment itself such as outside lighting, locks on doors and windows, etc. The survivor is active in the decision-making process, negotiations with the landlord, safety concerns, etc.

2. PHDC and Willow use non-punitive intervention and instead engage in meaningful discussion allowing the survivor to freely express themselves. This is an opportunity for the survivor to learn that conflicts are normal in life and can be resolved in a respectful and calm manner. Day-to-day communication between survivors and staff is open, non-judgmental, respectful and friendly.

3. The staff is fully trained on the effects of trauma and in turn provide survivors with an understanding of trauma stress reactions and common responses to that stress. Understanding that trauma can range from a single event or long-lasting repetitive events, it may be physical, it may be emotional and responses may include sleeplessness, anger, PTSD, co-occurring mental and substance abuse disorders. Treatment is recommended and recovery from trauma is possible. There are many resources in the CoC for Trauma Informed Care (TIC) training including training sponsored by the Homeless Services Network and Community Care Services, Inc., the largest provider of TIC training. TIC training is required for all staff.

4. Trauma Informed Care (TIC) principles are fully integrated into all operations of PHDC and Willow . Survivors meet with case managers regularly and are offered options and choice. Survivors are empowered to make their own choices because they are the experts on their situations and safety. Staff strive to develop trust and meetings are a collaborative process with survivors in order to ensure they are working on their goals and safety for themselves and their families. It is not just direct care staff that receive TIC training. Facilities and administrative staff also participate in TIC training so that all interactions with survivors are person centered and trauma informed.

5. Domestic violence is a serious problem in all countries, cultures, ethnic and racial groups, social classes, religions, and gender identities. Reports of domestic violence in Monroe County are 1.6 times above state rates, with the rates in the City of Rochester 3.6 times the statewide rate. Domestic violence knows no socioeconomic boundaries and impacts all zip codes, with 61% of reports coming from the city, and 39% from suburban communities. PHDC and Willow staff are diverse and fully trained on how to understand the effect of domestic violence has people from cultures different from their own. It is through this understanding that staff is able to effectively communicate with survivors in a culturally competent manner.

6. Group counseling is offered to all survivors while residing in Willow's emergency shelter. The benefits of group counseling allow the survivors the freedom to express themselves in supportive environment, and to relate to

others with similar experiences and provide support for them. It promotes the development of social interactive and communication skills and can be an enriching experience. Once survivors are housed, they are able to return for a wide range of after care services provided by Willow and/or referred to community based and faith based services of their choice.

7. Parenting support is offered to survivors as a means to help them manage both their own and their children’s stress and to understand how best to reduce family conflict by practicing positive discipline techniques, learning age-appropriate child development skills and milestones, promoting positive play and interaction among family members. Childcare is offered for all groups at Willow while they are in residence and when they return for after-care support.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

Willow ensures a survivor’s immediate safety, emotional, and physical needs will be the first issue addressed when they enter shelter. Once stabilized in shelter work is begun on developing a permanent housing plan for themselves and/or their family. In addition to developing a safety plan, the CM’s will work with the individual to develop a service plan that will encompass goals to be achieved, including achieving permanent housing, mental health, employment, education, and training. A timeline will be established for completion of both short and long term goals.

Once the crisis is sufficiently dealt with, a housing stabilization plan is developed by the survivor and the case manager (CM). When housing search begins, the CM will submit an application for a Section 8 voucher. Each month, the Rochester Housing Authority makes 2-3 Housing Choice Vouchers (HCV) available for survivors of domestic violence. The demand exceeds the demand so other resources are also explored such as the existing DV-RRH program and if there is a household member with a long term disability, permanent supportive housing may also be an option. For the HCV but the client may be housed prior to actually receiving the voucher; they remain eligible as long as they were homeless at the time of application. Safety dictates much of the housing search considers where abuser lives, works and where family/friends of abuser are located. Also considered is the proximity to the police to ensure quick response time, closeness to the survivor’s support network, schools, community services and bus route if needed. Based on the safety and support considerations, a housing search area is outlined. Both Willow and PHDC have developed a network of landlords that will let them know they available units and/or up-coming availability of units that can reduce the time it takes to secure housing for survivors. As part of the housing stabilization plan, the case manager and survivor will identify any housing barriers or special needs such as utility arrears, poor credit, first floor access due to a disability, prior evictions, etc.

Each barrier is addressed and may include – paying utility arrears from various funding sources, enrollment in a credit repair program, and past evictions investigated and explained. The latter very often is directly related to domestic violence. Once housing has been identified, the CM and client inspect the unit and if it meets the survivor’s needs, rent would be negotiated with the landlord. First month rent/security along with furniture & household items are secured from community based resources or MCDHS if eligible. Additionally, the CM assists the client with a school transfer plan for the children if necessary. Once the client is ready to move, a comprehensive safety plan is drawn up.

2. After care services specific to DV issues are provided by Willow. Case management services are provided by PHDC for survivors who are enrolled in their PSH and RRH programs that focus on housing stabilization and working toward maximum self-sufficiency. A supportive living assessment tool is completed with each survivor and updated at least annually to track the survivor's readiness for "moving on" to independent housing based on the need for continued on-going case management, supportive services and rental subsidy.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. Both PHDC and Willow staff are fully trained and implement trauma informed care victim/person centered practices to meet the needs of their participants, both DV survivors and other participants. Once DV survivors are reached on the prioritization list, all communication is with the survivor’s case manager/housing specialist to ensure safety and confidentiality. Intake appointment will be scheduled at the location the survivor is most comfortable. Survivor will be assisted in completing all of the intake paperwork and getting any documentation that is needed to access housing. To maintain safety, survivors are transported to get documentation, appointments, etc. to reduce the possibility the abuser will locate the survivor. Throughout the process the PHDC and Willow staff work closely with the survivor to prevent additional trauma and stress that can occur when transitioning from shelter to independent living . Safety considerations are key when searching for housing including the geographic area and the proximity to where the abuser may live/work/frequent,

the safety features of the apartment itself such as outside lighting, locks on doors and windows, etc. The survivor is active in the decision-making process, negotiations with the landlord, safety concerns, etc.

2. PHDC and Willow use non-punitive intervention and instead engage in meaningful discussion allowing the survivor to freely express themselves. This is an opportunity for the survivor to learn that conflicts are normal in life and can be resolved in a respectful and calm manner. Day-to-day communication between survivors and staff is open, non-judgmental, respectful and friendly.

3. The staff is fully trained on the effects of trauma and in turn provide survivors with an understanding of trauma stress reactions and common responses to that stress. Understanding that trauma can range from a single event or long-lasting repetitive events, it may be physical, it may be emotional and responses may include sleeplessness, anger, PTSD, co-occurring mental and substance abuse disorders. Treatment is recommended and recovery from trauma is possible. There are many resources in the CoC for Trauma Informed Care (TIC) training including training sponsored by the Homeless Services Network and Community Care Services, Inc., the largest provider of TIC training. TIC training is required for all staff.

4. Trauma Informed Care (TIC) principles are fully integrated into all operations of PHDC and Willow . Survivors meet with case managers regularly and are offered options and choice. Survivors are empowered to make their own choices because they are the experts on their situations and safety. Staff strive to develop trust and meetings are a collaborative process with survivors in order to ensure they are working on their goals and safety for themselves and their families. It is not just direct care staff that receive TIC training. Facilities and administrative staff also participate in TIC training so that all interactions with survivors are person centered and trauma informed.

5. Domestic violence is a serious problem in all countries, cultures, ethnic and racial groups, social classes, religions, and gender identities. Reports of domestic violence in Monroe County are 1.6 times above state rates, with the rates in the City of Rochester 3.6 times the statewide rate. Domestic violence knows no socioeconomic boundaries and impacts all zip codes, with 61% of reports coming from the city, and 39% from suburban communities. PHDC and Willow staff are diverse and fully trained on how to understand the effect of domestic violence has people from cultures different from their own. It is through this understanding that staff is able to effectively communicate with survivors in a culturally competent manner.

6. Group counseling is offered to all survivors while residing in Willow's emergency shelter. The benefits of group counseling allow the survivors the freedom to express themselves in supportive environment, and to relate to others with similar experiences and provide support for them. It promotes the development of social interactive and communication skills and can be an enriching experience. Once survivors are housed, they are able to return for a wide range of after care services provided by Willow and/or referred to community based and faith based services of their choice.

7. Parenting support is offered to survivors as a means to help them manage both their own and their children's stress and to understand how best to reduce family conflict by practicing positive discipline techniques, learning age-appropriate child development skills and milestones, promoting positive play and interaction among family members. Childcare is offered for all groups at Willow while they are in residence and when they return for after-care support.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	Assessment Tool	11/15/2021
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Attachment 1E 1 L...	11/16/2021
1E-2. Project Review and Selection Process	Yes	Attachement 1E 2 ...	11/16/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Attachment 1E 5 P...	11/16/2021
1E-5a. Public Posting–Projects Accepted	Yes	Attachment 1E 5a ...	11/16/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Screenshot - Post...	11/15/2021
3A-1a. Housing Leveraging Commitments	No	Attachment 3A-1a.	11/16/2021
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: Assessment Tool

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Attachment 1E 1 Local Competition
Annoucement

Attachment Details

Document Description: Attachement 1E 2 Project Review and Selection
Process

Attachment Details

Document Description: Attachment 1E 5 Projects Rejected or Reduced

Attachment Details

Document Description: Attachment 1E 5a Projects Accepted and Ranked

Attachment Details

Document Description: Screenshot - Posting of Consolidated Application and Project Priority List

Attachment Details

Document Description: Attachment 3A-1a.

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	10/08/2021
1B. Inclusive Structure	11/16/2021
1C. Coordination	11/16/2021
1C. Coordination continued	11/16/2021
1D. Addressing COVID-19	11/16/2021
1E. Project Review/Ranking	11/11/2021
2A. HMIS Implementation	11/11/2021
2B. Point-in-Time (PIT) Count	11/11/2021
2C. System Performance	11/16/2021
3A. Housing/Healthcare Bonus Points	11/11/2021
3B. Rehabilitation/New Construction Costs	11/11/2021

FY2021 CoC Application	Page 62	11/16/2021
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3C. Serving Homeless Under Other Federal Statutes	11/12/2021
4A. DV Bonus Application	11/15/2021
4B. Attachments Screen	11/16/2021
Submission Summary	No Input Required



Coordinated Entry for Homeless Services
Monroe County, NY

VI-SPDAT Intro Script

The purpose of this survey is to help us learn more about your needs, so we can identify the most appropriate type of permanent housing for you. This survey, along with some additional information that you provide during this conversation, may be used to make a referral to the community-wide Coordinated Entry Prioritization List. This List helps to ensure those with the highest needs have access to permanent housing programs when openings become available.

This survey is designed to take less than 10 minutes to complete. We only require "Yes," "No," or one-word answers so there is no pressure for you to elaborate on your responses. You may skip or refuse to answer any of the questions but skipping multiple questions will make it difficult to identify services for you. It is your right; however, to refuse to answer any questions that you are not comfortable with.

The score of this survey will be included on the Prioritization List application form, which is stored in a secure database known as HMIS. All persons who use HMIS sign agreements indicating that they will keep the information confidential.

If you do not understand a question, please let me know so I can provide clarification. Do your best to answer the questions honestly and accurately so we can better identify services that may be able to assist you. Sometimes we can identify services that might be a good match for you based on the information you provide. In the event this happens, it is important for us to have contact information, so we can reach you.

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ____:____ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE: <input type="text"/>
--	---------------------------------------

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

Refused

3. In the last three years, how many times have you been homeless? _____

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Y N Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

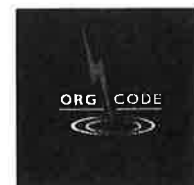
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ____:____ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <input style="width: 50px; height: 20px;" type="text"/>

Children

1. How many children under the age of 18 are currently with you? _____ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. **SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

8. In the past six months, how many times have you or anyone in your family...
- a) Received health care at an emergency department/room? _____ Refused
 - b) Taken an ambulance to the hospital? _____ Refused
 - c) Been hospitalized as an inpatient? _____ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
 - e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? _____ Refused
 - f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.** **SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Y N Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.** **SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Y N Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? Y N Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT**. SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**. SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**. SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**. SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? Y N Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? Y N Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**. SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 1.2.15

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Y N Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? Y N Refused

b) A past head injury? Y N Refused

c) A learning disability, developmental disability, or other impairment? Y N Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use? Y N N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Y N Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Y N Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? Y N Refused
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES**. SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? Y N Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days? Y N Refused
36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? Y N N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN**. SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? Y N Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY**. SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y N Refused
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...
- a) 3 or more hours per day for children aged 13 or older? Y N Refused
- b) 2 or more hours per day for children aged 12 or younger? Y N Refused
41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? Y N N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT**. SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

**Transition Age Youth -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(TAY-VI-SPDAT)**

“Next Step Tool for Homeless Youth”

AMERICAN VERSION 1.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY
SOLUTIONS



Eric Rice, PhD

USC
SCHOOL OF
SOCIAL WORK



Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ____:____ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters Couch surfing Other (specify): _____
 Transitional Housing Outdoors
 Safe Haven Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____ Refused

3. In the last three years, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ Refused
 b) Taken an ambulance to the hospital? _____ Refused
 c) Been hospitalized as an inpatient? _____ Refused
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
 f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

8. Were you ever incarcerated when younger than age 18? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

9. Does anybody force or trick you to do things that you do not want to do? Y N Refused

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

Stable Youth

AMERICAN VERSION: 1.0

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? Y N Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? Y N Refused
- c) Because your family or friends caused you to become homeless? Y N Refused
- d) Because of conflicts around gender identity or sexual orientation? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**. SCORE:

- e) Because of violence at home between family members? Y N Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**. SCORE:

D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help? Y N Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**. SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**. SCORE:

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**. SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**. SCORE:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**. SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/5	
D. WELLNESS	/5	
GRAND TOTAL:	/17	

We do not have a screenshot of when the Local Competition Announcement was posted on our website www.letsendhomelessness.org . When we printed the screenshot to scan the posting date is not readable.

The following screenshots do show the announcement were posted as follows:

Renewal Project Application Announcement - posted on 3/5/2021

New Application Announcement - posted on 8/24/2021

You will see that all of the materials related to the CoC Funding Competition that are posted to the website include the date it was posted in the title.



