Continuum of Care

Policies & Procedures

Rochester/Monroe County
Homeless Continuum of Care, Inc.
d/b/a Partners Ending Homelessness
227 Alexander Street
Rochester, NY 14607
Phone: 585.319.5091
letsendhomelessness.org

Mission

The Rochester/Monroe County Homeless Continuum of Care (CoC) Inc., d/b/a Partners Ending Homelessness is a collaborative partnership which provides leadership, linkages, education, and guidance to eliminate homelessness.

Vision

The CoC is the recognized strategic leader in solving homelessness by promoting innovative practices, diversifying resources, and fostering effective partnerships to make a sustained impact.

Operating Principles and Values

Integrity

… provide transparency and public accountability, re: grant scoring, awards, conflicts of interest and how we operate with each other

Accountability

… ensure decision making is based on data, is in the best interest of Partners Ending Homelessness and is attending to funder requirements

Efficiency

…establish processes to ensure reliable, high performance while maximizing resources

Foster Partnerships/Collaborations

…educate the community, serve as ambassadors, ensure diversity in representation, facilitate opportunities for community engagement and involvement, promote participation and teamwork

Innovation

… support the development of a knowledge base, identify and engage strategic alliances, identify innovative funding sources, share best practices, support pilot program development, evaluate and promote best practices

Stewardship/Fund Management

… identify fundraising strategy, manage funds with accountability and integrity, strategically identify diversified, reliable, consistent resources

Fairness

… promote fairness in Partners Ending Homelessness processes, services and distribution of resources supporting all those in need ensuring that they are appropriately represented in compliance with existing laws.

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The purpose of this policy is to guide the Continuum of Care in conforming to the U.S. Department of Housing and Urban Development (HUD) requirements detailed in 24 CFR part 578.

This policy does not replicate 24CFR part 578 in its entirety and Organizations or individuals seeking more detailed information should be directed to the following sites:

https://www.hudexchange.info/resource/3092/coc-duties-establishing-and-operating-a-coc/

https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml

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I. CONTINUUM OF CARE OVERVIEW

The Continuum of Care (CoC) model was introduced by the U.S. Department of Housing and Urban Development (HUD) and designed to promote community-wide planning and the efficient use of resources at a local level. The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) codified the CoC planning process into law.

Designated CoC Organizations across the country plan, coordinate and strategize activities in their community, based on their community needs, with the unified goal of ending homelessness. Rochester/Monroe County Homeless Continuum of Care Inc., d/b/a Partners Ending Homelessness (PEH) - is the designated CoC in our community.

PEH fosters a community commitment to ending homelessness, as well as promoting the effective use of mainstream programs to help support individuals and families who are experiencing homelessness. By leveraging resources within our community we will decrease the likelihood that the people we serve will return to homelessness.

A. PRIMARY RESPONSIBILITIES OF A COC

1. OPERATE THE CONTINUUM OF CARE

a. Hold meetings of the full membership
b. Invite new members to join publicly at least annually
c. Maintain a written process to select a board to act on behalf of the CoC
d. Appoint committees as needed
e. Update a governance charter annually
f. Develop performance targets in collaboration with recipients and sub-recipients
g. Evaluate performance outcomes of ESG and CoC funded Organizations
h. Develop, support and maintain a coordinated assessment system
i. Develop written standards for determining eligibility, priority and type of assistance provided
j. Plan for conducting Point-In-Time count

2. DESIGNATE A SINGLE HMIS SYSTEM & HMIS LEAD ORGANIZATION (PEH)

a. Review and approve privacy, security and data quality plans
b. Ensure consistent participation; provide training as needed
c. Ensure compliance with requirements prescribed by HUD

3. CONTINUUM OF CARE PLANNING

a. Coordinate the implementation of housing and service needs within our geographic community

b. Consult with local government Emergency Solutions Grants program recipients on the plan for allocating funds, reporting and evaluating performance of recipients/sub-recipients.

B. CODE OF CONDUCT

CoC board members with actual or perceived conflicts must identify them as they arise. They may not participate in any decisions, discussions, or votes. Please refer to the more detailed Code of Conduct policy.

C. NON-DISCRIMINATION

PEH-CoC does not discriminate against any individual wishing to apply for services in compliance with all laws and regulations governing PEH.

D. MEMBERSHIP COMPOSITION

COC Membership shall comprise of representatives from relevant organizations within a geographic area. Relevant organizations include non-profit homeless service providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing organizations, school districts, social service providers, mental health organizations, hospitals, universities, affordable housing developers, law enforcement and organizations that serve veterans and homeless, formerly homeless individuals, and members from the community interested in ending homelessness.

E. MEMBERSHIP MEETINGS

Issue agendas, hold meetings, and publish minutes of those meetings at least semi-annually. Assign sub-committees as needed.

F. STANDING COMMITTEES

1. Review & Ranking Committee: The purpose of this committee it to evaluate CoC grants and prioritizes based on community need.

2. HMIS Advisory Committee: This committee makes recommendations to the Board of Directors on the planning, participation, selection, implementation and ongoing oversight of HMIS.

For More Information:

- ***The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009***
  https://www.hudexchange.info/homelessness-assistance/hearth-act/
- ***Electronic Code of Federal Regulations***
  https://www.ecfr.gov/cgi-bin/text-idx?SID=46da4efff6543fefb35827d05de82abc&mc=true&node=pt24.3.578&rgn=div5#se24.3.578_153
- ***McKinney Vento Homeless Assistance Act***
  S. 896 HEARTH Act of 2009 - HUD Exchange

II. HMIS

HUD requires that the PEH-CoC develop and oversee HMIS policies and procedures as well as roles and responsibilities of all partner organizations. This oversight is intended to ensure adherence to HUD regulations for all organizations receiving CoC and ESG funding.

The purpose of this policy section is not to recreate the HMIS Policies & Procedures used by our continuum. This HMIS section is to specifically address the role & responsibilities of the CoC, HMIS Lead Organization and Partner Organizations and other duties of the CoC.

