

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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 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 2022 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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: WI-500 - Wisconsin Balance of State CoC

1A-2. Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	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 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.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	No
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
10.	Law Enforcement	No	No	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	No	No	No
15.	Mental Health Service Organizations	Yes	Yes	No
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Yes	Yes	No
24.	State Sexual Assault Coalition	Yes	Yes	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Nonexistent	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Vet Specific: SSVF, VHRP, VA, CVO, State DVA, VORP	Yes	Yes	Yes
35.	United Way, Legal Action, Tech School, LL, Faith, library, Managed Care, Red Cross	Yes	Yes	No

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

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

The CoC has a transparent invitation process communicated to the public by posting on our website, through social media & across the email distribution list at least annually. These general invitations are designed to encourage people to join our CoC, which means attending virtual quarterly mtgs, becoming members of local coalitions, participating in CE, signing up for the PIT, joining a committee or workgroup &/or attending trainings. Also, intentional engagement & outreach is done by CoC staff to encourage people w/lived experience & org serving LGBTQ, BIPOC & people w/disabilities to also join at least annually. Much of this work is done through emails & phone calls while sharing info through coalition partners. Ongoing, the Director works w/statewide org & state gov't staff to maximize connection w/targeted communities, non-traditional partners & other systems of care. Using their email distribution lists, the CoC can broaden our reach & support. This type of outreach has expanded our membership to include HMO reps & other healthcare staff. Director is actively working on relationships with WI Tribal Nations, mtg w/the Great Lakes Inter-Tribal Council to discuss collaboration opportunities & share info. The CoC continues to evaluate & create ways to reach out to those interested in ending homelessness. The CoC YAB is working on a new social media marketing & outreach tools to encourage more youth w/lived experience to join. The CoC will follow their lead as to what communication methods will resonate w/the target population & replicate where possible. The CoC will seek guidance from the Lived Experience committee to expand outreach & engagement as well. Virtual mtgs incl subtitles, are recorded & posted on website. Info is provided in multiple formats: verbal, written w/graphics. CoC docs are written at elem reading lev, use headings & page #s. Expanding CoC membership is an ongoing process at the coalition level too. Each coalition has open ongoing invite policy for public mtgs, an established membership process shared across the community in multiple mediums-email, website & social media. At least annually, local coalitions solicit for new members, encourage broader participation by "bring a friend" approaches, create specific workgroups to address local issues, engage in targeted outreach to those w/lived or current exp, seek people w/specific knowledge & expertise including those serving culturally specific communities.

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 2,500 characters)

The CoC solicits & considers opinions from a broad array of organizations & people w/knowledge of homelessness or an interest in preventing & ending homelessness by requesting feedback on policy, process, standards & governance at multiple times through multiple formats. Opinions are requested by electronic surveys, open feedback requests posted on the CoC website, social media & sent out by email. The CoC uses Survey Monkey, email & Google drive to organize & review feedback. The CoC makes sure requests for opinions are sent to entire email distribution list, including state agency staff, statewide orgs & local coalition partner agencies. Feedback requests incl an ask that it be shared w/co-workers, colleagues & other partners not included on the email. Input is sought specifically from identified org serving LGBTQ, BIPOC & people w/disabilities & people w/lived experience. Addt'l req for feedback & input are shared across the CoC during public & open Board mtgs, committee mtgs, quarterly membership mtgs; & in monthly CoC Director emails. All public quarterly CoC mtgs are free, virtual & recorded. The recording is posted on the website along w/all mtg materials including agendas & minutes. These are also sent out through social media & email to state agencies; statewide org; & local coalition partners. The agenda includes any opportunities for public feedback or requests for info. Post mtg, there is an electronic survey sent out seeking input posted on website & through social media. Info gathered during mtgs & through other feedback requests are reviewed by CoC staff & the Board, used in strategic planning, policy review & decision making. Specific input sought on initiatives (i.e. scoring tool, program standards, or CE) are used to make improvements. Policy & process changes begin at committee level. Committee members incl. people w/lived exp, direct service staff, managers, EDs from funded & non-funded orgs. Committees develop new/updated policy/process, vote to send to Board or CoC Director for approval and implementation. The CoC Director hosts mtgs in which local coalition partners can discuss data, trends & talk about the impact policy is having w/in the coalition. CoC staff request feedback from the CoC YAB at their weekly mtgs & provide opportunity to share or follow up after on items discussed. YAB approval is req to move many initiatives forward. All final docs are reviewed annually, posted on website & sent to local coalition members.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

(limit 2,500 characters)