Partners Ending Homelessness

560 West Main Street
Rochester, New York 14608
585-319-5091

To: All CoC Funded Program Providers, CoC Stakeholders and Community
From: Partners Ending Homelessness
Re: FY2021 Ranking Criteria for HUD Funded Renewal Projects
Date: March 5, 2021

In anticipation of the release of the 2021 HUD CoC Program NOFA, the Partners Ending Homelessness is beginning the local ranking criteria and local application process for new and renewal projects.

2021 Local information

Annual Renewal Demand (ARD) – \$12,850,453
Tier One funding anticipated to be 94% of ARD, \$12,079,426

Renewal Projects:

- Projects that score above the average ranking criteria score will be ranked in Tier 1 by score and will require no further review
- Projects that score under the average ranking criteria score *have to complete* Part 2 of the Rating criteria, Mitigating Factors, and present to the Project Review Committee. (PEH will email applicable project once the initial score is calculated.)
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 - Project's Total Score
 - (+/-) 5 points based on mitigating factors presented to the Project Review committee
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New Projects:

- \$642,522 Bonus Project funding assuming 5% of FPRN as in 2019
- There is likely to be a DV-RRH Bonus for Rapid Re-Housing working exclusively with victims of domestic violence.

2021 Renewal Application Timeline

- March 5: Release of Renewal ranking criteria materials.
 - APR renewal data set has been run from 3/1/2020 to 2/28/21.
- March 9: Renewal ranking criteria Workshop.
 - 2:30 pm – 3:30 pm on Zoom
- March 26:
 - Projects notified of scores and request for mitigating factors for projects that score below the community ranking criteria average.
 - Projects at or above the community average will be asked to submit their 2021 budget workbook.
- March 31: Discrepancies with rating criteria score must be submitted to PEH

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- Week of April 19: Renewal project presentations
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2021 New Project Applications

It is expected that HUD will release their NOFA at the end of May and expect to have the HUD NOFA Consolidated Application being due in August. The new project local NOFA will follow this timeline is contingent on the HUD release. If HUD requests an earlier date, the timeline will be accelerated.

Tentative timeline after HUD's NOFA is released.

- June 4: Release of New Project applications 5 days after the HUD NOFA is released
- June 14: New Project applicant workshop
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- June 21: Final Q & A for New Projects posted to PEH website.
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- August 6: Esnaps upload training
- August 13th: Upload into Esnaps for all ranked projects Renewal and New

All materials are available on HSN Website once released to the community
www.letsendhomelessness.org

Direct questions to Charles Bollinger III – CoC Programs Coordinator
(email only) cbollinger@letsendhomelessness.org

Application and the Project Priority list are then electronically submitted to HUD for review and scoring resulting in the annual award of funding to the CoC.

FY2021

Local NOFA New Project Application Materials

- [Consolidated app posted on 11-12-2021](#)
- [Project Priority List posted on 11-13-2021](#)
- [Project Plan and Review Section posted on 11-12-2021](#)
- [2021 NOFO Ranking with Score & Funding posted on 10-26-2021](#)
- [2021 Announcement of New Project Applications - Local NOFO 8-24-2021](#)
- [New Project Application 2021 8-30-21](#)
- [2021 Budget Worksheet 8-24-2021](#)
- [Scoring Matrix 2021 New App 8-26-21](#)
- [CoC Local Application Time Line 8-24-2021](#)
- [2021 Community Progress 8-24-2021](#)
- [2021 Appeals Process \(Posted 8-5-2021\)](#)
- [2021 HUD NOFO Competition PDF \(8-24-2021\)](#)

[FHUD Consortium of Care Completion](#)

New Project Applicant Workshop video 8-30-2021 Video

- [https://vimeo.com/55763126](#)
- [New 2021 New Application Powerpoint 8-30-2021](#)

Categories

- Featured
- General



Partners Ending Homelessness

560 West Main Street
Rochester, New York 14608
585-319-5091

To: All CoC Funded Program Providers, CoC Stakeholders, and Community
From: Partners Ending Homelessness
Re: FY2021 New Project Application - Local NOFO
Date: August 24, 2021

With the release of the 2021 HUD CoC Program NOFA, the Partners Ending Homelessness is beginning the local application process for new projects.

2021 Local information

Annual Renewal Demand (ARD) – \$12,850,453
Tier One funding 100% of ARD – \$12,850,453

New Project funding:

\$771,027 Reallocated funding amount

Project(s) approved using reallocated funds will be ranked at the bottom of Tier 1

Eligible Projects for Bonus funding:

- PSH
- Only participants in reallocated projects will be transferred to the newly funded project(s)

Bonus Project Funding

- \$642,523 Bonus Project funding is 5% of FPRN
- Project(s) approved for bonus funds will be scored and placed in Tier 2 in ranked order

Eligible Projects for Bonus funding:

- Permanent Supportive Housing (PSH)
- Rapid Rehousing (RRH)
- Joint Transitional Housing and Rapid Rehousing (TH-RRH)
- Domestic Violence Bonus Project (DV-RRH)
- PSH or RRH Expansion Grants
- Healthcare Partnership PSH or RRH

Further details about new project applications will be addressed in the New Project Application training. PowerPoint from the training will be posted to the website on August 31. Please see the time, date, and link for the Zoom presentation below.

Monday, August 30, 1 pm to 2:30 pm

Join Zoom Meeting

<https://us02web.zoom.us/j/82200160000?pwd=OXh6a0xMRU1pVndBMXprZlZ4WXP5Zz09>

Meeting ID: 822 0016 0000

Passcode: 558445

2021 New Project Application Timeline

- **August 24 Tuesday** – Release of application materials
 - **August 30 Monday** – 1 pm to 2:30 pm Applicants Workshop via Zoom
 - **September 17 Friday**– Noon New Applications due
 - **September 29 and October 1** – Presentation of New Projects
 - **October 4 Monday** – Initial Notification to Applicants
 - **October 27 Wednesday** – Applicants Notified of Final Project Rankings and Posted to Website
-

All materials are available on PEH Website once released to the community

www.letsendhomelessness.org

Direct questions to Charles Bollinger III – CoC Programs Coordinator

(email only) cbollinger@letsendhomelessness.org

**Rochester/Monroe County Homeless Continuum of Care, Inc. - CoC NY-500
2021 Review and Ranking Process**

Per HUD Regulation 578.9, a Continuum of Care (CoC) must design, operate and follow a collaborative process for the development of applications and approve the submission of applications in response to a NOFA (now NOFO) published by HUD.

The NY-500 CoC geographic area covers the entirety of Monroe County in New York state. FY2021 CoC funding potentially available to NY-500 include:

- \$12,850,453 for renewal projects (ARD)
- \$642,523 for CoC Bonus Funding (5% of ARD)
- \$1,377,393 for DV Bonus projects
- \$385,314 for CoC Planning Grant (3% of ARD) - please note that the CoC Planning Grant is not ranked

CoC Review and Ranking Committee (Committee):

The Committee is responsible for conducting a fair, collaborative, and transparent process for local decision-making on the allocation of CoC funding. Therefore, members of the Committee must be non-conflicted, cannot be an employee, Board member, or in any role where there could be a potential conflict of interest for any CoC-funded project. In addition, committee members must be knowledgeable of issues related to homelessness and housing and the CoC process. The responsibilities of the Committee in conjunction with CoC staff include:

- Solicitation of new Committee members
- Determine criteria used for ranking other than application score before the start of the local application process. For example, for 2021, the Committee decided that new projects not created through reallocation would be ranked below renewal projects.
- Review and approval of all application materials for both Renewal and New project applications
- Participate in the review process, which includes reading all applications, attending project presentations to the Committee, scoring each application, and attending appeal meetings when requested

Announcement of Local Application Process:

The CoC releases two Request for Proposals for CoC Funding, one for Renewal Projects and one for New Projects. The RFPs outline the process for requesting CoC Funds, projected timeline, the amount of funding available, and community priorities. The RFPs are distributed to a broad group of people via the CoC weekly electronic newsletter (400+ people), the Homeless Services Network email listserv (300+ people), and is posted on the CoC website: www.letsendhomelessness.org. The RFP encourages anyone who receives it to pass it on to other interested organizations to spread it as widely as possible in the community. On the date the RFP is released, all application materials, budget workbooks, appeals process, reallocation process, and scoring matrices are also published to the website. In addition, an applicant workshop is scheduled for both Renewal and New projects shortly after the RFP is released to fully inform applicants of the process, timelines, etc.

Renewal Projects:

The Renewal Project RFP was released on March 5, 2021. Renewal project scoring is heavily weighted on performance. Renewal projects download the Ranking Criteria, which informs them of performance

measures being scored, the point value for each measure, and the date range of the Annual Performance Report (APR) used to calculate their score. Renewal projects are also provided with an "answer sheet," which shows them how CoC staff will be scoring their project. The Renewal Project Applicant Workshop was held via Zoom on 3/10/2021.

When CoC staff complete scoring of the renewal project application, they are sent to each renewal project. Renewal projects will have five (5) working days to review the scoring and submit any discrepancy in the scoring they made by the CoC staff. The CoC will provide a response within two (2) working days. Once all scores are finalized, a community average score is determined.

- Renewal projects that score at or above the average community score are instructed to complete their budget workbooks and submit them, and those projects are done with the renewal project application process until they need to submit their applications into Esnaps. They are ranked based on the score from highest to lowest.
- Renewal projects that score below the average community score are requested to submit Part 2 of the Renewal Project Ranking Criteria to explain any mitigating factors that may have affected their score. They are also scheduled to do a presentation to the Review and Ranking Committee to discuss these further. Reviewers then provide a score for each presentation that ranges from -5 points to +5 points. Next, the average of the reviewer's presentation score is added to their score based on performance. Finally, projects are ranked based on that total score from highest to lowest below the scored renewal projects that were at or above the community average.

When all renewal scores are final, notification of their score is sent to each renewal project. Renewal projects must submit a written request via email for an appeal to the CoC within three (3) working days of the notification of their score. The Appeals process that is provided at the release of the RFP is then followed. The final ranking is sent to renewal projects once the Appeals process (if necessary) is completed.

New Project Applications:

The RFP for new projects was released on 8/24/2021, shortly after HUD released the 2021 CoC Funding NOFO. CoC staff accounted for any information that has been changed from prior years and after renewal projects have been scored to determine if there is any reallocation funding available for new projects. The New Project Applicant meeting was held via Zoom on 8/30/2021. New project applications were due to the CoC on 9/17/2021. All new project applicants are scheduled to make a presentation of their project(s) to the Committee for discussion and to answer any questions.

New project applications and budgets were sent to the members of the Committee to read and score. Reviewer's scores were due to the CoC by 9/27/2021. Projects were scheduled to make their presentations to the Committee on September 29 via Zoom. Reviewers then provide a score for each presentation that ranges from -5 points to +5 points. The average of the reviewer's presentation score is added to the project's original score. The new project application created through reallocation replaces an existing PSH program to which participants will be transferred and was ranked at the bottom of Tier 1. New project applications created with bonus funding were then ranked by the total score from highest to lowest and ranked below the renewal projects. The new projects that were created using CoC Bonus funding were ranked by score until there was no longer funding available.

The following documents are the applications, budget workbook, scoring matrixes and other materials that are posted to the website for the RFP process for both renewal and new project applications.



Partners Ending Homelessness

560 West Main Street
Rochester, New York 14608
585-319-5091

To: All CoC Funded Program Providers, CoC Stakeholders and Community
From: Partners Ending Homelessness
Re: FY2021 Ranking Criteria for HUD Funded Renewal Projects
Date: March 5, 2021

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Direct questions to Charles Bollinger III – CoC Programs Coordinator
(email only) cbollinger@letsendhomelessness.org



Partners Ending Homelessness

560 West Main Street
 Rochester, New York 14608
 Phone: 585-319-5091; Fax: 585-319-5488

**Partners Ending Homelessness
 2021 Renewal Project Ranking Criteria**

APR used 3/1/2020 -2/28/2021.

Organization Name:	
Project Name:	

Contact Person	
Phone Number	
Email	

Project Type (check correct box)	
Transitional Housing (TH)	<input type="checkbox"/>
Safe Haven (SH)	<input type="checkbox"/>
Transitional housing – Rapid Re-Housing (TH-RRH)	<input type="checkbox"/>
Permanent Supportive Housing (PSH)	<input type="checkbox"/>
Rapid Re-Housing (RRH)	<input type="checkbox"/>
Homeless Management Information System (HMIS)	<input type="checkbox"/>
Coordinated Entry (CE)	<input type="checkbox"/>

A. Data Quality	Data Quality: 100% of the following data completed during the reporting period of 3/1/2020 to 2/28/21		
	1. 6a Personally Identifiable Information (6 pts – 1 pt for each 0%)	Points	6
	2. 6b Universal Data Elements (5 pts – 1 pt for each 0%)	Points	5
	3. 6c Income & Sources at Start, Annual & Exit (6 pts – 2 pts for each 0%)	Points	6
	4. 6d Chronic Homelessness (1 pts for 0% in project type)	Points	1
	5. 15 Prior Living Situation (equals homeless situation)	Points	3

B. All Programs outcomes	6. 20b Non-Cash Benefits (1 pts – if client does not know & data not collected both equal 0)	Points	1	
	7. 6e Project Start Dates are entered within 48 hours	Points	1	
	8. 21 Health Insurance (1 pts – if client does not know & data not collected both equal 0)	Points	1	

	1. 92% or more of participants exit to or remains in permanent housing?	Points See Scoring B.	3	
	2. 20% or more participants increase cash income?	Points See Scoring B.	3	
	3. 20% or more participants increase employment income?	Points See Scoring B.	3	
	4. Less than 15% with no income?	Points See Scoring B.	3	
	5. 85% or more participants have cash income?	Points See Scoring B.	3	
	6. 20% or more participants have employment income in the program year?	Points See Scoring B.	3	
C. Coordinated Entry	7. 85% or more participants have obtained non-cash benefits?	Points See Scoring B.	3	
	8. 90% or more participants have health insurance?	Points See Scoring B.	3	

D. Efficiency	1. The average time from prioritization list referral to being entered into the project is within two weeks?	Points	3	
	2. The average time from the client's HMIS project entry date to being housed is 45 days for PSH or 30 days for RRH?	Points	3	

D. Efficiency	1. Drawdown Efficiency: Total HUD expenditures and how efficiently is the project using its grant funds? How much was drawn down from the project's last submitted APR? (1)	Points See Scoring D.	3	
	2. Project efficiency: HUD expenditures divided by the number of Heads households served in the last submitted APR. (2)	Points See Scoring D.	3	
	3. Cost of Success rate: HUD expenditures divided by the number of households with a successful exit or remained stable in PH in the last submitted APR. (2)	Points See Scoring D.	3	

TOTAL POINTS	_____
---------------------	-------

Part 2: Please do not fill out the following until requested.