A. ROLE & RESPONSIBILITIES

1. COC

a. Designate HMIS Lead organization – In the event that the HMIS lead organization or HMIS software vendor would need to be changed, the PEH Board of Directors would issue an RFP along with a detailed scope of work and HUD specifications. Responses would be reviewed and the best candidate would be selected.
b. Designation of HMIS Lead Organization – The Rochester Monroe County Homeless Continuum of Care is designated as HMIS lead organization as approved by the PEH Board of Directors. PEH will be responsible for all system-wide policies, procedures, communication and coordination.
c. The designation of the HMIS Lead is valid for a maximum of five years before the designation must be reviewed and renewed by the Rochester/Monroe County Homeless Continuum of Care Board with input from membership. No requirement for a Request for Proposal (RFP) will be made if the duties of the HMIS Lead are assigned to the Rochester/ Monroe County Homeless CoC by the CoC Board. In response to negligence or poor performance of the HMIS Lead, the CoC reserves the right to open an RFP process prior to the five-year mark and designate a new HMIS Lead. Currently, the designated HMIS Lead Organization is the Rochester/Monroe County Homeless Continuum of Care/PEH.
d. Review, revise and approve privacy, security and data quality plans in collaboration with the HMIS Advisory Group and HMIS lead organization.
e. Ensure consistent participation of recipients/subrecipients in HMIS.
f. Ensure that HMIS is administered in compliance with HUD regulations along with the HMIS lead organization.

2. HMIS LEAD ORGANIZATION/HMIS SYSTEM ADMINISTRATOR

a. Ensure that the HMIS is administered in compliance with HUD requirements.
b. Review, revise and approve an PEH CoC HMIS data privacy plan, data security plan, and data quality plan
c. Enter into an agreement with each PEH CoC participating organization. This agreement formally outlines the responsibilities of the Organization Administrators (discussed below).
d. HMIS Lead Organization does not charge license fees.
e. Ensure consistent participation by PEH CoC and ESG recipients and sub-recipients in the HMIS.

f. Provide training and support to participating organizations within the PEH-CoC including the development of training materials.
    i. Provide technical support by troubleshooting data with PEH-CoC organizations
    ii. Manage user accounts and access control.
    iii. Identify and develop system enhancements and communicate any changes to PEH CoC organizations – as well as provide additional training as needed
    iv. Communicate system-related information to PEH-CoC organizations
    v. HMIS System Administrator, with the support and input from the HMIS Advisory Committee, oversees, reviews and updates the HMIS policies and procedure as needed and at least once per year. Once updates have been made, PEH Board of Directors shall review and approve.
    vi. Develop and modify reports for end users as requested

3. COC ORGANIZATION/ORGANIZATION ADMINISTRATORS

a. Each CoC organization will designate an Organization Administrator
b. Organization Administrator will serve as the primary contact between organization end users and HMIS system administrator
c. Provide technical support and guidance, escalating any unresolved issue to HMIS System Administrator
d. Communicate system-wide information or other relevant information to end users via email, HMIS posting or staff announcements.
e. Notify HMIS System Administrator immediately of any staff changes, i.e. terminations, leaves of absence, job change where HMIS is no longer required
f. Monitor compliance concerning standards of confidentiality, data collection, data entry
g. Ensure that all end users are trained and understand standards of privacy, security and data quality before being granted access to HMIS. Monitor organizations for compliance.
h. Ensure organizational adherence to HMIS policies and procedures.
i. Respond to any violations of HMIS policies and procedures

B. DATA QUALITY CONTROL

1. HMIS TRAINING

PEH provides a comprehensive HMIS training each year. Specific trainings designed for new users and users in need of supplemental training are provided as needed. Training videos are also available in the Learning Center on the PEH website and HMIS/ServicePoint through the WellSky website for users seeking additional support. Users must first register with PEH for Learning Center access and with WellSky for access to HMIS/ServicePoint.

2. SOFTWARE UPGRADES/CHANGES IN REGULATIONS

Alerts concerning changes in software or regulations are communicated via email containing detailed information and instruction. Technical support is available upon request.

3. HMIS PERFORMANCE REPORTS

The HMIS System Administrator runs Annual Performance Reports (APRs) and other data quality reports on a regular basis, at least once a month, to ensure that CoC reporting requirements are met. The HMIS System Administrator and HMIS Coordinator analyze reports for accuracy and consistency. The nature of ongoing errors is investigated to determine whether a systemic issue exists or if a user needs further training. In either case, systemic or individual, the HMIS Coordinator will notify users of the corrections that are needed and technical assistance is provided if needed.

C. LONGITUDINAL SYSTEMS ANALYSIS (LSA) REPORT

The LSA is an annual report that is compiled solely on data within the HMIS system as entered by front-line workers. The report collects data elements to show how homeless people are accessing homeless resources within their community.

HUD compiles LSAs from continuums nationwide to provide federal policymakers and congress with a deeper understanding of the state of homelessness in our country. The data generated is central to the development of intervention strategies necessary to end homelessness. Local LSA reports may also be used to inform local homeless assistance planning efforts.

Local LSAs are prepared by PEH-CoC using HMIS system-wide level data. PEH-CoC uploads the report to HUD's HDX 2.0 system. Reports are assessed by HUD for data quality and completeness. HUD may consider the LSA submission as a scoring factor in the application for funding that CoCs submit to HUD each year. The critical nature of LSA underscores the importance of accuracy of local data entry and the oversight efforts by PEH.

For More Information:

- ***HMIS Guides & Tools***
  https://www.hudexchange.info/programs/hmis/hmis-guides/#hmis-data-and-technical-standards

III. PROGRAM COMPONENTS & DEFINITIONS

A. HOMELESS DEFINITION

1. DEFINITION OF HOMELESSNESS

HUD identifies four categories of homelessness: Literally homeless, Imminent Risk of becoming homeless, homeless under other federal statutes, e.g. youth homelessness, and fleeing or attempting to flee domestic violence. A detailed definition of each can be found in Appendix III-1.

a. Chronic Homelessness [24 CFR 578.3]

(A) A homeless individual with a disability (as defined in section 401(9) of the McKinney—Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who:
- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND
- has been homeless continuously for at least 12 months or on at least 4 separate episodes in the last 3 years, as long as the combined episodes equal at least 12 months and each break in homelessness separating the episodes included at least 7 consecutive nights of not living as described above. Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.