The CoC notified the public when Competition started, timeline & deadlines, funding available including RFP from org that have not previously received CoC prog funding on social media 8/12, by email to CoC 8/1 & on website 8/4. CoC Director discussed RFPs during the CoC virtual quarterly mtg w/closed captioning on 8/12. The recording, agenda & minutes are posted on the website. Specific notice of the RFP (instructions, app, scoring rubric & deadline) for PH bonus was posted on social media 8/17, by email 8/16, and on website 8/17. The DV Bonus RFP was sent directly to the State DV Coalition to share among their partners on 8/17. CoC staff specifically reached out to orgs well positioned to leverage healthcare & other housing resources including HMO, hospital & HIV org staff. Addt'l email reminders sent to CoC list & Board asked to spread word across coalition partners & posted on social media 8/26. The RFP instructions explain the open process, eligibility criteria, no req for prior HUD funding, how to submit the app materials, how the project would be scored & how funding decisions would be made. The rubric show how to earn full pts & scoring criteria. All CoC materials & notices are electronically posted as PDF & available for modification (lang, reading level, or other disability). A review team obj read & score all apps using the previously published rubric to determine which project apps would be submitted to HUD for funding. Only Board members w/out a conflict participated. Each review form was submitted to Director, results compiled & scores shared w/team. The scoring criteria focused on agency exp w/target pop, budget, match, cost/# HH proposed, need (PIT, SPM, PPRN, CE), timeline, outreach, fiscal capacity, local coalition support & CoC involvement, Housing First & CE. For RRH, a plan for CH & high barrier clients must exist & plan to recruit LLs. For PSH, a plan for working w/medical providers & identified moving up exit strategy req. Data had to clearly support the need for the project & the agency demo good standing w/the State, HUD & CoC. Bonus proj were ranked by % of total narrative score & awarded w/available funding. The projects selected for funding were notified & results published on social media 9/12, by email 9/7, & on the website 9/10. All projects, new & renewal, must agree to committee participation, active involvement w/PIT 2x/yr & in their local coalition, attend quarterly CoC mtgs, resolve monitoring findings & adhere to CE.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 - 24 CFR part 578;
 - FY 2022 CoC Application Navigational Guide;
 - Section 3 Resources;
 - PHA Crosswalk; and
 - Frequently Asked Questions

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 the 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)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ 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.	DV/SA State Coalition, Legal Action, human services, tech college staff	Yes
-----	---	-----

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 2,500 characters)

The CoC tries to consult w/the State ESG recipient (DEHCR) on planning & allocating ESG & ESG-CV funds. In 2022, the 4 WI CoCs & DEHCR met bi-weekly to provide updates, address issues around COVID, ESG/CV & other state funding & provide feedback. Since 2020, the CoC Director has advocated for equity, best practices, prioritization & funding. In 2/22, DEHCR hosted an ESG virtual stakeholder mtg to gather input on priorities & perf metrics. This was an active & collaborative process among the ESG subs & CoCs. DEHCR used feedback to adjust the allocation formula for 22-23 funds. For CV, DEHCR split funding into 2 rounds w/out consultation. DEHCR asked CoC leaders to assess need & give funding proposal for round 1, no discussion re round 2. DEHCR placed spending level req on funding, waived all but HUD req rules, did not review perf for funds & did not incorporate CoC feedback. The CoC was not involved w/CV funds until DECHR began monitoring & req CE compliance confirmation. DEHCR hosted monthly ESG calls for ESG subs & CoCs to review reporting, request, program changes & answer questions. Since 2020, DEHCR has not collaborated on the eval or reporting of ESG outcomes w/the CoC. So the CoC Director requests perf & outcome reports, CAPER & other data to conduct independent eval. DEHCR declines our requests for add'l partnership yet attends quarterly CoC mtgs to present dept updates or funding. The Board req funding from DEHCR to support CE monitoring, compliance & TA for ESG subs. The request was denied. The Board revised an ESG CE monitoring policy to clarify roles & expectations. CoC staff provide TA when possible. The CoC conducts 2 PIT/yr (Jan & July), sharing PIT/HIC results w/all 15 con plan jurisdictions. Data is publicly posted on website, posted in social media, CoC-wide trends reviewed at quarterly virtual CoC mtgs & available on request. Locally, agencies participate in focus groups, planning mtgs, surveys & 1:1 mtgs to ensure local homeless info is shared & included in con plans. Local coalitions are encouraged by the CoC to invite city planning/local gov't staff to attend mtgs, help w/local initiatives, share info & insight. The CoC invites local gov't staff to attend CoC trainings & quarterly mtgs & many attended CoC hosted DEI-related trainings. The CoC provided feedback when DEHCR opened feedback on the 2022 Annual Action Plan & sent instructions for same via email multiple times to local coalition partners enc them to submit comments.

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 sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	No
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.	Yes
6.	Other. (limit 150 characters)	
	CoC established written policy against separation required for all funded agencies to follow; monitor on policy compliance	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	No
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	No
4.	School Districts	No