Projects that score below the average ranking criteria score go before the non-conflicted Project Review committee. The Committee will review this project's outcomes and adjust score (+/-) 5 points based on mitigating factors identified below.

Mitigating Factors: Please explain any answer you think does not accurately portray your program or anything you want the reviewers to know about your program not covered in the application question. (Please use the text box below, be specific and keep the word count total under 500 words)

Scoring:

(B)

Projects earn one point for the following:

The project scored at or above the community goal for each outcome.

The project scored at or above the average of like housing group (PSH/RRH/TH)

The project scored at or above the average of all projects.

(These percentages will be included on the projects final scoring sheet)

Sample:

Measurements	Community Goals %	All PSH Projects	All CoC Projects	Sample PSH projects	Points Earned	Reasoning for points
Participants exit to or remains in permanent housing	92%+	88%	86%	96%	3	All percentage outcomes above goals
Participants increase cash income	20%+	52%	35%	53%	3	All percentage outcomes above goals
Participants increase employment income	20%+	9%	13%	13%	2	2 percentage outcomes above goals
Participants with no income	<15%	16%	18%	0%	3	All percentage outcomes above goals
Participants have cash income	85%+	84%	82%	100%	3	All percentage outcomes above goals
Participants have employment income in the program year	20%+	11%	20%	17%	1	1 percentage outcome above goals
Participants have obtained non-cash benefits?	85%+	82%	79%	90%	3	All percentage outcomes above goals
Participants have health insurance	90%+	95%	91%	97%	3	All percentage outcomes above goals
					21	

D. Efficiency Question 1. > 95% = 3 points

95% < = 0 points

Question 2. At or below the average cost per Head of Household=3 point

Above the average cost per Head of household = 0 points

Question 3. At or below the average cost of successful exit rate = 3 point

Above the average cost of successful exit rate = 0 points

- (1) For projects that have not submitted an APR after 1/1/2020, PEH will request a screenshot of the project's last drawdown in eLOCCS to show how much funding is being utilized and prorate the rest to the project's end date.
- (2) PSH, RRH, and TH projects will be compared to each other when calculating these measures; i.e. – PSH to PSH, RRH to RRH, TH to TH.



**Partners Ending
Homelessness**

560 West Main Street
Rochester, New York 14608
Phone: 585-319-5091; Fax: 585-319-5488

**Partners Ending Homelessness
2021 Renewal Project Ranking Criteria
Answer Sheet**

A7. Data Quality: 100% HMIS Data is entered within 48 hours?

*APR 6e any entry that falls in 0 days, 1-3 days, 4-6 days, 7-10 days, 11+ days range. Add all of those numbers to get total entries. Add together numbers from 0 days, plus 1-3 days, and **{Divide}** by the total number of entries.*

B1. 92% or more of participants exit to or remains in permanent housing?

*APR 5a8 Number of Stayers **{plus}** 23c Exit Destination Permanent Destinations total. This total is **{divided}** by the APR 5a1 total number of Person Served.*

B2. 20% or more participants increase cash income?

*APR 19a1 Column - Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain. Row- Number of Adults with Any Income (i.e., Total income) **{plus}** APR 19a2 Column - Performance Measure: Adults who Gained or Increased Income from Start to Annual Exit, Average Gain. Row - Number of Adults with Any Income (i.e., Total income). **{total divided by}** APR Q19a1 Column - Total Adults (including those with No Income) Row-Number of Adults with Any Income. (i.e., Total income) **{plus}** APR 19a2 Column - Total Adults (including those with No Income). Row- Number of Adults with Any Income. (i.e., Total income)*

B3. 20% or more participants have employment income in the program year?

*APR 19a1 Column - Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain. Row-Number of Adults with Earned Income (i.e., Employment Income) **{plus}** APR 19a2 Column - Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain Start to Exit, Average Gain. Row-Number of Adults with Earned Income (i.e., Employment Income) **{total divided by}** APR Q19a1 Column - Total Adults (including those with No Income) Row-Number of Adults with Earned Income. (i.e., Total income) **{plus}***

APR 19a2 Column - Total Adults (including those with No Income). Row -Number of Adults with Any Income. (i.e., Total income)

B4. Less than 15% with no income?

APR 19a1 Column - Performance Measure: Did Not Have the Income Category at Start or at Annual Assessment. Row-Number of Adults with Any Income (i.e., Total income) **{plus}** APR 19a2 Column - Performance Measure: Did Not Have the Income Category at Start or at Exit, Average Gain. Row-Number of Adults with Any Income (i.e., Total income). **{total divided by}** APR Q19a1 Column - Total Adults (including those with No Income) Row-Number of Adults with Any Income. (i.e., Total income) **{plus}** APR 19a2 Column - Total Adults (including those with No Income). Row-Number of Adults with Any Income. (i.e., Total income)

B5. 85% or more participants have cash income?

APR 19a1 Add numbers in Row- Number of Adults with Any Income (i.e., Total Income) Performance Measure: Retained Income Category but Had Less \$ at Annual Assessment Than at Start. **{plus}** Retained Income Category and Same \$ at Annual Assessment as at Start. **{plus}** Retained Income Category and Increased \$ at Annual Assessment; Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment. **{plus}** Add numbers in Row- Number of Adults with Any Income (i.e., Total Income) APR 19a2 Performance Measure: Performance Measure: Retained Income Category but Had Less \$ at Exit Than at Start. **{plus}** Retained Income Category and Same \$ at Exit as at Start. **{plus}** Retained Income Category and Increased \$ at Exit. **{plus}** Did Not Have the Income Category at Start and Gained the Income Category at Exit. **{total divided by}** APR Q19a1 Total Adults (including those with No Income) Number of Adults with Any Income. (i.e., Total income) **{plus}** APR 19a2 Total Adults (including those with No Income). Row -Number of Adults with Any Income. (i.e., Total income)

B6. 20% or more participants have employment income in the program year?

APR 19a1 Add numbers in Row- Number of Adults with Earned Income (i.e., Employment Income) Performance Measure: Retained Income Category but Had Less \$ at Annual Assessment Than at Start. **{plus}** Retained Income Category and Same \$ at Annual Assessment as at Start. **{plus}** Retained Income Category and Increased \$ at Annual Assessment; Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment. **{plus}** Add numbers in Row- Number of Adults with Earned Income (i.e., Employment Income) APR 19a2 Performance Measure: Performance Measure: Retained Income Category but Had Less \$ at Exit Than at Start. **{plus}** Retained Income Category and Same \$ at Exit as at Start. **{plus}** Retained Income Category and Increased \$ at Exit. **{plus}** Did Not Have the Income Category at Start and Gained the Income Category at Exit. **{Total divided by}** APR Q19a1 Total Adults (including those with No Income) Number of Adults with Earned Income. (i.e., Employment

income) **{plus}** APR 19a2 Total Adults (including those with No Income). Row -Number of Adults with Earned Income. (i.e., Employment income)

B7. 85% or more participants have obtained non-cash benefits?

APR 20b Row - 1+Source(s) Column -Benefit at latest annual **{plus}** Column- benefit at the exit for leavers **{total}** **{divide}** Row - 1+Source(s) Column - Benefit at latest annual **{plus}** Column- benefit at the exit for leavers **{plus}** Row – No Source Column- Benefit at latest annual **{plus}** Column - benefit at the exit for leavers **{total}**

B8. 90% or more participants have health insurance?

APR 21 Row – 1 Source of Health Insurance Column -At Annual Assessment for Stayers **{plus}** Column - At Exit for Leavers **{plus}** Row- More than 1 Source of Health Insurance Column -At Annual Assessment for Stayers **{plus}** Column -At Exit for Leavers**{total}** **{divide}** Row – 1 Source of Health Insurance Column -At Annual Assessment for Stayers **{plus}** Column -At Exit for Leavers **{plus}** Row- More than 1 Source of Health Insurance Column -At Annual Assessment for Stayers **{plus}** Column -At Exit for Leavers **{plus}** Row- No Health Insurance Column -At Annual Assessment for Stayers**{plus}** Column -At Exit for Leavers **{total}**



2021 Reallocation Process

Per the CoC Program, “Reallocation is a process that the CoC uses to shift funds in whole or part from existing eligible renewal projects to create one or more new projects without decreasing the CoC’s ARD” that will better address the needs of the homeless. Reallocation can reduce or eliminate funding from existing renewal projects. The CoC Ranking and Review Committee, a non-conflicted group of CoC Board and community members, makes final reallocation decisions based on the following:

- Project has history of not spending down all requested HUD funds during the contract year. Unspent funds are reallocated for new projects
- A project voluntarily decides not to renew their project
- A project voluntarily requests to have its existing program(s) funding reallocated to create a new project that meets a need in the community. In this instance, assuming the project meets threshold requirements, the new project created is prioritized for inclusion in Tier 1
- A program has history of not meeting performance measures and has not followed through with a performance improvement plan. This may include both outcome measures and utilization.
- A project who has deficiencies in the on-going operation of the programs



Partners Ending Homelessness

Local Application Appeals Process

An applicant must submit a request for an appeal in writing to the Partners Ending Homelessness (Local CoC) within three days of notification of the Local Application Review Committee's award. Possible grounds for appeal are: the Applicant was denied the right to participate in or eliminated from the local ranking process. Applicant believes that decisions made regarding their ranking, amount of awarded funding, or elimination of their program were unsubstantiated based on project performance or other factors that can be documented.

Decisions made regarding applications not submitted by the deadline(s) or were incomplete cannot be appealed.

The total score for the application is provided to the Applicant at the time of award notification. At no time during the appeals process will the scores of individual reviewers be discussed. At all points during the Appeal process, the discussion will be respectful and fact-based.

Phase I of the Appeal Process will be a discussion between the Applicant, Partners Ending Homelessness Staff, and at least three representatives of the Application Review Committee (Phase I Committee). The Applicant will present their case and will be followed with questions and discussion. The intended goal of this Phase is to reach an agreement on a resolution of all appealable issues presented.

If issues are not resolved during Phase I, **Phase II** of the Appeal Process will ensue. The Phase I Committee will be joined by two independent participants (Appeal Committee). The Appeal Committee's independent members will be Partner Ending Homelessness Board members who did not participate in the Application Review process and whose organization they represent do not receive or did not apply for CoC funding for the 2021 funding round. The Appeal Committee will again review the grounds of the appeal and the basis of the actions taken. They will then either uphold or revoke the decision(s) of the Application Review Committee. Corrective action(s) will then be developed.

Decisions made during either Phase I or Phase II are final.

If Applicant is still not in agreement with Phase II results, they should review the HUD NOFA and follow instructions on how and on what grounds they can appeal to HUD.



Partners Ending Homelessness Local NOFA workshop for Renewal Projects

1

Partners Ending Homelessness Staff

Connie Sanderson

Csanderson@letsendhomelessness.org

585-319-5091 ext. 103

Charles Bollinger III

cbollinger@letsendhomelessness.org

585-319-5091 ext. 101

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2

Ranking Criteria

The Local Application Review Committee is the entity that will review, score, and rank projects. It consists of individuals without conflicts of interest who either sit on the CoC Board or are representatives of the community at large. Members of the Application Review Committee are not employees, owners, stakeholders, directors, officers, funders, board members of, or independent contractors to, any organization that submits or will benefit from a local Application that is being reviewed, scored, and ranked.

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Ranking Criteria Review

(Continued)

The Local Application Review Committee will evaluate the local ranking scoring sheet based on the attached scoring Rubric and, if needed, other mitigating factors submitted in the second round of the review

1. **The process shall be transparent and impartial**
2. **The process includes an Appeal Process**
3. **Renewal projects will be scored using the 2021 scoring sheet**
4. **Renewals will be reviewed, scored, and ranked together by the score, with #1 being the project with the highest score.**
5. **2020 no New Projects were awarded (Projects that have not completed a full year of operation will not have funds reallocated due to surplus HUD funds.)**

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Reasons for Reallocation

The CoC may choose to reallocate funds, eliminate or reduce funding from projects based on:

- Project performance; outcome measures and/or utilization
- Deficiencies in the ongoing operation of the project
- Project underspends their HUD funding
- Project voluntarily decides not to renew
- Project requests to be reallocated to create a new project that meets a community need

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Application Materials

- Can be found on the www.letsendhomelessness.org website
- The CoC will not email out materials this year
- Everything can be downloaded directly from the website

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B. All Programs Outcomes	6. 20% Non-Cash Benefits (1 pts - if client does not know B, data not collected both equal 0)	Points	1
	7. On Project Start Dates are entered within 48 hours	Points	1
	8. 21 Health Insurance (1 pts - if client does not know B, data not collected both equal 0)	Points	1
	1. 80% or more of participants met to or remain in permanent housing?	Points (see below for scoring)	3
	2. 20% or more participants increase cash income?	Points (see below for scoring)	3
	3. 20% or more participants increase employment income?	Points (see below for scoring)	3
	4. Less than 15% with no income?	Points (see below for scoring)	3
	5. 85% or more participants have cash income?	Points (see below for scoring)	3
	6. 20% or more participants have employment income in the program year?	Points (see below for scoring)	3
	7. 85% or more participants have obtained non-cash benefits?	Points (see below for scoring)	3
8. 90% or more participants have health insurance?	Points (see below for scoring)	3	
C. Coordinated Entry	1. The average time from point of initial list referral to intake entered into the system is within 750 weeks?	Points	3
	2. The average time from the client's HUD program entry date to being housed is 45 days for PH or ID days for HHIP?	Points	3
D. Efficiency	1. Does client HUD's total HUD expenditures and how efficiently is the project using the grant funds? How much was it over/short from the project's last submitted APR? (1)	Points (see below)	
	2. Project efficiency: HUD expenditures divided by the number of households served in the last submitted APR. (2)	Points (see below)	
	3. Cost of care: total HUD expenditures divided by the number of households with a successful exit or remained stable in PH in the last submitted APR. (2)	Points (see below)	
TOTAL POINTS			

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Part 2. Please do not fill out the following until you are asked.