(B) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all the criteria in (A) of this definition, before entering the facility.

(C) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all the criteria above, including a family whose composition has fluctuated while the head of household has been homeless.

2. HOUSING FIRST

A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). Beginning in 2025 HUD shifted from Housing First to a model that requires treatment for substance use disorder and behavioral health prior to the entry into housing. HUD plans to shift grants from a focus on permanent supportive housing to a focus on transitional housing and service only agencies. .

3. PERMANENT SUPPORTIVE HOUSING (PSH)

Is community-based housing, the purpose of which is to provide housing without a designated length of stay. PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Support services designed to meet the needs of the program participants must be made available to all program participants. PSH may be single site or scattered site. Refer to Appendix III-2 for Written Standards for PSH.

4. RAPID REHOUSING (RRH)

Provides short-term (up to 3 months) and/or medium term (3 to 24 months) tenant-based rental assistance and supportive services as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible to permanent housing and achieve stability in that housing. Refer to Appendix III-3 for Written Standards for RRH.

5. STREET OUTREACH (SO)

Street Outreach provides essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, and/or other critical services; and provide urgent, non-facility- based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing or an appropriate health facility. Refer to Appendix III-4 for Written Standard for SO.

6. TRANSITIONAL HOUSING (TH)

Transitional Housing facilitates the movement of homeless individuals and families to permanent housing within 24 months of entering a TH program. TH should be utilized for families and individuals that need more assistance than RRH offers but who do not qualify for permanent supportive housing. Sub-populations likely to benefit the most from TH are youth, survivors of domestic violence, persons with histories of substance abuse and/or persons who have recently exited the criminal justice system. TH is typically single site and owned/leased by the provider, whereas RRH is an apartment within the community. TH residents would move from the TH facility to an apartment in the community upon program completion. Refer to Appendix III-5 for Written Standard for TH.

7. EMERGENCY SHELTER

An emergency shelter is defined as any facility whose primary purpose is to provide temporarily shelter for people who are homeless. Shelters are typically designated for different sub-populations of homeless persons, e.g. family shelter, single women, single men, youth, etc. An emergency shelter may include hotel placements by the county's department of homeless services or by a non-for-profit. Self-paid hotel is not considered an emergency placement. For greater detail see Appendix III-6

B. ELIGIBLE ACTIVITIES

For a complete list of eligible activities see 24 CFR 578, subpart D.

For More Information:

- ***HUD Homeless Definitions***
  https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/
- ***Housing Firsts Principles***
  https://endhomelessness.org/resource/housing-first/
- ***Supportive Housing Programs***
  https://www.hudexchange.info/programs/policy-areas/#supportive-housing-and-services
- ***Rapid Rehousing***
  https://www.hudexchange.info/programs/esg/onboarding-toolkits-for-esg-funded-programs/rapid-rehousing-case-manager/what-is-rapid-rehousing/
- ***Transitional Housing***
  https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/transitional-housing/
  Eligible Activities: *https://www.ecfr.gov/cgi-bin/text-dx?SID=46da4efff6543fefb35827d05de82abc&mc=true&node=pt24.3.578&rgn=div5#se24.3.578_153*

IV. COORDINATED ENTRY

A. NATIONAL STRATEGY

In 2010 the U.S. Interagency Council on Homelessness (USICH) issued a strategic plan to prevent and end homelessness - aptly naming it "Open Doors: Federal Strategic Plan to Prevent and End Homelessness." The reference to 'open doors' suggests eliminating barriers to housing particularly for the most vulnerable and minimizing the time a person is homeless. Realizing that resources in communities throughout the country are insufficient to meet the demand, a national approach to help communities effectively use their existing resources was developed – Coordinated Entry.

The foundational principle of Coordinated Entry (CE) is to help communities prioritize assistance based on vulnerability and the severity of service needs; ensuring that those with the highest needs are served in a timely manner. An effective CE should see a decrease in the time people are homeless, increased successful housing placements, and reduced recidivism.

Provisions in the CoC Program interim rule 24 CFR 578.7(a)(8) require that CoCs establish a coordinated and comprehensive assessment system to be used by programs providing housing and services for people who are homeless.

Key features shall include:

- Prioritizing those with the greatest needs
- Low barrier – applicants should not be denied for lack of employment, income, sobriety, etc.
- Housing First principle – housing is the primary goal and not contingent on participation requirements, the use of which was optional on the part of each funded agency, and may no longer be an option with changes planned by HUD
- Person-Centered Approach – Choice of housing and services whenever possible based on housing stock availability
- Fair & Equal Access – all people experiencing homelessness can easily access CE regardless of physical, mental or language barriers.
- Emergency Services – CE does not delay emergency services and should allow access to emergency services regardless of the time of day
- Inclusive – all subpopulations funded by HUD are served; assessment tools may vary, i.e. single, family, transitional age youth, DV, people over age 62, the physically disabled, and the developmentally disabled.
- Referrals are made to all programs receiving CoC or ESG funding including permanent supportive housing, rapid rehousing and transitional housing and any other housing program funded to house the homeless. All openings will be filled via the CE referral process.
- Outreach – street outreach to people living in places not meant for human habitation is an entry point
- Informed Planning – historical information from CE should be considered in planning efforts
- Safety – a plan to ensure the safety of those seeking assistance that adheres to the Violence Against Women Act.
- HMIS is used to manage data and process referrals
- Full Access – CE must be available to the CoCs entire geographic area

A successful CE creates a unified objective among service providers to efficiently use resources to help those most in need with the common vision of ending homelessness in our community.

B. LOCAL COORDINATED ENTRY

As illustrated in the Homeless Services System chart [Appendix IV-1] the CE process in the Monroe County can be broken down into four stages: (1) Access Points, (2) Triage & Screening, (3) Prioritization and (4) Permanent Housing.

1. ACCESS POINTS

Any person experiencing homelessness may access services through Monroe County Department of Human Services (primary access point), one of the Street Outreach teams, or non-DHS shelter. Access points are handicap accessible and will not delay or impede a person's ability to secure emergency assistance regardless of the time of day. Non-traditional business hours "211" may be utilized to facilitate emergency placement.