The projects that were under the average for 2020 A were up before the non-qualified review committee. The Committee will review this project's outcomes and ask them with the following questions. (5 points +/-)

(Part 2 Q1) Please explain any answer you think does not accurately portray your program or anything you want the reviewer to know about your program not covered in the application question. (Please use the text below, be specific and keep the total under 300 words)

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Renewals- Budgets

Budgets

- **Projects would not be a need to send in their budget at this time.**
 - Projects at or above the community average will be asked to submit their 2021 budget workbook.
- **We are expecting all budgets to remain the same as FY20 Budgets.**
- **If any project wants to make changes or amendments to their budgets, PEH must be made aware in an email before COB 3/22/2021**
- **If projects are consolidating, they would need to do the budgets as required for consolidation. Projects also need to make PEH aware by email before COB 3/22/21.**

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Scoring Discrepancy

All requests for the second review of the project's scoring sheet for scoring discrepancies must be made in an official email to Charles Bollinger within 5 working days of receiving your score.

PEH will review the discrepancy and give an official response to the request within 2 working days after the appeals committee meets to review the request.

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Renewal Programs

Presentation

Presentation

A presentation will be required for all projects by the ranking and review committee that fall under the average NOFA score. The applicants will be given 5 days notice of this request to schedule a time for a zoom presentation. This presentation helps the reviewers better understand the goals and outcomes of the renewal project and their plan on achieving community and HUD goals in the upcoming year.

Presentation for project's that score under the average local NOFA score will be schedule the week of April 19th PEH will email the projects to set up these times.

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Preformance Imporvement Plan

Projects that scores below a threshold score (TBA after renewal ranking is concluded) will need to work with PEH on a performance improvement plan. The performance improvement plans will start immediately. For the 2022 local NOFA, if the project does not improve its scores and fails to move above the threshold score or is in Tier 2 again, the project will be subject to having its funding reallocated.

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Questions



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Partners Ending Homelessness

560 West Main Street
Rochester, New York 14608
585-319-5091

To: All CoC Funded Program Providers, CoC Stakeholders, and Community
From: Partners Ending Homelessness
Re: FY2021 New Project Application - Local NOFO
Date: August 24, 2021

With the release of the 2021 HUD CoC Program NOFA, the Partners Ending Homelessness is beginning the local application process for new projects.

2021 Local information

Annual Renewal Demand (ARD) – \$12,850,453
Tier One funding 100% of ARD – \$12,850,453

New Project funding:

\$771,027 Reallocated funding amount

Project(s) approved using reallocated funds will be ranked at the bottom of Tier 1

Eligible Projects for Bonus funding:

- PSH
- Only participants in reallocated projects will be transferred to the newly funded project(s)

Bonus Project Funding

- \$642,523 Bonus Project funding is 5% of FPRN
- Project(s) approved for bonus funds will be scored and placed in Tier 2 in ranked order

Eligible Projects for Bonus funding:

- Permanent Supportive Housing (PSH)
- Rapid Rehousing (RRH)
- Joint Transitional Housing and Rapid Rehousing (TH-RRH)
- Domestic Violence Bonus Project (DV-RRH)
- PSH or RRH Expansion Grants
- Healthcare Partnership PSH or RRH

Further details about new project applications will be addressed in the New Project Application training. PowerPoint from the training will be posted to the website on August 31. Please see the time, date, and link for the Zoom presentation below.

Monday, August 30, 1 pm to 2:30 pm

Join Zoom Meeting

<https://us02web.zoom.us/j/82200160000?pwd=OXh6a0xMRU1pVndBMXprZlZ4WXp5Zz09>



Partners Ending Homelessness

560 West Main Street
 Rochester, New York 14608
 585-319-5091

2021 Priorities

NY-500 Community Priorities	2021 HUD Priorities
Prioritized Housing Components Permanent Supportive Housing Transitional Housing/Rapid Re-Housing Rapid Re-Housing	End homelessness for all
Prioritized Homeless Sub-Populations Chronically Homeless Unsheltered Homeless Families Fleeing Domestic Violence Re-Entry Transition Age Youth (18 -24 years old)	Use Housing First approach
Prioritized Special Needs Mental Health Substance Abuse Co-Occurring	Decrease numbers of Unsheltered Homeless
Prioritized PEH and HSN Activities Increase PSH inventory Increase Support Services Increase Landlord Engagement Improving Access to Mental Health Services Improving Access to Substance Abuse Services	Increase system performance
Improving Housing Stability Increase support services Increase affordable housing inventory Concern regarding number of evictions when moratorium ends Alternative housing for people who have been unsuccessful in PSH	Partnering with Housing (specifically PHAs), Health and Service Agencies
	Racial Equity
	Inclusion of persons with lived experience in local planning process

New Project Applications

Scoring Matrix

Section 1	Q1/2		3	What homeless sub-populations are proposed to be served
	Q3		2	Will your program provide or make linkages to employment services?
Section 2				
	Q.1		5	Please provide a general description of the program and a rationale for why the program should be funded.
	Q2		5	How does the proposed project meet an unmet need in the community?
	Q.3	Provides MOU with partners or information about partners, describes prior experience	5	Program works with other community based organizations; has prior experience with homeless and grants management
	Q.4	(1. point for each service discussed)	5	Describe what services your project will provide or make referrals to that lead to the increased self-sufficiency of participants
	Q.5		5	What measurement or system would the agency use to track the client's housing stability?
	Q.6		5	What will be your strategy for participants to remain stably housed or complete the program successfully?
	Q.7		5	Reason for requesting funding this grant year.
Section 3	Q.1	100%=3 points; <100% = 0 points	3	What percentage of your program participants will be coming through the Coordinated Entry system?
	Q.2	0 -5 points	3	Response indicates that program demonstrates a thorough understanding of coordinated entry.
Section 4	Q.1	1 point each committee (max of 2 points)	2	Which CoC/HSN activities does your program/project staff participate in?
	Q.2		2	2.How does this project align with Community Priorities?
Section 5	Q.1		0	Response indicates that program is aware of educational services that must be provided consistent with McKinney-Vento requirements
Section 6	Q.1		3	Please list eligibility criteria as they will appear in your program policies and procedures.
	Q.2		3	Attach the agency's termination policy for all participants in the future project
	Q.3		3	What are possible reasons as they will appear in your program policies and procedures and/or requirements of the property manager that would be grounds for denial into the program.
	Q.4		3	Response demonstrates an understanding of Housing First and Person Centered principles
Section 7	Q.1	Yes	0	Is the project going to fully participate in HMIS?
	Q.2	Yes	0	Project agrees to share data and assessments
	Q.3	(2.5 points for successfully discussing each component)	5	Response indicates that they are familiar with HMIS or other database and describes a logical work flow
	Q.4		5	Describe what your process will be for documenting interactions with the client(s). Include information on where documentation will be recorded, how often the case manager will meeting with the client(s), what system will be in place to monitor documentation and timeliness of documentation
	Q.5		0	What elements should be included in case notes?

Section 8	Q. 1	equal or > than benchmark = 1	1	Benchmark: 85% participants access non-cash benefits
	Q. 2	equal or > than benchmark = 1	1	Benchmark: 20% of participants will have employment income
	Q. 3	equal or > than benchmark = 1	1	Benchmark: 85% participants access cash from sources other than employment
	Q. 4	equal or > than benchmark = 1	1	Benchmark: 92% of participants exit to permanent housing
	Q. 5	< or = average = 3	3	Above or Below Average Cost Based on Same Type of Program
	Q. 6	< or = average = 3	3	Above or Below Average Cost Based on Same Type of Program
	Q. 7		5	Achieve these HUD CoC community outcomes?
	Q. 8		0	SOAR-trained staff
	Q. 8a		0	SOAR applications to the SSA?
	Q. 9		5	prior experience in managing federal or other grants?
Budget			8	Costs are all eligible expenses = 2; Staffing - details provided = 3; Budget - complete, reasonable and accurate = 3
Presentation			5(+/-)	Presentation for reviewers can award up to 5 positive points or down to 5 negative points
Bonus		Bonus DV Rapid Re-Housing (DV/RRH)	5	Provides MOU with partners or information about partners that focuses on DV Homelessness or has own strategy to end DV Homelessness
Bonus		Bonus Healthcare Partnership PSH/RRH	5	Provides MOU with Healthcare partners and states Project will receive services from Healthcare organization for the duration of the project
Bonus		Bonus Non-CoC Funded Housing Partnership	5	The rental subsidy for these projects must be provided through other non-CoC sources of funding, i.e. - private funding, state or local government, other federal funding that is not CoC or ESG
Total Points			110	



FY2021 HUD CoC Funding NOFO Summary

1

Funding Available

Total Funding Available Nationally:

CoC Program Funding - \$2.65 billion

DV Bonus Project Funding - \$102,000,000

YHDP – Non-competitive YHDP renewal and replacement grants (N/A)

Local Project Funding:

\$12,8250,456 – Annual Renewal Demand (ARD)

\$385,514 – CoC Planning Grant (3% of ARD)

\$642,523 – CoC Bonus Projects (5% of ARD)

\$1,377,393 – DV Bonus Funding

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2

HUD Priorities

- End homelessness for all
- Use Housing First approach
- Decrease numbers of unsheltered homeless
- Increase system performance
- Partnering with Housing (focus on PHAs) and Healthcare Organizations
- Racial Equity
- Inclusion of people with lived experience in local planning process

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3

Major Changes

- Tier 1 includes 100% of Annual Renewal Demand (ARD)
- CoCs that create projects that coordinate with housing providers and healthcare organizations will receive bonus points
- Increased points for collaboration with Public Housing Authority(s) (PHA)
- Increased points for Racial Equity activities
- Increased points for inclusion of persons with lived experience
- Points for how the CoC addresses challenges due COVID-19
- Points for CoC coordination with ESG-CV funding
- Only the sheltered PIT count will be scored for this fiscal year

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Major Changes

System Performance

CoCs should review all projects eligible for renewal in FY2021 to determine their effectiveness in serving people experiencing homelessness, including cost-effectiveness. CoCs should also look for opportunities to implement continuous quality improvement and other process improvement strategies. HUD recognizes that CoC performance and data quality may have been affected by COVID-19 compared to previous CoC NOFOs, and has reduced the points available for rating factors related to system performance. However, HUD plans to significantly increase the points for performance rating factors in the FY 2022 and subsequent CoC NOFOs.

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**FY2021 CoC Program Funding
Partners Ending Homelessness
New Project Applicant
Workshop**

6

Introduction

Partners Ending Homelessness, the lead agency for the Continuum of Care (CoC), representing the City of Rochester, County of Monroe, and Towns of Greece and Irondequoit (NY-500), will submit a CoC Program Consolidated Application for funding to the U.S. Department of Housing and Urban Development (HUD) in the upcoming FY 2021 Continuum of Care Homeless Assistance Program Competition. This presentation describes the New Project Application submission and review process.

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Application Review

The Ranking and Review Committee will evaluate the applications based on the Scoring Rubric provided. The following policies were approved:

1. The process shall be transparent and impartial
2. The process includes an Appeal Process
3. New applications will be scored using the 2021 New application Scoring Rubric
4. New projects created with reallocation funding will be placed at the bottom of Tier 1
5. New projects created with bonus funding will be ranked against each other and placed in Tier 2 in order by score

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Eligible Organizations

Non-profits, states, local government,
and instrumentalities of local government

Individuals and for-profits are not permitted to apply for grants
or be sub-recipients of grants

**New Program funding is derived from Reallocation
And/or bonus funding**

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HUD CoC Housing Components

Permanent Supportive Housing (PSH)

Rapid Re-Housing (RRH)

Transitional Housing to Rapid Re-Housing (TH-RRH)

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Eligible Components: Permanent Housing

1. **Permanent Housing** : Community-based housing, the purpose of which is to provide housing without a designated length of stay. It includes:
 - a. **Permanent Supportive Housing (PSH)**
 - I. Programs formerly known as S+C and *some* SHP Permanent Housing Programs
 - II. Provides long-term housing assistance to homeless individuals and families in which one **adult or child has a disability**
 - III. PSH Programs PRIORITIZE Chronically homeless individuals and families

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Eligible Components: Permanent Housing

- b. **Rapid Re-Housing (RRH)**
 - I. Programs formerly known as scattered-site Transitional Housing and some "short-term" SHP Permanent Housing Programs
 - II. Designed to help homeless individuals and families move as **quickly** as possible into permanent housing and achieve stability in that housing.
 - III. Provides short and/or medium-term assistance rental assistance and case management (up to 24 months)
 - IV. The program participants **KEEP** the housing/unit when assistance ends.
 - V. Client does not need to have a disability to enter project.

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Eligible Components: Eligible Components: Permanent Housing Transitional Housing (TH) to Rapid Rehousing (PH-RRH)

A Joint TH and PH-RRH Component project is a new project type established in 2017 which includes two existing program components—TH and PH-RRH—in a single project to serve individuals and families experiencing homelessness.

It could provide short- or medium-term tenant-based rental assistance on behalf of program participants in the rapid rehousing portion of the project. Supportive services must be provided for the entire project.

The TH units/beds will be supported by the transitional housing component and the tenant-based rental assistance and services provided through the PH-RRH component.

The program can serve participants up to 24 months or as long as the program dictates. A program participant may only need the temporary stay in transitional housing unit, or just the rapid re-housing assistance, but the recipient or subrecipient must be able to make available the financial assistance and supportive services that traditionally comes with rapid re-housing assistance to that program participant if needed. Likewise, the rapid re-housing can be accessed without entering the TH program.

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Homeless Definitions

Category 1- Literally Homeless

- An individual or family who lacks a fixed, regular, and adequate nighttime residence;
- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements;

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Homeless Definitions

Category 2 – Imminent Risk of Homelessness

- Residence will be lost within 14 days of the date of application for homeless assistance
- No subsequent residence has been identified
- The individual or family lacks the resources or support networks needed to obtain permanent housing

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Homeless Definitions

Category 4-Fleeing Domestic Violence

Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence, who:

- Have no identified subsequent residence; AND
- Lack the resources and support networks needed to obtain other permanent housing.

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Housing Component Eligibility

PSH – Category 1

TH/RRH – Category 1, 2 (for TH only) and 4

RRH – Category 1, 4

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Housing First in Permanent Supportive Housing

Housing First is a best practice model to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Housing First emerged as an alternative to the linear approach in which people experiencing homelessness were required to first participate in and graduate from short-term residential and treatment programs before obtaining permanent housing. In the linear approach, permanent housing was offered only after a person experiencing homelessness could demonstrate that they were "ready" for housing.

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Housing First in Permanent Supportive Housing

- Few to no programmatic prerequisites to permanent housing entry
- Low barrier admission policies
- Rapid and streamlined entry into housing
- Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability
- Tenants have full rights, responsibilities, and legal protections
- Practices and policies to prevent lease violations and evictions

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Chronically Homeless vs DedicatedPLUS PSH

All new PSH projects must either be (1) 100 dedicated to chronic homelessness or (2) DedicatedPLUS.

Chronically Homeless

Beds that are dedicated to chronically homeless individuals and families are those beds explicitly dedicated for use by chronically homeless individuals and families within a CoC.

Another chronically homeless participant must fill the bed unless no chronically homeless persons are located within the CoC's geographic area. This concept only applies to permanent supportive housing (PSH) projects.

If a project comprises 100 percent dedicated beds, it is called for chronically homeless individuals and families.

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Chronically Homeless vs DedicatedPLUS

PSH

DedicatedPLUS

A DedicatedPLUS project is a permanent supportive housing (PH-PSH) project where the entire project will serve individuals and families that meet one of the following criteria at project entry

- Experiencing chronic homelessness as defined in 24 CFR 578.3;
- Residing in a transitional housing
- Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- Residing in transitional housing funded by a Joint transitional housing (TIH) and rapid re-housing (PII-RRH)
- Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or

The DedicatedPLUS concept provides more flexibility, particularly those that have already dedicated 100 percent of the PSH resources to chronic homelessness. DedicatedPLUS eligibility to serve persons with long histories of homelessness and severe service needs who would not meet the definition of chronic homelessness at project entry.

<https://www.hudexchange.info/faqs/reporting-systems/e-snaps-homeless-assistance-application-and-grants-management-system/nofasnotices/fy-2017-nofa/can-you-explain-the-difference-between-beds-dedicated-to-chronically/>

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Rent: Permanent Supportive Housing

It is the expectation that PH program engage their participants to achieve housing stability which includes paying a portion of the rent

- Rent will be the highest of:
 - ❖ 30 percent of the family's monthly adjusted income;
 - ❖ 10 percent of the family's monthly gross income; or
 - ❖ The portion of the family's welfare assistance, if any, that is designated for paying rent
- Income must be calculated according to 24 CFR 5.609 and 24 CFR 5.611(a)

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New Project Funding

Reallocation funding available is \$516,480 – Projects approved using reallocated funds will be placed at the bottom of Tier 1

CoC Bonus funding available is \$642,523, calculated at 5% of ARD

DV Bonus funding available is \$1,377,393

Projects approved for bonus funds will be scored and placed in Tier 2 in ranked order.

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Reallocation Funding

The Reallocated funding is \$516,480 dollars

- PSH project
- Supportive services dollars available
- 10% admin available
- 45 House holds (119 total people)
 - 17 Individuals
 - 28 Families

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Eligible New Project Applications

- Permanent Supportive Housing (PSH) for Chronically Homeless
- Rapid Re-Housing (RRH)
- Transitional Housing-Rapid Re-Housing (TH-RRH)
- DV-RRH*
- HealthCare Partnership (PSH or RRH)*
- Housing Partnership (PSH or RRH)*

*5-point bonus for new projects that are DV-RRH or partnering with healthcare or housing organizations to provide permanent supportive housing or rapid rehousing services

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Eligible New Project Applications

- All new projects can request an 18-month grant term for the first year of operation. This is to allow for start up, new hiring, etc.
- Project will receive one year of funding that must be spread over the 18-month period
- If projects, choose the 18-month grant term they will be treated as a renewal project in the following fiscal year.

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Expansion Project Applications

- An expansion grant must increase units, beds, services, or person served in an existing grant. Must be for activities and funding parameters allowed under reallocation, CoC Bonus or DV bonus projects.
- Must submit a renewal and an expansion grant application.
- If both renewal and expansion grant is awarded, one grant agreement will be executed. If renewal not awarded, expansion is not award. If renewal awarded ut not the expansion, the renewal grant continues as currently operated.

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Consolidation Grant Applications

- Organization may consolidate 2-10 projects of the same component type
- Must submit renewal applications and a consolidated project application into Esnap.

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Transition Grant Applications

- A grant to fund a new project to transition an eligible renewal project being eliminated through reallocation from one program component to another new component over a one-year period.
- No more than 50% of the grant can be used for eligible activities of the original grant. All remaining funds must be used under the new component of the project.
- Eligible for renewal in future years for only the new component activities
- Must get approval from the CoC.

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New Project Models

Domestic Violence RRH Project

- Two years of DV-Bonus Project funding is available
- Eligible activities
 - ❖ DV-RRH
 - ❖ Comparable Database
- 100% of project participants must be fleeing DV

*5-point bonus for new projects that are DV-RRH

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New Project Models

Healthcare Partnership PSH or RRH

Provides MOU with Healthcare partners and states project will receive services from Healthcare organization for the duration of the project.

Sources of health care resources include:

1. Direct contributions from a public or private health insurance provider to the project, and Provision of health care services by a private or public organization tailored to the program participants of the project.
2. Eligibility for the project must comply with HUD program and fair housing requirements. Eligibility criteria cannot be restricted by the eligibility requirements of the health care service provider. Healthcare services **MUST** be committed for the lifetime of the proposed project.

* 5-point bonus for new projects with Healthcare Partnership

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New Project Models

Healthcare Partnership PSH or RRH

Continued

Projects must demonstrate through a written commitment from a health care organization that the value of assistance being provided is at least in the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or an amount that is equivalent to 25 percent of the funding being requested for the project will be covered by the healthcare organization. Acceptable forms of commitment are formal written agreements and must include:

1. value of the commitment, and
2. dates the healthcare resources will be provided.

In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds. CoCs can receive less than full points for demonstrating commitments less than the threshold described above.

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New Project Models

Non-CoC Funded Housing Partnership

- The rental subsidy for these projects must be provided through other non-CoC sources of funding, i.e. – private funding, state or local government, other federal funding that is not CoC or ESG
 - Projects can be PSH or RRH
 - Minimum requirements: for PSH projects, at least 25% of units must have non-CoC funding; for RRH projects, at least 25% of the participants must receive housing and services using non-CoC funding
- * **5-point bonus for new projects with Healthcare Partnership**

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Application Submission Timeline

New Project Applications: To be reviewed and considered for funding, completed Applications, including all required documentation, must be submitted electronically by **12:00pm (Noon) on Friday, September 17, 2021.**

All components of an Application must be transmitted at the same time via email only to Charles Bollinger III at cbollinger@letsendhomelessness.org.

Questions about the local Application process should be directed by email only to Charles Bollinger III at: cbollinger@letsendhomelessness.org.

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Application Materials

- Can be found on the www.letsendhomelessness.org website
- All materials can be downloaded directly from the website
- The CoC will not email out materials this year

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New Project Application

<https://letsendhomelessness.org/about/funding/new-project-application-2021-8-30-21/>

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Budget

All projects must complete Budget Workbook
 Complete the worksheets that are appropriate for your project. Choose N/A box on top of each worksheet that you are not using
 Green cells are only places where numbers should be entered
 HMIS worksheet is only for dedicated HMIS project
Complete Total Budget Worksheet last – Fill in Project Administration up to 10% only. All other lines will be auto-filled as you complete the other worksheets
 New Projects MUST use FMR rents only.
 Please attach documentation of match and include detail on description of contribution
 Budget Points=8

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Match

- Minimum Match requirement is 25%. Applications cannot be reviewed if there is insufficient match.
- Match may be cash or in-kind.
- Cash match must be cash that comes through your organization's books and is used for eligible program expenses for the CoC funded project.
- In-kind match are materials or labor that is donated to the project. Must include the cash value for the service/goods/labor and how you arrived at the amount.
 - **In-kind match must be documented with an MOU and not a letter.**
- Funds requested for leasing do not require a 25% match.

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New Application Attachments

- **Narrative attachments for the New Project Application should be included in one document and labeled as “Application Attachments for _____”**
- **The budget workbook is a separate attachment and named “Budget for _____”**

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New Project Presentations

- Presentations will be scheduled for September 29, with October 1 as a back-up date if needed
- **A presentation to the ranking and review committee will be required for all new projects. This presentation helps the reviewers better understand the new project and their plan on achieving community and HUD goals in the upcoming year.**
- ***Reviewers can award plus or negative 5 points based on the presentation. If you want to present materials to the committee, please email them to cbollinger@letsendhomelessness.org no later than Noon on September 23rd.***
- *The first New Project application submitted can choose their time of presentation based on schedule that is set up*

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HUD References

The 2021 CoC Program Notice of Funding Opportunity (NOFO) New Applicants must also comply with the rules, regulations, and guidance in 2021 HUD NOFO.

https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf

CoC Program Interim Rule (24 CFR part 578)

https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

Housing First Information

<https://www.hudexchange.info/resources/documents/Housing-First-Permanent-SupportiveHousing-Brief.pdf>

Rapid Re-Housing Information

<https://www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf>

<https://www.hudexchange.info/resource/2889/rapid-rehousing-esg-vs-coc/>

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Timeline of Important Dates

August 24: Local New Application Materials Available
 August 30: Local New Application Workshop via Zoom
 1 pm- 2:30 pm

August 31: Esnaps Training via Zoom 2:30 – 4pm

September 17: **New Project Applications Due by 12pm (Noon)**

September 29 & October 1: New Project Presentations

October 27: Applicants Notified of Final Project Rankings
 and posted to PEH website

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Questions



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measures being scored, the point value for each measure, and the date range of the Annual Performance Report (APR) used to calculate their score. Renewal projects are also provided with an "answer sheet," which shows them how CoC staff will be scoring their project. The Renewal Project Applicant Workshop was held via Zoom on 3/10/2021.

When CoC staff complete scoring of the renewal project application, they are sent to each renewal project. Renewal projects will have five (5) working days to review the scoring and submit any discrepancy in the scoring they made by the CoC staff. The CoC will provide a response within two (2) working days. Once all scores are finalized, a community average score is determined.

- Renewal projects that score at or above the average community score are instructed to complete their budget workbooks and submit them, and those projects are done with the renewal project application process until they need to submit their applications into Esnap. They are ranked based on the score from highest to lowest.
- Renewal projects that score below the average community score are requested to submit Part 2 of the Renewal Project Ranking Criteria to explain any mitigating factors that may have affected their score. They are also scheduled to do a presentation to the Review and Ranking Committee to discuss these further. Reviewers then provide a score for each presentation that ranges from -5 points to +5 points. Next, the average of the reviewer's presentation score is added to their score based on performance. Finally, projects are ranked based on that total score from highest to lowest below the scored renewal projects that were at or above the community average.

When all renewal scores are final, notification of their score is sent to each renewal project. Renewal projects must submit a written request via email for an appeal to the CoC within three (3) working days of the notification of their score. The Appeals process that is provided at the release of the RFP is then followed. The final ranking is sent to renewal projects once the Appeals process (if necessary) is completed.

New Project Applications:

The RFP for new projects was released on 8/24/2021, shortly after HUD released the 2021 CoC Funding NOFO. CoC staff accounted for any information that has been changed from prior years and after renewal projects have been scored to determine if there is any reallocation funding available for new projects. The New Project Applicant meeting was held via Zoom on 8/30/2021. New project applications were due to the CoC on 9/17/2021. All new project applicants are scheduled to make a presentation of their project(s) to the Committee for discussion and to answer any questions.

New project applications and budgets were sent to the members of the Committee to read and score. Reviewer's scores were due to the CoC by 9/27/2021. Projects were scheduled to make their presentations to the Committee on September 29 via Zoom. Reviewers then provide a score for each presentation that ranges from -5 points to +5 points. The average of the reviewer's presentation score is added to the project's original score. The new project application created through reallocation replaces an existing PSH program to which participants will be transferred and was ranked at the bottom of Tier 1. New project applications created with bonus funding were then ranked by the total score from highest to lowest and ranked below the renewal projects. The new projects that were created using CoC Bonus funding were ranked by score until there was no longer funding available.

Rochester/Monroe County Homeless CoC Budget Workbook Instructions

This budget workbook consists of 8 separate spreadsheets. This first spreadsheet contains instructions on how to complete the workbook. The following three spreadsheets are required for all applications: Total Budget, Match, and Leverage.

The nature of the eligible costs that are being requested determines which of the other seven spreadsheets must be completed by the applicant. These spreadsheets are Supportive Services, Operating, Leasing, Rental Assistance, HMIS, and Staffing. If a spreadsheet does not pertain to the funding request, check the "Not Applicable" box at the top left of the spreadsheet.

The NOFA, once released, potentially may change the eligible costs for each type of program, whether Permanent Housing or Rapid ReHousing (PSH and RRH)

Spreadsheet cells in which applicants can enter data are highlighted in green. In most cases, computations are generated automatically and information from the detailed spreadsheets is transferred directly to the Total Budget spreadsheet.

The only entry that applicants can make in the Total Budget spreadsheet is the dollar amount of the project administration costs requested. The local maximum allowable is 10%.

Match: Applicants are reminded that HUD requires that all HUD funding, except leasing, must be matched with a minimum 25% total cash and/or non-cash (in-kind) contribution for eligible program costs.