2. TRIAGE & SCREENING

The Rochester/Monroe County community along with the CoC have selected the Homelessness Assessment Tool (HAT). HAT collects key information regarding homeless history, socialization & daily functioning, risk factors, etc. The purpose of this screening tool is to prioritize those with the greatest needs, and shall not be used in any way to screen people out of a program unless the program-design is funded specifically to serve a certain sub-population, i.e. PSH programs serving SPMI (severe persistent mental illness), survivors of domestic violence, etc.

Screeners receive training on how to administer the HAT in a culturally competent manner, as well as showing deference to the autonomy of the individual being assessed. Individuals should be informed of steps taken to protect their privacy and how the information they provide will help determine service and housing options for which they may be eligible. Individuals may decline to answer questions without fear of retribution or denial of assistance.

Completed assessments are submitted to CE through the HMIS application or the CE portal for those without HMIS access.

The HAT assessment form may be found on the Let's End Homelessness website: https://letsendhomelessness.org/wp-content/uploads/2025/06/Homelessness-Assessment-Tool-June-2025.pdf or Appendix IV-2.

3. PRIORITIZATION

Once assessed, the HAT produces a score that will allow us to better identify those with the greatest needs and the best services/program to fulfill those needs. The Homeless Assessment Tool (HAT) Vulnerability Spectrum identifies that type of service appropriate for an individual's score. [Appendix IV-3] Appendix IV-4 contains the Qualifications for Placing Households on the Coordinated Entry Prioritization List for Permanent Supportive Housing (PSH) adopted by Coordinated Care Services, Inc. (CCSI). Chronically homeless individuals are prioritized above all others.

4. PERMANENT HOUSING

The referring organization would verify the HAT score of the individual being referred and whether that person is chronically homeless, and if so, the referring organization would secure the appropriate documentation of the qualifying homeless episode(s). The receiving organization would have 45 days from the date of move-in to document required disability verification. If the referring organization does not provide or is unable to verify the required homeless episodes, the person will remain on the list as non-chronic. For greater detail see "Chronic Homelessness Documentation" at https://letsendhomelessness.org/coordinated-entry/, or Appendix IV-5.

Non-Responsive Referring Organization – The referring organization is required to contact the receiving organization within 72 hours from the time of referral to initiate communication. If that has not occurred, the receiving organization should immediately contact the Prioritization Coordinator at the CoC. Continued non-response may result in sanctions on the party responsible for the communication. For greater detail see "Non-Responsive Referring Organization" procedure at https://letsendhomelessness.org/coordinated-entry/, or Appendix IV-6.

Emergency Transfer Plans for Victims of Domestic Violence – CoC-Funded programs allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current address to another unit. Please refer to the detailed policy at https://letsendhomelessness.org/coordinated-entry/, or Appendix IV-7.

Receiving Organization-Declined Referrals – It is recognized that under rare circumstances a receiving organization may need to decline a referral. For a complete list of potential reasons and limitations to declining referrals, visit https://letsendhomelessness.org/coordinated-entry/, or Appendix IV-8.

For More Information:

- ***Coordinated Entry Core Elements***
  https://www.in.gov/ihcda/files/Coordinated-Entry-Core-Elements.pdf
- ***Violence Against Women Act (VAWA)***
  https://obamawhitehouse.archives.gov/sites/default/files/docs/vawa_factsheet.pdf

- ***"Phases of Assessment"***
  https://letsendhomelessness.org/wp-content/uploads/2022/06/CE-Operations-Manual_FINAL_June-2022.pdf

V. POINT-IN-TIME COUNT (PIT) & HOUSING INVENTORY CHART (HIC)

HUD requires continuum of cares across the country to conduct a Point-In-Time (PIT) unduplicated count of people experiencing homelessness within their geographic area for a single night during the last 10 days of January. While this information is required for the CoC application for McKinney-Vento homeless assistance, our community also uses this information for program and system planning. Likewise, HUD compiles information from all continuums in order to analyze regional and national trends.

Along with the Point-In-Time count, HUD also requires communities to build a Housing Inventory Chart (HIC) which identifies the number of beds/units set-aside specifically for people who are homeless. This inventory is taken on the same day as the PIT. Communities are required to include both CoC funded programs as well as non-CoC funded programs as long as the beds are designated for people who are homeless.

By comparing the PIT and the HIC, we begin to see areas of deficit or surplus within our homeless services system which serves as guide for setting priorities, planning and soliciting future funding opportunities.

Data Collection & Analysis

A. POINT-IN-TIME (PIT) COUNT:

CoC's are required to count sheltered individuals/families living in emergency shelters, transitional housing, safe havens and unsheltered people living in places not meant for human habitation (streets, abandoned buildings, cars, camps, etc.). Among the individuals surveyed, we are required by HUD to report the number of homeless people in eight subpopulation categories: chronically homeless individuals, chronically homeless families, severely mentally ill, chronic substance abusers, veterans, persons with HIV/AIDS, victims of domestic violence and unaccompanied children (under the age of 18). Any one individual may fit multiple subpopulations.

The PEH-CoC coordinates the annual PIT of people experiencing homelessness – both unsheltered and sheltered - with the assistance and support of its membership. We typically select the second to last Thursday in January, but this may vary based on community input.

Unsheltered Count: PEH facilitates a PIT Advisory Committee of outreach professionals including the Monroe County Department of Homeless Services, local homeless outreach workers, food pantry workers and shelter workers. The committee begins meeting in August to review HUD's methodology guidance and survey. A timeline of the overall administration of the count is developed by the committee and presented to the CoC board of directors for approval. Once approved the committee begins the work of developing the on-line survey, de-duplication methodology, soliciting volunteers through its membership including a person who is homeless, securing incentives and identifying sites where unsheltered homeless people are likely to be found. In January the PEH along with the PIT Advisory Committee heavily promotes the count among homeless individuals and stakeholders within the homeless services community. It is our intent, through this promotion, to educate our community about the plight of the homeless especially in the cold weather months and to alert and inform the homeless about the purpose of the count in order to assuage any concerns or fears they may have and to assure them services will not be impacted if they do not want to participate.