Match - New Projects: Both cash and in-kind match must be documented via signed agreements, letters of commitment, or memoranda of understanding that are submitted with the application. In the case of in-kind match, documentation must include how the value was determined.

Match - Renewal Projects: For local application process provide a detailed list of match sources and amounts on the Match worksheet. Documentation of match will have to be submitted when completing the C1.9a Issues and Conditions if project is awarded funding

We encourage you to include all other funding for the project above the 25% required minimum match in your leveraging.

Provide narrative detail on the budget lines; quantity, cost of items, mileage calculation, etc.

PROJECT NAME:

[Redacted]

TOTAL BUDGET

Eligible Costs **Annual Amount**

1	Leased Units	\$0
2	Leased Structures	\$0
3	Rental Assistance	\$0
5	Supportive Services	\$0
6	Operating	\$0
7	HMIS	\$0
8	Sub-Total HUD Request:	\$0
9	Project Administration (Up to 10% Maximum)	[Redacted]
10	Total HUD Request (line 8 + line 9)	\$0
11	Cash Match	\$0
12	In-Kind Match	\$0
13	Total Match	\$0

Match Perc: #DIV/0!

14	Total Budget:	\$0
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Project Name:

Not applicable: If this spreadsheet is not applicable to the project, mark an "x" in the box to the left.

SUPPORTIVE SERVICES BUDGET

	Eligible Cost	Description	Annual Request
1	Assessment of Services Needs		
2	Assistance with Moving Costs		
3	Case Management		
4	Child Care		
5	Education Services		
6	Employment Assistance/Job Training		
7	Food		
8	Housing Search & Counseling Services		
9	Legal Services		
10	Life Skills		
11	Mental Health Services		
12	Outpatient Health Services		
13	Outreach Services		
14	Substance Abuse Treatment Services		
15	Transportation		
16	Utility Deposits		
17	Operating Costs for SSO Project		
Total Request for Supportive Services:			\$0

Project Name:								
Not applicable: If this spreadsheet is not applicable to the project, mark an "x" in the box to the left.								
OPERATING BUDGET								
	Eligible Cost	Quantity Description	Annual Request					
1	Maintenance/Repair of Housing							
2	Property Taxes and Insurance							
3	Replacement Reserve							
4	Building Security							
5	Electricity, Gas, and Water							
6	Furniture							
7	Equipment (Lease or purchase)							
		Total Request for	\$0					
		Operating:						
Description should include personnel costs and other eligible costs. Detail for the personnel costs is completed on the staffing worksheet.								

Not applicable: If this spreadsheet is not applicable to the project, mark an "x" in the box to the left.

COSTS OF CONTRIBUTING DATA TO HMIS

Eligible Cost	Quantity Description	Annual Request
1	Purchasing or Leasing Computer Hardware, Software, Licenses, or Equipment	
2	Obtaining Technical Support	
3	Leasing Office Space	
4	Cost of Utilities and High-Speed Data Transmission needed for HMIS	
5	Salaries for Operating HMIS	
6	Cost of Travel to HUD-Sponsored and HUD-Approved HMIS Training	
Total Request for HMIS:		\$0

Project Name:										
Not applicable: If this spreadsheet is not applicable to the project, mark an "x" in the box to the left.										
PROPERTY LEASES TO PROVIDE HOUSING										
Unit Size	Number of Units	Fair Market Rent (FMR)	Actual Rent	Total						
0 Bedroom		\$698		\$ -						
1 Bedroom		\$805		\$ -						
2 Bedroom		\$1,006		\$ -						
3 Bedroom		\$1,251		\$ -						
4 Bedroom		\$1,364		\$ -						
Total Request for Rental Assistance				\$ -						
Fill in # of units and actual rent if not using FMR only. Total = b*c *12; or b*d*12 will autocalculate										
PROPERTY LEASES TO PROVIDE SUPPORTIVE SERVICES										
Description of Property and Use			Annual Request							
Total Supportive Services Leases			\$ -							

Project Name:

Not applicable: If this spreadsheet is not applicable

RENTAL ASSISTANCE

Unit Size	Number of Units	Fair Market Rent (FMR)	Actual Rent	Total
0 Bedroom		\$698		\$ -
1 Bedroom		\$805		\$ -
2 Bedroom		\$1,006		\$ -
3 Bedroom		\$1,251		\$ -
4 Bedroom		\$1,364		\$ -
Total Request for Rental Assistance				\$ -

Fill in # of units and actual rent if not using FMR only. Total = b*c*12; or b*d*12 will autocalculate

Project Name:



CASH MATCH DETAIL

Government or	Name of Contributing	Description of Contribution	Annual Amount
Total Cash Match:			\$0

IN-KIND MATCH DETAIL

nature and Description of In-Kind	Calculation of Value	Annual Amount
Total In-Kind Match:		\$0

\$0

Are you homeless? Click here for help

Application and the Project Priority list are then electronically submitted to HUD for review and scoring resulting in the annual award of funding to the CoC

FY2021

Local NOFA New Project Application Materials

2021 NOFO ranking with Score & Funding posted on 10-26-2021

2021 Announcement of New Project Applications - Local NOFO 8-24-2021

New Project Application 2021 8-30-21

2021 Budget Workbook 8-24-2021

Scoring Matrix 2021 New App 8-30-21

CoC Local Application Time Line 8-24-2021

2021 Community Priorities 8-24-2021

2021 Appeals Process (Postro 3-5-2021)

2021 HUD NOFO Competition PDF (8-24-2021)

[FY21 Continuum of Care Competition](#)

New Project Applicant Workshop video 8-30-2021 Video

<https://youtu.be/vz1b1o1ubt>

NOFO 2021 New Application Powerpoint 8-30-2021

Renewal Project Esnaps Training video 8-31-2021 Video

<https://youtu.be/AwC3ovH7IEI>

- January 2021
- December 2020
- November 2020
- October 2020
- September 2020
- August 2020
- July 2020
- June 2020
- May 2020
- April 2020
- March 2020
- February 2020
- January 2020
- December 2019
- November 2019
- October 2019
- September 2019
- November 2017

Categories

Featured

Confirmation of posting final ranking of HUD funded CoC projects on 10/26/2021 at 2:32 pm in PDF format (screen shot date and time)



**Partner Ending Homelessness
FY2021 CoC Funding - Final Ranking**

	Program	Project Name	Total Request	Cumulative Budget	Score	
1	Spiritus Christi Prison Outreach, Inc.	Spiritus Christi Voters Block Community PSH	\$152,291	\$152,291	60	
2	YWCA of Rochester and Monroe County	Rapid Re-Housing Families FY 2019	\$121,860	\$274,151	56	
3	Volunteers of America of Western New York, Inc.	Volunteers of America of WNY's Permanent Supportive Housing for Chronically Homeless	\$257,676	\$531,827	56	
4	Catholic Charities of Rochester dba Catholic Family Center	Consolidated Lafayette Housing FY2019	\$289,914	\$821,741	55	
5	Spiritus Christi Prison Outreach, Inc.	SCPO TH/RRH	\$281,474	\$1,103,215	52	
6	The Center for Youth Services, Inc.	Transitional Living Program	\$129,288	\$1,232,503	51	
7	Providence Housing Development Corporation	Providence Veterans Permanent Housing Program	\$194,466	\$1,426,969	50	
8	YWCA of Rochester and Monroe County	PSH for Chronically Homeless 2019	\$200,766	\$1,627,735	49	
9	Delphi Drug and Alcohol Council Inc	Home Safe	\$521,134	\$2,148,869	47	
10	The Salvation Army, a New York Corporation	Safe Haven	\$254,018	\$2,402,887	46.5	
11	Providence Housing Development Corporation	Providence Approaching Home I	\$247,447	\$2,650,334	46	
12	Rochester Housing Authority	RHA/Monroe County DHS PSH-RA #5	\$698,700	\$3,349,034	46	
13	Volunteers of America of Western New York, Inc.	Volunteers of America of WNY's Project ReDirect	\$169,752	\$3,518,786	45.5	
14	Rochester Housing Authority	RHA/VOA Family Housing Program PSH-RA #21	\$112,344	\$3,631,130	45.5	
15	Rochester Housing Authority	RHA/PCHO PSH-RA #27	\$212,330	\$3,843,460	45	
16	Volunteers of America of Western New York, Inc.	Volunteers of America of WNY's Permanent Supportive Housing - Cooper Union	\$166,857	\$4,010,317	45	

17	Rochester Housing Authority	RHA/1630 Dewey Ave PSH-PBRA #23	\$270,467	\$4,280,784	44	
18	Rochester Housing Authority	RHA/JPC PSH-RA #18	\$148,673	\$4,429,457	44	
19	Open Door Mission, Inc.	Open Door PSH-CH for Households with Children	\$206,918	\$4,636,375	44	
						<i>Reviewer average score of Presentation</i>
20	The Center for Youth Services, Inc.	Parenting Teens	\$83,935	\$4,720,310	43	(+) 3.07
21	Rochester Housing Authority	RHA/Son House PSH-PBRA #26	\$103,565	\$4,823,875	43	(+) 2.13
22	YWCA of Rochester and Monroe County	YWCA DV Rapid Rehousing 2019	\$320,141	\$5,144,016	43	(+) 1.94
23	Volunteers of America of Western New York, Inc.	VOAWNY Permanent Supportive Housing in Rochester, NY -- Foundation House	\$273,204	\$5,417,220	43	(+) 1.69
24	Volunteers of America of Western New York, Inc.	VOAWNY's Reentry Rapid Rehousing Program	\$297,546	\$5,714,766	42	(+) 2.38
25	Providence Housing Development Corporation	Providence Shelter Plus Care	\$505,672	\$6,220,438	42	(+) 2.25
26	Person Centered Housing Options Inc.	PCHO RRH Consolidated	\$629,262	\$8,201,364	41	(+) 0.13
27	Rochester Housing Authority	RHA/VOA PSH-RA #7	\$628,906	\$6,849,344	40	(+) 2.13
28	Rochester Housing Authority	RHA/VOC PSH-RA #6	\$89,854	\$6,939,198	40	(+) 2.53
29	Providence Housing Development Corporation	Providence PBV Permanent Housing	\$632,904	\$7,572,102	39	(+) 2.66
30	Volunteers of America of Western New York, Inc.	VOA Scattered Site Permanent Supportive Housing for CH Households	\$302,511	\$8,503,875	39	(+) 1.31
31	Person Centered Housing Options Inc.	Going Home 1	\$582,672	\$9,383,792	38	(+) 0.5
32	Providence Housing Development Corporation	Providence Supportive Suburban Housing Initiative	\$297,245	\$8,801,120	37	(+) 2.31
33	The Center for Youth Services, Inc.	Transition Age Youth Rapid Rehousing Project Consolidated	\$263,261	\$9,647,053	35	(+) 2.13
34	Volunteers of America of Western New York, Inc.	VOA's Home Forward PSH	\$530,950	\$10,178,003	35	(+) 1.56
35	Person Centered Housing Options Inc.	PCHO Housing First	\$1,010,761	\$11,188,764	32	(-) 0.13

36*	Providence Housing Development Corporation	The Road Home	\$516,480	\$11,705,244	80.4	Reallocation Funding - New Project
37	Volunteers of America of Western New York, Inc.	VOA's Homeward Bound	\$640,707	\$12,345,951	Non Scored Project	Project's 1st year of operation
38	CCSI	Coordinated Entry	\$252,622	\$12,598,573	Non Scored Project	
39	PEH	HMIS	\$251,880	\$12,850,453	Non Scored Project	

Tier 1 Ends

40	Spiritus Christi	Voters Block Community Expansion	\$73,304	\$12,923,757	85.89	
41	YWCA	YWCA Expansion Project PHCH 2022	\$189,966	\$13,113,723	81.3	
42	CFC	Lafayette Expansion	\$111,073	\$13,224,796	79.56	
43	CCSI	RRH	\$268,180	\$13,492,976	78.2	
44	Providence	Rapid Rehousing for Survivors of Domestic Violence	\$609,844.00	\$14,102,820	74.56	DV Bonus Funding
	Total HUD Request			\$14,102,820		

Tier 2 Ends

	VOA	VOAWNY PSH for CH Individuals and Families (Reallocation Funding)	Non-funded New Projects		77.89	
	VOA	TH-RRH for Homeless and CH Families	Non-funded New Projects		67.75	
	Trillium Health, Inc	Trillium Health Permanent Supportive Housing Renewal	Non-funded Renewal Projects		31	Funding Reallocated
	Trillium Health, Inc	Trillium Health Permanent Supportive Housing - Families	Non-funded Renewal Projects		29	Funding Reallocated

Average Score Renewal Projects = 44

Renewal Project Scoring maximum points = 63

New Project Scoring maximum points = 110

*Highest scoring project for the reallocation funding available. Will continue to serve the participants of the reallocated project

**THERE WERE NO
REDUCED RENEWAL PROJECTS THAT WERE
NOT REALLOCATED**

SAMPLE:
RENEWAL PROJECT - REALLOCATED



Partners Ending Homelessness

560 West Main Street
Rochester, New York 14608
585-319-5091 x101
cbollinger@letsendhomelessness.org

via email transmission:

June 4, 2021

Mr. Javier Elias:

Partners Ending Homelessness (Rochester/Monroe County Homeless CoC) has completed the renewal rating and ranking applications for FY 2021 HUD CoC funding. The applications were scored based on the scoring rubric that has been available to the community and is posted on the Partners Ending Homelessness website: www.letsendhomelessness.org. The reallocation process that was approved by the rating and ranking committee has also been posted to the website. Therefore, the ranking and review committee had tough decisions to make.

We are sorry to inform you that the Trillium Health PSH Programs were selected for reallocation. Applications were reviewed, scored, and ranked based on score. The highest scoring project that met a priority community need ranked number one and so on until all available funding was utilized.

Your application was selected for reallocation of funding based on the following:

- Consistent poor performance. When provided with feedback, there has been a failure to follow through with corrective measures, i.e., after six monthly reports still did not complete annual updates, a basic HMIS requirement.
- Lack of understanding of HUD & CoC requirements, i.e., requirements to meet with participants, commitment to housing first principles, and Coordinated Entry procedures.
- Presentation to Rating and Ranking Committee did not demonstrate a plan to improve. It identified obstacles but not how future improvement would be made in a timely way.

Should you wish to appeal this decision, please review the Local Applications Appeal Process that is posted on the website, www.letsendhomelessness.org. Appeals must be made in writing (email is the preferred method of submission) within three working days of the date of this letter, by June 9, 2021. Request for Appeal should be sent to cbollinger@letsendhomelessness.org.

Sincerely,

Charles Bollinger
CoC Programs Coordinator

Program Name

Trillium Health, Inc

Project Name

Trillium Health Permanent Supportive Housing
Renewal

Grant ID

Question	Measure	Goal %	All PSH Projects	All CoC Projects	Projects %	Points Per Questions	Project Points Earned
A1	6a Personally Identifiable Information (6 pts – 1 pt for each 0%)					6	6
A2	6b Universal Data Elements (5 pts – 1 pt for each 0%)					5	5
A3	6c Income & Sources at Start, Annual & Exit (6 pts – 2 pts for each 0%)					6	4
A4	6d Chronic Homelessness (1 pts for 0% in project type)					1	1
A5	15 Prior Living Situation (equals homeless situation)					3	3
A6	20b Non-Cash Benefits (1 pts – if client does not know & data not collected both equal 0)					1	1
A7	6e Project Start Dates are entered within 48 hours - 100%					1	0
A8	Health Insurance (1 pts – if client does not know & data not collected both equal 0)					1	1
HMIS Measures						24	21
B1	% of participants who exit to or remain in permanent housing?	92%+	88%	85%	71%	3	0
B2	% of participants who increase cash income?	20%+	51%	48%	35%	3	1
B3	% of participants who increase employment income?	20%+	10%	16%	6%	3	0
B4	% of participants who have no income?	<20%	14%	20%	24%	3	0
B5	% of participants who have cash income?	54%+	86%	80%	76%	3	1
B6	% of participants who have employment income in the program year?	20%+	13%	19%	6%	3	0
B7	% or more participants have obtained non-cash benefits?	64%+	84%	84%	94%	3	3
B8	90% or more participants have health insurance?	80%+	95%	93%	88%	3	1
Participant Performance						24	6
			All PSH Projects (10 days; 29 days)	All CoC Projects (9 days; 28 days)	Met Goal (14 ; 30/45)	Points Per Questions	Project Points Earned
C1	The average time from prioritization list referral to being entered into the project is within two weeks?	Avg Days	1	1	1	3	3
C2	The average time from the client's HMIS project entry date to being housed is 45 days for PSH or 30 days for RRH?	# of Days	0	0	1	3	1
Coordinated Entry Measures						6	4
			All PSH Projects	All CoC Projects	Project	Points Per Questions	Project Points Earned
E1	Total HUD expenditures and how efficiently is the project using its grant funds? How much was drawn down from the project's last submitted APR?	>95%	91%	92%	63%	3	0

E2	Project efficiency: HUD expenditures divided by the number of Heads households served in the last submitted APR.	at or below Avg	\$ 7,551	\$7,090	\$ 3,668	3	0		
E3		at or below Avg	\$ 8,348	\$7,904	\$ 5,395	3	0		
						Efficiency Measures	9	0	
						Total Points	63	31	
Total Community Average Points								44	

Program Name

Trillium Health, Inc

Project Name

Trillium Health Permanent Supportive Housing - Families

Grant ID

Question	Measure	Goal %	All PSH Projects	All CoC Projects	Projects %	Points Per Questions	Project Points Earned
A1	6a Personally Identifiable Information (6 pts – 1 pt for each 0%)					6	5
A2	6b Universal Data Elements (5 pts – 1 pt for each 0%)					5	5
A3	6c Income & Sources at Start, Annual & Exit (6 pts – 2 pts for each 0%)					6	4
A4	6d Chronic Homelessness (1 pts for 0% in project type)					1	0
A5	15 Prior Living Situation (equals homeless situation)					3	0
A6	20b Non-Cash Benefits (1 pts – if client does not know & data not collected both equal 0)					1	0
A7	6e Project Start Dates are entered within 48 hours - 100%					1	0
A8	Health Insurance (1 pts – if client does not know & data not collected both equal 0)					1	0
HMIS Measures						24	14
B1	% of participants who exit to or remain in permanent housing?	92%+	88%	85%	91%	3	2
B2	% of participants who increase cash income?	20%+	51%	48%	18%	3	0
B3	% of participants who increase employment income?	20%+	10%	16%	9%	3	0
B4	% of participants who have no income?	<20%	14%	20%	18%	3	2
B5	% of participants who have cash income?	54%+	86%	80%	82%	3	2
B6	% of participants who have employment income in the program year?	20%+	13%	19%	27%	3	3
B7	% or more participants have obtained non-cash benefits?	64%+	84%	84%	73%	3	1
B8	90% or more participants have health insurance?	80%+	95%	93%	87%	3	1
Participant Performance						24	11
			All PSH Projects (10 days; 29 days)	All CoC Projects (9 days; 28 days)	Met Goal (14 ; 30/45)	Points Per Questions	Project Points Earned
C1	The average time from prioritization list referral to being entered into the project is within two weeks?	Avg Days	1	1	1	3	3
C2	The average time from the client's HMIS project entry date to being housed is 45 days for PSH or 30 days for RRH?	# of Days	0	0	1	3	1
Coordinated Entry Measures						6	4
			All PSH Projects	All CoC Projects	Project	Points Per Questions	Project Points Earned
E1	Total HUD expenditures and how efficiently is the project using its grant funds? How much was drawn down from the project's last submitted APR?	>95%	91%	92%	32%	3	0

E2	Project efficiency: HUD expenditures divided by the number of Heads households served in the last submitted APR.	at or below Avg	\$ 7,551	\$7,090	\$ 3,751	3	0		
E3		at or below Avg	\$ 8,348	\$7,904	\$ 4,352	3	0		
						Efficiency Measures	9	0	
						Total Points	63	29	
Total Community Average Points								44	

SAMPLE:
REJECTED NEW PROJECT



Partners Ending Homelessness

560 West Main Street
Rochester, New York 14608
585-319-5091 x101
cbollinger@letsendhomelessness.org

via email transmission: pdrake@voawny.org

October 8, 2021

VOA TH-RRH for Homeless and CH Families CoC Projects:

Partners Ending Homelessness (PEH) has completed the rating and ranking of new project applications for FY 2021 HUD CoC funding. The applications were scored based on the scoring rubric that has been available to the community and is posted on the Partners Ending Homelessness website: www.letsendhomelessness.org.

We are sorry to inform you that the **VOA TH-RRH for Homeless and CH Families** application was not selected for submission to HUD for 2021 CoC Program Funding. All new **project** applications were reviewed, scored, and ranked based on score. The highest-scoring new project ranked number one, and so on until all available funding was utilized.

There were six applications for new project bonus funding submitted. Unfortunately, this project application had the lowest score, **67.75**. After the appeals process is completed, a list of all projects submitted for 2021 CoC funding will be posted to the PEH website.

Should you wish to appeal this decision, please review the Local Applications Appeal Process that is posted on the website, www.letsendhomelessness.org. Appeals must be made in writing (email is the preferred method of submission) within three days of the date of this letter, October 13, 2021. Request for Appeal should be sent to cbollinger@letsendhomelessness.org

Sincerely,

Charles Bollinger
CoC Programs Coordinator

New Project Applications				PEH Scoring	Reviewers Scoring	
Scoring Matrix						
Section 1	Q1/2		3	What homeless sub-populations are proposed to be served	2	
	Q3		2	Will your program provide or make linkages to employment services?		0
Section 2	Q 1		5	Please provide a general description of the program and a rationale for why the program should be funded.		3
	Q2		5	How does the proposed project meet an unmet need in the community?		2
	Q 3	Provides MOU with partners or information about partners, describes prior experience	5	Program works with other community based organizations; has prior experience with homeless and grants management		5
	Q 4	{1 point for each service discussed}	5	Describe what services your project will provide or make referrals to that lead to the increased self-sufficiency of participants		3.65
	Q 5		5	What measurement or system would the agency use to track the client's housing stability?		2.75
	Q 6		5	What will be your strategy for participants to remain stably housed or complete the program successfully?		3.47
	Q 7		5	Reason for requesting funding this grant year.		2
Section 3	Q 1	100%=3 points; <100% = 0 points	3	What percentage of your program participants will be coming through the Coordinated Entry system?	3	
	Q 2	0 -5 points	3	Response indicates that program demonstrates a thorough understanding of coordinated entry.	3	
Section 4	Q 1	1 point each committee (max of 2 points)	2	Which CoC/HSN activities does your program/project staff participate in?	2	
	Q 2		2	2.How does this project align with Community Priorities?		0
Section 5	Q 1		0	Response indicates that program is aware of educational services that must be provided consistent with McKinney-Vento requirements	0	
Section 6	Q 1		3	Please list eligibility criteria as they will appear in your program policies and procedures.	3	
	Q 2		3	Attach the agency's termination policy for all participants in the future project	3	
	Q 3		3	What are possible reasons as they will appear in your program policies and procedures and/or requirements of the property manager that would be grounds for denial into the program.	3	
	Q 4		3	Response demonstrates an understanding of Housing First and Person Centered principles	3	
Section 7	Q 1	Yes	0	Is the project going to fully participate in HMIS?	0	
	Q 2	Yes	0	Project agrees to share data and assessments	0	
	Q 3	(2.5 points for successfully discussing each component)	5	Response indicates that they are familiar with HMIS or other database and describes a logical work flow	5	
	Q 4		5	Describe what your process will be for documenting interactions with the client(s). Include information on where documentation will be recorded, how often the case manager will meeting with the client(s), what system will be in place to monitor documentation and timeliness of documentation	3	
	Q 5		0	What elements should be included in case notes?	0	
Section 8	Q 1	equal or > than benchmark = 1	1	Benchmark: 85% participants access non-cash benefits	1	
	Q 2	equal or > than benchmark = 1	1	Benchmark: 20% of participants will have employment income	1	
	Q 3	equal or > than benchmark = 1	1	Benchmark: 85% participants access cash from sources other than employment	1	
	Q 4	equal or > than benchmark = 1	1	Benchmark: 92% of participants exit to permanent housing	1	
	Q 5	< or = average = 3	3	Above or Below Average Cost Based on Same Type of Program	0	
	Q 6	< or = average = 3	3	Above or Below Average Cost Based on Same Type of Program	0	
	Q 7		5	Achieve these HUD CoC community outcomes?		5
	Q 8		0	SOAR-trained staff	0	
	Q 8a		0	SOAR applications to the SSA?	0	
	Q 9		5	prior experience in managing federal or other grants?		5
Budget			8	Costs are all eligible expenses = 1; Staffing - details provided = 2; Budget - complete, reasonable and accurate = 2	0	
						31.87
	Presentation		5	Presentation		1.88
	Bonus Points		5	Bonus DV Rapid Re-Housing (DV/RRH) Bonus Healthcare Partnership PSH/RRH	0	
			110		34	33.75
						67.75

Application and the Project Priority list are then electronically submitted to HUD for review and scoring resulting in the annual award of funding to the CoC.

FY2021

Local NOFA New Project Application Materials

2021 NOFO Tackling with Score & Funding posted on 10-26-2021

2021 Announcement of New Project Applications Local NOFO 8-24-2021

New Project Application 2021 8-30-21

2021 Budget Workbook 8-24-2021

Scoring Matrix 2021 New App 8-30-21

CoC Local Application Timeline 8-24-2021

2021 Community Priorities 8-24-2021

2021 Approval Process (Posted 8-5-2021)

2021 HUD NOFO Competition PDF (8-24-2021)

FY21 Continuum of Care Completion

New Project Applicant Workshop video 8-30-2021 Video

https://youtu.be/v21b1r3jLubc

NOFA 2021 New Application Powerpoint 8-30-2021

Renewal Project Esnaps Training video 8-31-2021 Video

https://youtu.be/WC19v-t7JfE

- January 2021
- December 2020
- November 2020
- October 2020
- September 2020
- August 2020
- July 2020
- June 2020
- May 2020
- April 2020
- March 2020
- February 2020
- January 2020
- December 2019
- November 2019
- October 2019
- September 2019
- November 2017

Categories
Featured

Confirmation of posting final ranking of HUD funded CoC projects on 10/26/2021 at 2:32 pm in PDF format (screen shot date and time)



**Partner Ending Homelessness
FY2021 CoC Funding - Final Ranking**

	Program	Project Name	Total Request	Cumulative Budget	Score	
1	Spiritus Christi Prison Outreach, Inc.	Spiritus Christi Voters Block Community PSH	\$152,291	\$152,291	60	
2	YWCA of Rochester and Monroe County	Rapid Re-Housing Families FY 2019	\$121,860	\$274,151	56	
3	Volunteers of America of Western New York, Inc.	Volunteers of America of WNY's Permanent Supportive Housing for Chronically Homeless	\$257,676	\$531,827	56	
4	Catholic Charities of Rochester dba Catholic Family Center	Consolidated Lafayette Housing FY2019	\$289,914	\$821,741	55	
5	Spiritus Christi Prison Outreach, Inc.	SCPO TH/RRH	\$281,474	\$1,103,215	52	
6	The Center for Youth Services, Inc.	Transitional Living Program	\$129,288	\$1,232,503	51	
7	Providence Housing Development Corporation	Providence Veterans Permanent Housing Program	\$194,466	\$1,426,969	50	
8	YWCA of Rochester and Monroe County	PSH for Chronically Homeless 2019	\$200,766	\$1,627,735	49	
9	Delphi Drug and Alcohol Council Inc	Home Safe	\$521,134	\$2,148,869	47	
10	The Salvation Army, a New York Corporation	Safe Haven	\$254,018	\$2,402,887	46.5	
11	Providence Housing Development Corporation	Providence Approaching Home I	\$247,447	\$2,650,334	46	
12	Rochester Housing Authority	RHA/Monroe County DHS PSH-RA #5	\$698,700	\$3,349,034	46	
13	Volunteers of America of Western New York, Inc.	Volunteers of America of WNY's Project ReDirect	\$169,752	\$3,518,786	45.5	
14	Rochester Housing Authority	RHA/VOA Family Housing Program PSH-RA #21	\$112,344	\$3,631,130	45.5	
15	Rochester Housing Authority	RHA/PCHO PSH-RA #27	\$212,330	\$3,843,460	45	
16	Volunteers of America of Western New York, Inc.	Volunteers of America of WNY's Permanent Supportive Housing - Cooper Union	\$166,857	\$4,010,317	45	