PIT training begins in December with a series of online, on demand training videos and quizzes in the PEH Learning Center through TalentLMS. Training covers a variety of areas related specifically to the in person PIT count in January including engagement, respect, approach, consistency, privacy assurances, safety for everyone involved, team leads, and boundaries. Each year PEH staff will also hold training sessions on the specific survey tool for that year. Once online training is complete volunteers will be asked to sign up for their shift(s) and section(s). Volunteers will be assigned by PEH staff to a team with an experienced team leader and connected to them prior to the night of the PIT. PIT Volunteers will also be given the opportunity to attend a Q&A session prior to the night of the PIT.

The day of the survey, teams assemble at their designated time and the supervisor provides a final review of the survey, highlights team responsibilities and answers any questions. When teams have completed their shift, the team leader notifies PEH staff that the team is disbanding by returning equipment, unused bags and unused gift cards to the central meeting location. The team leader provides a count of all surveys completed.

Sheltered Count: The PEH HMIS Coordinator instructs shelter workers, the Monroe County Department of Homeless Services and transitional housing providers to ensure their entry data into HMIS is current on the day of the PIT, and that it accurately captures everyone that is staying at their facility. On the day of the count, the HMIS coordinator runs APR (Annual Performance Report) in HMIS which includes information on all individuals and families residing in shelter on the day of the PIT. This information is reconciled with verbal confirmation with shelter personnel.

PIT Collection: The HMIS Coordinator and the PEH facilitator of the PIT Advisory Committee consolidates and de-duplicates all the sheltered and unsheltered information. Once the data is verified, a PIT report in HMIS is run which is reviewed by the executive director of PEH and presented to the Board of Directors for approval. The approved data is then uploaded to the HUD Data Exchange on or before the due date determined by HUD (generally within 30-60 days).

B. WHO IS COUNTED AND WHO IS NOT COUNTED:

The following people shall be counted: All people residing in an emergency shelter, a safe haven, hotel/motel (placed and paid for by an organization or a government entity because the individual/family is homeless) or transitional housing, regardless if organization running the program is CoC funded or using HMIS, and those people who are unsheltered.

***The following people shall not be counted*:** people doubled-up (couch surfing), residing in permanent supportive housing (PSH) or Rapid Rehousing, shelter plus care, temporarily residing in a mental health, chemical dependency facility or jails, children or youth who because of their own or a parent's homelessness or abandonment now reside temporarily with friends or family, those residing for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities, or a person living in a hotel/motel (self-paid).

3. HOUSING INVENTORY CHART

HIC Collection: The CoC is responsible for capturing the total number of beds/units (both CoC and non-CoC programs) designated exclusively for people experiencing homelessness. For CoC programs using HMIS an Annual Progress Report (APR) may be used on the day of the HIC. PEH is required to capture this information directly from organizations who do not participate in HMIS.

The HIC report provides a snapshot of capacity and utilization of all emergency shelters, safe havens, transitional housing, rapid rehousing, and permanent supportive housing programs on a given night (same day as the PIT). Note that while RRH and PSH programs are counted on the HIC, the residents are not counted in the PIT.

Additionally, the HIC report provides HMIS participation, target population, bed-type (if designated for a particular sub-population, e.g. chronically homeless beds), the total number of beds and units with or without children, total number of beds/units occupied and the utilization rate on the day of the count.

***HIC Analysis*:** PEH will audit all housing providers to ensure that (1) all providers are being counted, (2) that data is correct either by HMIS/APR or verification from staff. Once verified, the information is consolidated into a report which is presented to the CoC board of directors for approval. Once approved, the executive director enters the information into HUD's Homeless Data Exchange Network (HDX). Results of the inventory will be reviewed at a membership meeting and publish to the PEH website.

For More Information:

- ***A Guide to Counting Sheltered Homeless Persons***
  https://www.hudexchange.info/sites/onecpd/assets/File/A-Guide-to-Counting-Sheltered.pdf
- ***Point-in-time County Methodology Guide***
  https://files.hudexchange.info/resources/documents/PIT-Count-Methodology-Guide.pdf

VI. GRANT APPLICATION & AWARD PROCESS

The U.S. Department of Housing and Urban Development requires Continuums of Care throughout the country to compete for federal homeless services funding. The CoCs are responsible for reviewing and approving local funding applications and respond to HUD's annual NOFO (Notification of Funding Opportunity). The CoC interim rule states that CoCs must design, operate, and follow a collaborative process for developing applications and approving the submission of applications. Further, it requires the CoC to set funding priorities based on the needs within their geographic area.

This process may be broken down into two components: the local and federal applications based upon the terms of the NOFO. The following provides an overview of the grant application process on both the CoC and federal levels.

LOCAL GRANT APPLICATION

The CoC will accept renewal program applications for permanent supportive housing (PSH), rapid rehousing (RRH), transitional housing (TH), and TH-RRH programs. CoC planning grants, coordinated entry, and HMIS renewal applications will also be accepted and are non-competitive. New programs may be considered for PSH, RRH, TH-RRH, and DV-RRH based on available funds from reallocation or bonus programs. The available funding for the various program types is described in the NOFO and may vary from NOFO to NOFO. Following release of each NOFO PEH publishes local applications for new and renewal projects.

A. LOCAL COLLABORATIVE PARTNERSHIPS

While the CoC is responsible for all aspects of the local application process, it relies heavily on collaborative partnerships within the community. These partnerships include:

- **Housing Services Network (HSN)**

HSN is a group of individuals who meet monthly to discuss strategies to best help the homeless in the Rochester, NY region. This group also serves as the stakeholders for the CoC in our community. The HSN is open to any interested persons who have a desire to see homelessness addressed in a compassionate, direct, and competent manner. Its members represent local government groups in Monroe County and the City of Rochester, non-profit organizations, the medical community including mental health professionals and health insurance providers, a person who experienced homelessness, and any community members seeking a solution to homelessness.

Role as a Collaborative Partner: HSN combines both national and local data along with front-line expertise in establishing the priorities for homeless services in our community.

- **Local Application Review & Ranking Committee**

Members of this committee are not employees, owners, stakeholders, directors, officers, funders, board members of or independent contractors to any organization that submits or will benefit from the local application that is being reviewed, scored, and ranked.

Role as a collaborative partner: This committee is the entity that will review, score, and rank program applications.

- **Local Appeals Committee**

Membership includes Phase I - Partners Ending Homeless staff and three (3) members from the Review & Ranking Committee and Phase II - PEH staff or board member and members from the Review & Ranking Committee who did not participate in Phase I.

Role as a collaborative partner: There are two appeals committees – Phase I and Phase II. These committees will hear appeals from organizations that challenge decisions made by the Local Review & Ranking committee.

B. ESTABLISHMENT OF PRIORITIES

HUD requires that CoCs develop priorities within its geographic area to allocate resources strategically. Accordingly, PEH facilitates a discussion with HSN in an effort to determine the priorities within our community. By using the Housing Inventory Chart along with Point-In-Time counts, as well as front-line knowledge, the group examines existing resources and needs in order to identify gaps in services or a surplus of services.

Each member then ranks a number of elements/characteristics in four groups, including housing types, sub-populations, special needs, and barriers to housing (see chart below). PEH tabulates the scoring, which then determines the priorities in our community.

Once priority areas are identified, they are shared with the community and the CoC board of directors prior to the application process in a format that clearly illustrates the priorities by housing types, homeless sub-populations, special needs and barriers to housing.

C. RUBRIC SCORING TOOL

Each year the CoC develops a rubric used to score all new and renewal applications. The rubric intends to ensure that scoring is done consistently and impartially while measuring the program's key aspects. Following the release of each NOFO PEH publishes a separate scoring matrix for each category of application under the NOFO (e.g. new applications and renewal applications).

New Application Rubric – This rubric is broken down into several sections and is adjusted as needed based on the requirements of each NOFO. There is a section pertaining to basic eligibility (non-profit or local government), the type of program to be considered (PSH for chronically homeless, RRH, TR-RRH, and DV-RRH), how the program aligns with local priorities, intended homeless sub-population to be served, service goals, program outcomes, and proposed capacity. Other sections focus on community participation, leveraging, coordinated entry, ways in which housing first principles will be integrated into the program design, intended use level of HMIS, and performance of other programs that currently receive or once received CoC funding. New applicants must also submit documentation of match, 25% of total program cost minus leasing.

Renewal Application Rubric –. The rubric is divided into several sections, each evaluating key components of the program, and is adjusted as needed based on the requirements of each NOFO.

- One section is based on the program's Annual Performance Report (APR), generated in HMIS using a universal date range rather than the program's contract year. This section assesses quantifiable past performance, including utilization rates and population characteristics.
- A narrative section evaluates specific program features and the extent to which Housing First principles are implemented. The HMIS section measures data collection practices, data quality, and the program's use of coordinated entry.
- Additional questions assess community involvement and the use of leveraged resources, both of which are critical to program success. Applicants must also include the results of any CoC or HUD monitoring visits and, when applicable, documentation demonstrating that identified findings or concerns have been resolved.
- Other sections of the rubric address fiscal efficiency, match requirements (25% of program costs excluding leasing), and program outcomes.

D. APPLICATION PLANNING PROCESS

After the in-person PIT count is completed, the CoC begins the application planning process. This multi-step process involves developing the priorities, the rubric scoring tools to be used to review and rank new and renewal applications, preparing a timeline of crucial dates, planning a CoC local NOFO training for organizations submitting new and/or renewal applications, and trainings for the CoC Local Review & Ranking Committee as well as the Appeals committee.

As stated earlier, the CoC will meet with the HSN committee to discuss their role in identifying priorities in our community. Based on those priorities, PEH will then create a rubric used in scoring and ranking the application. The CoC also develops training for the Local Application Review & Ranking Committee on their role, a detailed review of the scoring rubrics, and reallocation and appeals processes.

PEH issues an RFP for Local Applications for HUD CoC Funding based upon the requirements of each NOFO and includes the [funding highlights as well as a timeline for application submission, review and submission to HUD. As noted on the announcement, PEH conducts a COC Local NOFO Training for new and renewal program applicants. While not mandatory the training is highly recommended as in the best interest of the applicants. The workshop announcement is heavily promoted in the community via email, membership meetings, and posted on the PEH website. The workshop includes vital information on the application process including application checklist, submission timeline (late applications will not be considered), how to prepare a budget workbook, match requirements and for new programs only - how to document the match, the rubric scoring system, and the reallocation and appeals process.

The workshop reviews, step-by-step, the application, how to complete it, and the scoring of each question or section. There are questions on the renewal application that are based solely on APR (annual performance report). During the planning process the CoC will identify a universal date range that will be used for the renewal application APR. This section captures key performance indicators. Other sections focus on program description, data collection, HMIS participation, coordinated entry, community involvement, CoC and HUD monitoring reports, fiscal efficiency,

match requirements, and outcomes. CoC monitoring reports are based on each project's contract year.

Applicants are given ample opportunity to ask questions at the workshop and following the workshop via phone or email until the technical assistance deadline. All questions and answers are posted to the Partners Ending Homelessness website (letsendhomelessness.org). Deadlines are strongly underscored at the workshop since late applications will not be accepted, and a due date waiver is not grounds for appeal.

The timeframes and deadlines for this process are dependent upon the release by HUD of the NOFO and the deadlines contained in the NOFO.

E. APPLICATION REVIEW & RANKING

The Local Application Review & Ranking Committee's sole responsibility is to review program applications in a fair and equitable manner with full transparency and impartiality. Members of the committee will not benefit – directly or indirectly – from the success or failure of any application.

Training: Prior to the review, PEH conducts a training for committee members to ensure they understand the importance of accurately scoring applications using the rubric. Community priorities and how to identify low/exceptional performing programs are reviewed in detail as is the reallocation process. The importance of their role as impartial and fair reviewers is emphasized, especially in relation to the profound impact their decisions may have on the homeless community.

Following the application due date, all applications received are sent electronically to each committee member with instructions to review and score each application using the rubric provided. After each member has completed the task, a meeting, facilitated by PEH, is convened to review scores, answer any questions, and/or resolve any issues. Recommendations for reallocations will also be addressed at this meeting.

Each reviewer reports the score for each application. Average scores for each application are calculated and then ranked among all applications. The highest scoring application is ranked number one, the second-highest number two, etc.