17	Rochester Housing Authority	RHA/1630 Dewey Ave PSH-PBRA #23	\$270,467	\$4,280,784	44	
18	Rochester Housing Authority	RHA/JPC PSH-RA #18	\$148,673	\$4,429,457	44	
19	Open Door Mission, Inc.	Open Door PSH-CH for Households with Children	\$206,918	\$4,636,375	44	
						<i>Reviewer average score of Presentation</i>
20	The Center for Youth Services, Inc.	Parenting Teens	\$83,935	\$4,720,310	43	(+) 3.07
21	Rochester Housing Authority	RHA/Son House PSH-PBRA #26	\$103,565	\$4,823,875	43	(+) 2.13
22	YWCA of Rochester and Monroe County	YWCA DV Rapid Rehousing 2019	\$320,141	\$5,144,016	43	(+) 1.94
23	Volunteers of America of Western New York, Inc.	VOAWNY Permanent Supportive Housing in Rochester, NY -- Foundation House	\$273,204	\$5,417,220	43	(+) 1.69
24	Volunteers of America of Western New York, Inc.	VOAWNY's Reentry Rapid Rehousing Program	\$297,546	\$5,714,766	42	(+) 2.38
25	Providence Housing Development Corporation	Providence Shelter Plus Care	\$505,672	\$6,220,438	42	(+) 2.25
26	Person Centered Housing Options Inc.	PCHO RRH Consolidated	\$629,262	\$8,201,364	41	(+) 0.13
27	Rochester Housing Authority	RHA/VOA PSH-RA #7	\$628,906	\$6,849,344	40	(+) 2.13
28	Rochester Housing Authority	RHA/VOC PSH-RA #6	\$89,854	\$6,939,198	40	(+) 2.53
29	Providence Housing Development Corporation	Providence PBV Permanent Housing	\$632,904	\$7,572,102	39	(+) 2.66
30	Volunteers of America of Western New York, Inc.	VOA Scattered Site Permanent Supportive Housing for CH Households	\$302,511	\$8,503,875	39	(+) 1.31
31	Person Centered Housing Options Inc.	Going Home 1	\$582,672	\$9,383,792	38	(+) 0.5
32	Providence Housing Development Corporation	Providence Supportive Suburban Housing Initiative	\$297,245	\$8,801,120	37	(+) 2.31
33	The Center for Youth Services, Inc.	Transition Age Youth Rapid Rehousing Project Consolidated	\$263,261	\$9,647,053	35	(+) 2.13
34	Volunteers of America of Western New York, Inc.	VOA's Home Forward PSH	\$530,950	\$10,178,003	35	(+) 1.56
35	Person Centered Housing Options Inc.	PCHO Housing First	\$1,010,761	\$11,188,764	32	(-) 0.13

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44	Providence	Rapid Rehousing for Survivors of Domestic Violence	\$609,844.00	\$14,102,820	74.56	DV Bonus Funding	
	Total HUD Request			\$14,102,820			

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	VOA	TH-RRH for Homeless and CH Families	Non-funded New Projects		67.75	
	Trillium Health, Inc	Trillium Health Permanent Supportive Housing Renewal	Non-funded Renewal Projects		31	Funding Reallocated
	Trillium Health, Inc	Trillium Health Permanent Supportive Housing - Families	Non-funded Renewal Projects		29	Funding Reallocated

Average Score Renewal Projects = 44

Renewal Project Scoring maximum points = 63

New Project Scoring maximum points = 110

*Highest scoring project for the reallocation funding available. Will continue to serve the participants of the reallocated project

SAMPLE:
ACCEPTED AND RANKED RENEWAL
PROJECT



Partners Ending Homelessness

560 West Main Street
Rochester, New York 14608
585-319-5091 x101
cbollinger@letsendhomelessness.org

via email transmission:

June 4, 2021

Catholic Charities of Rochester dba Catholic Family Center CoC Project:

Partners Ending Homelessness (Rochester/Monroe County Homeless CoC) has completed the rating and ranking of renewal applications for FY 2021 HUD Tier 1 CoC funding. The applications were scored based on the scoring rubric that has been available to the community and is posted on the Partners Ending Homelessness website: www.letsendhomelessness.org. The reallocation process that was approved by the rating and ranking committee has also been posted to the website. Therefore, the ranking and review committee had tough decisions to make.

We are going on the assumption of the FY 2021 CoC NOFA, where Tier 1 is projected to be calculated at: \$11,629,401. Tier 1 is equal to 100 percent of the combined Annual Renewal Amounts for all projects eligible for renewal for the first time plus 94 percent of the combined Annual Renewal Amounts for all other projects eligible for renewal. Projects in Tier 1 will be awarded funding, assuming there are sufficient HUD funds available.

Below you will find the Tier, Funding Requested, Reallocation Amount (if applicable in red), and Funding Approved information for your renewal project(s). Please be sure that the amount in the Final Funding Award is used in your budget submitted through Esnaps.

Tier 1	Catholic Charities of Rochester dba Catholic Family Center	Consolidated Lafayette Housing FY2019	\$289,914
---------------	---	--	-----------

When HUD opens the Esnaps portal for the FY2021 funding year, you can upload your application in Esnaps. I will send more information once HUD announces the opening of Esnaps.

Should you wish to appeal this decision, please review the Local Applications Appeal Process posted on the website, www.letsendhomelessness.org. Appeals must be made in writing (email is the preferred method of submission) within three working days of the date of this award letter, by June 9, 2021. Request for Appeal should be sent to cbollinger@letsendhomelessness.org.

Note: This letter is conditional based on the current ranking and allocation of available funding. If appeals are requested, and rankings or funding amounts are changed based on the Appeal process results, any affected Applicants will be notified as soon as possible. When the Appeal process has been completed, all Applicants will be sent the CoC Project Priority will be posted on the CoC website.

Congratulations! We look forward to working with you in our continued efforts to end homelessness in Monroe County!

Sincerely,

Charles Bollinger
CoC Programs Coordinator

Program Name

Catholic Family Center

Project Name

Consolidated Lafayette Housing FY2019

Grant ID

NY0689LC002011

Question	Measure	Goal %	All PSH Projects	All CoC Projects	Projects %	Points Per Questions	Project Points Earned
A1	6a Personally Identifiable Information (6 pts – 1 pt for each 0%)					6	5
A2	6b Universal Data Elements (5 pts – 1 pt for each 0%)					5	5
A3	6c Income & Sources at Start, Annual & Exit (6 pts – 2 pts for each 0%)					6	6
A4	6d Chronic Homelessness (1 pts for 0% in project type)					1	0
A5	15 Prior Living Situation (equals homeless situation)					3	3
A6	20b Non-Cash Benefits (1 pts – if client does not know & data not collected both equal 0)					1	1
A7	6e Project Start Dates are entered within 48 hours - 100%					1	0
A8	Health Insurance (1 pts – if client does not know & data not collected both equal 0)					1	1
HMIS Measures						24	21
B1	% of participants who exit to or remain in permanent housing?	92%+	88%	85%	92%	3	3
B2	% of participants who increase cash income?	20%+	51%	48%	48%	3	2
B3	% of participants who increase employment income?	20%+	10%	16%	10%	3	1
B4	% of participants who have no income?	<20%	14%	20%	0%	3	3
B5	% of participants who have cash income?	54%+	86%	80%	100%	3	3
B6	% of participants who have employment income in the program year?	20%+	13%	19%	13%	3	1
B7	% or more participants have obtained non-cash benefits?	64%+	84%	84%	90%	3	3
B8	90% or more participants have health insurance?	80%+	95%	93%	97%	3	3
Participant Performance						24	19
			All PSH Projects (10 days; 29 days)	All CoC Projects (9 days; 28 days)	Met Goal (14 ; 30/45)	Points Per Questions	Project Points Earned
C1	The average time from prioritization list referral to being entered into the project is within two weeks?	Avg Days	1	1	1	3	3

C2	The average time from the client's HMIS project entry date to being housed is 45 days for PSH or 30 days for RRH?	# of Days	1	1	1	3	3
Coordinated Entry Measures						6	6
			All PSH Projects	All CoC Projects	Project	Points Per Questions	Project Points Earned
E1	Total HUD expenditures and how efficiently is the project using its grant funds? How much was drawn down from the project's last submitted APR?	>95%	91%	92%	32%	3	3
E2	Project efficiency: HUD expenditures divided by the number of Heads households served in the last submitted APR.	at or below Avg	\$ 8,964	\$7,090	\$ 3,751	3	3
E3		at or below Avg	\$ 9,889	\$7,904	\$ 9,009	3	3
Efficiency Measures						9	9
Total Points						63	55
Total Community Average Points			44				

SAMPLE:
ACCEPTED AND RANKED NEW PROJECT



Partners Ending Homelessness

560 West Main Street
Rochester, New York 14608
585-319-5091 x101
cbollinger@letsendhomelessness.org

via email transmission:

October 8, 2021

YWCA Expansion Project PHCH 2022:

Partners Ending Homelessness (Rochester/Monroe County Homeless CoC) has completed the rating and ranking of New Project applications for FY 2021 HUD CoC funding. The applications were scored based on the scoring rubric that has been available to the community and is posted on the Partners Ending Homelessness website: www.letsendhomelessness.org.

- Funding available for New projects: Reallocated Funding - \$516,480
- CoC Bonus Funding - \$642,523
- DV Bonus Funding - \$1,377,393

Below you will find the Score, Funding Requested, and funding approved information for your new project(s). Please be sure that the amount in the Final Funding Award is used in your budget submitted through Esnaps.

Please note the following changes will need to be made to your application and/or budget when it is entered into Esnaps:

Score 81.30	YWCA	YWCA Expansion Project PHCH 2022	\$189,966
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Please upload this application into the Esnaps portal for the FY2021 funding year,

Should you wish to appeal this decision, please review the Local Applications Appeal Process posted on the website, www.letsendhomelessness.org. Appeals must be made in writing (email is the preferred method of submission) within three days of the date of this award letter, October 13, 2021. Request for Appeal should be sent to cbollinger@letsendhomelessness.org.

Congratulations! We look forward to working with you in our continued efforts to end homelessness in Monroe County!

Sincerely,

Charles Bollinger
CoC Programs Coordinator

New Project Applications					PEH Scoring	Reviewers Scoring
Scoring Matrix						
Section 1	Q1/2		3	What homeless sub-populations are proposed to be served	2	
	Q3		2	Will your program provide or make linkages to employment services?		1.75
Section 2	Q 1		5	Please provide a general description of the program and a rationale for why the program should be funded.		4
	Q2		5	How does the proposed project meet an unmet need in the community?		4.25
	Q 3	Provides MOU with partners or information about partners, describes prior experience	5	Program works with other community based organizations; has prior experience with homeless and grants management		5
	Q 4	(1 point for each service discussed)	5	Describe what services your project will provide or make referrals to that lead to the increased self-sufficiency of participants		3.5
	Q 5		5	What measurement or system would the agency use to track the client's housing stability?		3
	Q 6		5	What will be your strategy for participants to remain stably housed or complete the program successfully?		4
	Q 7		5	Reason for requesting funding this grant year.		3.5
Section 3	Q 1	100%=3 points; <100% = 0 points	3	What percentage of your program participants will be coming through the Coordinated Entry system?	3	
	Q 2	0-5 points	3	Response indicates that program demonstrates a thorough understanding of coordinated entry.	3	
Section 4	Q 1	1 point each committee (max of 2 points)	2	Which CoC/HSN activities does your program/project staff participate in?	2	
	Q 2		2	2.How does this project align with Community Priorities?		1.4
Section 5	Q 1		0	Response indicates that program is aware of educational services that must be provided consistent with McKinney-Vento requirements	0	
Section 6	Q 1		3	Please list eligibility criteria as they will appear in your program policies and procedures.	3	
	Q 2		3	Attach the agency's termination policy for all participants in the future project	3	
	Q 3		3	What are possible reasons as they will appear in your program policies and procedures and/or requirements of the property manager that would be grounds for denial into the program.	2	
	Q 4		3	Response demonstrates an understanding of Housing First and Person Centered principles	3	
Section 7	Q 1	Yes	0	Is the project going to fully participate in HMIS?	0	
	Q 2	Yes	0	Project agrees to share data and assessments	0	
	Q 3	(2.5 points for successfully discussing each component)	5	Response indicates that they are familiar with HMIS or other database and describes a logical work flow	5	
	Q 4		5	Describe what your process will be for documenting interactions with the client(s). Include information on where documentation will be recorded, how often the case manager will meeting with the client(s), what system will be in place to monitor documentation and timeliness of documentation	4	
	Q 5		0	What elements should be included in case notes?	0	
Section 8	Q 1	equal or > than benchmark = 1	1	Benchmark: 85% participants access non-cash benefits	1	
	Q 2	equal or > than benchmark = 1	1	Benchmark: 20% of participants will have employment income	1	
	Q 3	equal or > than benchmark = 1	1	Benchmark: 85% participants access cash from sources other than employment	1	
	Q 4	equal or > than benchmark = 1	1	Benchmark: 92% of participants exit to permanent housing	1	
	Q 5	< or = average = 3	3	Above or Below Average Cost Based on Same Type of Program	0	
	Q 6	< or = average = 3	3	Above or Below Average Cost Based on Same Type of Program	0	
	Q 7		5	Achieve these HUD CoC community outcomes?		3.2
	Q 8		0	SOAR-trained staff	0	
	Q 8a		0	SOAR applications to the SSA?	0	
	Q 9		5	prior experience in managing federal or other grants?		4.2
Budget			8	Costs are all eligible expenses = 1; Staffing - details provided = 2; Budget - complete, reasonable and accurate = 2	6	

Presentation
Bonus Points

5	Presentation		3.5
5	Bonus DV Rapid Re-Housing (DV/RRH) Bonus Healthcare Partnership PSH/RRH	0	

110

40

41.3

81.3