When the scoring and ranking process is complete, PEH notifies each applicant of their score (not their ranking) via a letter that is emailed to them. The letter states that the applicant has three days to appeal if they feel their application was unfairly scored.

F. REALLOCATION

HUD encourages CoCs to use the reallocation process to create new types of programs by "shifting funds in whole or part from existing eligible renewal programs" without decreasing the CoC's annual renewal demand (ARD). Reallocation decisions are made by the applicant, PEH, or Local Review & Ranking Committee. [Appendix VI-1 – Reallocation Process]

Reallocation may result for the following reasons:

- The applicant may voluntarily opt not to renew
- A program applicant requests to have its existing program reallocated to create a new program
- A program has a history of under-performance and has not followed through with an improvement plan
- Deficiencies in the ongoing operation of the program
- Program historically has underspent HUD funds
- Program historically has been underutilized

G. APPEALS PROCESS

An applicant organization may appeal funding reallocation (partial or whole) or their score by submitting a "Request for Appeal" in writing to the Partners Ending Homelessness within three (3) days of receiving notification from the CoC. Requests not received within three (3) days or appeals received that are incomplete will not be considered. [Appendix VI-2 – Appeals Process]

Reasons for an appeal includes:

- The applicant was denied a right to participate in or was eliminated from the local application process
- Applicant believes that decisions made regarding their ranking, amount of awarded funding, or elimination of their program were unsubstantiated based on program performance or other factors that can be documented.

The appeals process consists of Phase I and Phase II. In Phase I, the applicant will meet with staff from the PEH and at least three members from the Local Application Review & Ranking Committee. At that time, the applicant will present why they feel their case should be reconsidered, followed by a respectful discussion. They are notified of a decision in writing and are given the option of appealing the decision to Phase II.

If the applicant disagrees with the decision made in Phase I, the applicant may request an appeal to Phase II Appeals Committee. If accepted, Phase II representatives will review the appeals' initial grounds and the outcome decisions from Phase I. The applicant may present the reason for the appeal and provide any documentation as to why the decision should be revoked. Phase II will then decide whether they will either uphold or revoke the Local Application Review Committee's decision(s).

Decisions made during either Phase I or Phase II are final. Applicants may elect to review the HUD NOFO and follow instructions on how to make an appeal to HUD based on the initial appeal.

FEDERAL APPLICATION PROCESS

Prior to the NOFO release, HUD posts a **grant inventory worksheet (GIW)** requiring that continuums of care across the country review all existing grant awards within the CoC's geographic area designed for the purpose of renewal funding in the upcoming CoC competition. The sum of all program amounts on the

GIW is the CoC's Annual Renewal Demand (ARD). The CoC and applicant organizations must review the GIW for accuracy and submit a GIW change form in the event of discrepancies.

Once the NOFO is released, CoC will instruct applicants to complete their new or renewal application in E-Snaps, which is an electronic grants management system used by HUD. Upon completion, the applicant will submit their application to the CoC for review. The CoC will consolidate all reviewed applications and submit them to HUD. Historically HUD has used a tier structure with applications placed in Tier 2 or Teir 2. Should HUD change the structure in any given NOFO PEH will publish information about the change and update this portion of the policy and procedure.

Program Tier 1 and Tier 2 Rankings:

HUD requires that CoCs rank or prioritize program applications based on alignment with local priorities, performance measures, utilization rates, budget efficiency, and the renewal application. Program rankings will determine if a program is included in Tier 1 or Tier 2. The percentage of the CoC's ARD assigned to Tier 1 is established by HUD. Tier 2 is the difference between Tier 1 and the CoC's ARD plus any additional amount given for bonus programs or adjustments due to the Fair Market Rent (FMR) changes. HUD typically approves Tier 1, and Tier 2 is approved if the funding is available.

HUD will review applications in accordance with the guidelines and procedures outlined in the NOFO and will award funds directly to applicants noting any conditions. Conditions must be satisfied prior to the contract. HUD may withdraw the award if conditions are not met, or any other reason HUD deems appropriate.

For More Information:

- ***E-Snaps User Guide***
  https://www.hudexchange.info/programs/e-snaps/
- ***HUD Awards & Allocations***
  https://www.hudexchange.info/grantees/allocations-awards/
- ***Search for Other Funding Opportunities***

https://simpler.grants.gov/search

VII. PROGRAM MONITORING

Homeless services funding through HUD is a competitive process. Therefore, it is critical that, as a community, we meet and exceed the expectations outlined in the NOFO. One of the many responsibilities of continuums of care throughout the country is to monitor programs of recipients and sub-recipients [CFR 24 578.7(6)]. Monitoring will allow us to catch problems as they arise and identify and implement corrective measures that will ensure optimal CoC performance.

The CoC monitoring does not replace a HUD monitoring, nor will it, in anyway, trigger the likelihood of HUD monitoring. Regular CoC monitoring will, however, help to prepare organizations for HUD monitoring. Key differences between the two are: (1) HUD may monitor a program's activity over several years; PEH will monitor only one year, (2) an unresolved finding from HUD may result in E-LOCCS being locked (inability to draw funds) whereas an unresolved finding from the CoC will result in monthly

technical assistance and/or perhaps a warning notice of the possibility of funding reallocation, and (3) HUD monitoring may last up to a week or more, while CoC monitoring last a few hours.

As noted in an earlier section, “Grant Application and Award,” we consult with our partners to establish performance targets and standards for various program types. All programs are fully aware of these established standards. We base our performance goals on standards set forth in the NOFO, such as the number of program participants who: have earned income or non-employment income, have medical insurance, or have non-cash benefits, etc. As a continuum, our ultimate goal is to exceed the minimum standards set by the NOFO since these measures ultimately reflect the level of service provided to our clients.

A. LOCAL MONITORING

The monitoring process is to assess the program’s efficiency and effectiveness by examining key performance measures noted above and financial practices. The monitoring will verify that the program serves its intended population, maintains bed utilization rates specified in their contract, and is in full compliance with HUD regulations.

PEH solicits non-conflicted PEH board members and persons in the community who understand homelessness and CoC programs to assist with two undertakings during the year. Under the supervision of PEH, they are asked to monitor a local CoC program where the monitoring team will review the program based on performance outcomes, file reviews, and HUD standards for the program. The team of monitors will score the program which is then shared with the Review & Ranking Committee during the local grant application process (local NOFO).

PEH will monitor all recipients and sub-recipients every year to ensure that organizations are in compliance with HUD regulations as outlined in the NOFO, and that programs are aware of any change in statutory requirements. All programs in operation for three years or more will be subject to an annual monitoring visit. In their first year, programs will receive monthly technical assistance from PEH to ensure compliance procedures are instituted correctly. In their second year, programs will be subject to a ‘mock’ monitoring to measure their program’s performance.

Pre-Monitoring: In June each year, the PEH conducts a mandatory Local Monitoring Training for all organizations receiving CoC funding. This comprehensive training reviews how to prepare for a monitoring and what to expect during that visit. After the training, organizations will be notified by email that a site visit needs to be scheduled. The visit will occur at least 90 days after the program’s contract year has ended so that the most recent APR in Sage can be reviewed. HMIS data will be pulled a week prior to the visit and will only be pulled one time. Programs are welcome to submit their APRs to SAGE earlier than 90 days and request to schedule monitor sooner.

The time and date of the monitoring will be confirmed via email. At that time, the program should schedule apartment inspections for the day of the monitoring, and submit the documents requested in the notice within 24 hours. These documents typically include: a current program roster/rent roll, a list of all clients who entered the program through the coordinated entry, and a list of clients who exited the program during the review year.

A subsequent email, 24 hours prior to the monitoring, will indicate which client files are to be reviewed at the monitoring. These files should be pulled and ready for the PEH monitors.

The monitoring form used by PEH can be found at https://letsendhomelessness.org/about/monitoring/ Organizations are urged to review this form prior to the monitoring [Appendix VII-1 – Local Monitoring Guide]

Monitoring Visit: Two-four monitors from PEH will arrive at the agreed-upon date/time. A brief introductory meeting, lasting no more than 15 minutes, will take place with the managers, supervisors, and case managers of the program being monitored. Sites should ensure that the monitors have a private area for them to review files, etc.

Once the monitoring is underway, PEH personnel will review the client files requested. They may request additional client files in the event that one or more in the initial sampling fails. They will attempt to identify if such failure is systemic or related to a particular case manager so that the appropriate corrective measure may be taken. In addition to the client files, the monitors will review the organization's written fiscal policies and most recent financial statements. Monitors will check that match requirements are satisfied and that funds are being spent on eligible activities only. A program representative should be available to accompany one or more monitors on apartment inspections. The inspections are to ensure the apartment is livable, i.e. heat sources, working windows, smoke alarms, etc. The entire monitoring visit should take a minimum of 2-3 hours.

Post-Monitoring: Within 30 days after the monitoring, the program will be notified, in writing, of the monitoring outcome. Also included is a detailed scoring sheet that compares continuum goals (as noted in the NOFO), the average score of all CoC Organizations, and the program's score. The notice will outline the results of the monitoring citing "program in good standing," "findings" that need to be resolved, or "concerns" to be addressed.

Findings must be resolved within 30 days. A written response must outline what actions were taken to resolve the finding and what practice has been implemented to prevent a recurrence. This may include staff training, regular self-audits, implementation of a quality assurance team, updated policies & procedures, etc. Supporting documents should be included in the reply.

Programs receiving multiple findings or concerns will receive up to one year of technical assistance (TA). The TA frequency depends on the number and/or severity of finding(s) or concern(s). Written warnings are sent to 'low performers', defined as a program that consistently ranks below the benchmarks outlined in the NOFO – the same goals adopted by our continuum. Low performers must submit an improvement plan and will be given monthly technical assistance for up to one year. The warning will outline the consequences of continued poor performance, which may include a funding cut or termination of funding through the reallocation process. Warning notifications may occur outside of the monitoring process.

Monitoring reports and responses will be provided to the Review & Ranking Committee during the renewal application process in order to assist them in prioritizing all applications.

B. MONITORING APPEALS

If a program believes the monitoring was in some way flawed or otherwise incorrect or unfair, a formal appeal must be made within three days of receiving the written monitoring results. The appeal must include the basis for the appeal along with any evidence that should be considered. The appeal and evidence will be reviewed. Appeal decisions, favorable or unfavorable, will be sent within 10 days. Decisions are final.

For More Information

- ***CPD Monitoring Guide***
  https://www.hud.gov/program_offices/administration/hudclips/handbooks/cpd/6509.2
  https://www.hudexchange.info/programs/cpd-monitoring/#monitoring-overview
- ***Local CoC Monitoring Form***
  https://letsendhomelessness.org/about/monitoring/

History

Date Adopted	Changes Made/Comment
12/12/2022	Consolidates and updates individual policy and procedure documents from 2015.
6/9/2026	Updates for compliance with new HUD requirements; corrects committee names; replaces VI SPDAT with HAT; adds information regarding the PIT; updates NOFO application process; updates web links; updates appendices list

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VII-1b	Local Monitoring Guide Calculating Outcomes

ACRONYMS	
APR	Annual Performance Report
ARA	Annual Renewal Amount
ARD	Annual Renewal Demand
CE	Coordinated Entry
CFR	Code of Federal Regulations
CoC	Continuum of Care
DV	Domestic Violence
ESG	Emergency Solutions Grant
GIW	Grants Inventory Worksheet
HAT	Homelessness Assessment Tool
HEARTH	Homeless Emergency Assistance & Rapid Transition to Housing Act
HDX	Homeless Data Exchange network
HIC	Housing Inventory Chart
HMIS	Homeless Management Information System
HSN	Housing Services Network
HUD	U.S. Department of Housing & Urban Development
LSA	Longitudinal Systems Analysis
NOFO	Notification of Funding Opportunity
PEH	Partners Ending Homelessness
PIT	Point In Time
PSH	Permanent Supportive Housing
RFP	Request for Proposals
RRH	Rapid Rehousing
SO	Street Outreach
TA	Technical Assistance
TH	Transitional Housing
USICH	U.S. Interagency Council on Homelessness