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The CoC Director sits on the Interagency Council w/state gov't staff including DPI (State SEA) to address gaps, silos & id barriers. CoC & gov't staff meet bi-monthly in a workgroup to address goals in the Council & Governor-approved formal written plan to end homelessness. CoC supports a formal written data sharing MOU between HMIS lead & DPI to analyze statewide data between homeless & education system. DPI staff are formally invited to CoC mtgs, to participate on committees & asked to provide annual training. CoC Director joins DPI TA calls w/liaisons when invited to conduct training & share info including YHDP; was asked to join review panel for ARPA funding; & invited to speak @ DPI conf. DPI Supt signed a support letter for our YHDP CCP & confirmed org partnership w/an emphasis on CoC-wide collab @ systems level. The CoC id DPI as a current partner & continue to work to address youth homelessness. DPI staff meet w/CoC monthly to discuss resources, training & funding opp, & policy changes. CoC has pending MOU w/DPI to formalize the p'ship beyond YHDP. The CoC also demo p'ship w/LEA & school districts w/a formal & written CoC Board approved edu policy req agencies to annually issue a formal invite for all district staff/liaisons to attend coalition mtg; address family edu, resource & transp needs when seeking permanent housing; & designate staff to ensure all youth are enrolled in school & connected to services. Compliance is reviewed during monitoring. CoC staff formally invite liaisons/district staff to attend virtual qtly CoC mtgs & many attended CoC trainings on DEI topics. Because of CoC size & WI school district-based autonomy, the system level partnership must be replicated w/in each local community as DPI lacks authority to req it. The CoC est the expectation & req that local coalitions develop p'ships & sign MOUs to address early screening, tutoring, referrals, local programs; gaps, impact of outreach & mediate truancy issues; & food insecurity & tech needs. CoC staff provide ongoing CE support for interested schools. As local coalition members, school staff attend local mtgs, help w/PIT & outreach, share data & resources, lead workgroups & attend CE case conferencing. Coalitions expand mtg invites to tech school staff, head start, learning centers, private & parochial school. Coalitions facilitate back to school drives for supplies; fundraise to offset field trip costs & extra fees; & share resource pkts to schools, libraries & youth org.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	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 2,500 characters)

The CoC Board approved, adopted & annually reviews a CoC-wide written edu policy that requires agencies to inform people experiencing homeless of their eligibility for edu services & establishes a CoC-approved process. Each agency must adopt & incorporate the CoC's policy & process, then create internal procedures to align w/req & document efforts & info. Compliance with CoC-wide written education policy & process is reviewed during monitoring, along w/agency's internal procedures to align w/reqs. Noncompliance results in findings & req for corrective action. The CoC policy outlines (1) youth rights; (2) agency staff requirements; & (3) eligibility & available types of McKinney-Vento edu services. The policy sets req for local coalition partners & agency staff to formally invite @ least annually all district liaisons to attend mtgs. The policy requires agency staff to collect standard info on school-age youth upon HH enrollment in the proj-name, age, grade, school, transportation method, supplies, current enrollment status & any school-based services previously received (including special ed, free/reduce lunch, help w/fees or extracurricular costs). CM discuss edu needs & concerns w/family. Info on MK-V rights are provided & explained. Once a release is signed, staff must notify the homeless liaison at school of origin & school in district of family/youth's situation. The policy req agency staff demo consideration of youth edu needs when housing search begins to ensure access to (max extent) school of origin; coordination w/school or early childhood program on enrollment & transportation to ensure minimal disruption for youth; & designate @ least 1 staff person w/MOU in place to ensure that youth are enrolled in school & connected to services including early childhood programs. The policy req agency staff demo progs are consistent w/& do not restrict the exercise of rights provided by MK-V & identify ways to support youth in school & community activities. The policy req individualized case planning to include referrals for early childhood home visit evals, family access to literacy resources & mentoring programs & understanding of rights; follow-up to address student enrollment barriers, access to school supplies, youth receive free/red lunch & fees are waived, youth have access to extracurricular & transportation; & staff provide family support w/school & IEP mtgs, help family engage advocates & become actively involved w/youth edu.

1C-4c.	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	Yes	Yes
5.	Federal Home Visiting Program--(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	Yes	Yes
7.	Healthy Start	No	No

8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	No	Yes
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

- | | |
|----|--|
| 1. | update CoC-wide policies; and |
| 2. | ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors. |

(limit 2,500 characters)

The CoC regularly collaborates w/org who provide housing & services to survivors of violence to update CoC-wide policies. This incl VSP from across the CoC, incl those w/shelters & those w/housing progs; the state DV & SA coalition; & org serving survivors of human trafficking. A state DV coalition staff serves on the CoC Board & co-chairs the gaps/needs committee. She is an active participant in Board discussions incl policy, priorities & program dev; involved in reviewing & scoring proj apps; & serves on the CE committee. Another staff actively provides training & TA to subgrantees of the CoC's DV RRH grant. Together they provide a lot of feedback from a specific perspective, impacting how client surveys are distributed & written, thinking about unintended conseq of the CoC approved move on assessment & prog standards. Many VSP Directors are active on CoC committees, incl shelter/diversion, CE, system perf & discharge; chairing DV specific workgroups & making recommendations to larger group. CoC staff work closely w/VSP & state DV staff on policy & process on the statewide CE system to ensure housing & services are provided to survivors; to ensure CE staff have foundational knowledge necessary to work w/survivors in crisis, connecting them to the appropriate services, protect confidentiality & address safety concerns in a TIC manner. The CoC hosted multi TIC sessions for program staff incl VSP. VSP & DV coalition staff hosted multi training sessions on safety planning, TIC, victim centered services, cycle of violence & the foundation of advocacy. The CoC Director collab w/State DV on several policy & advocacy efforts statewide. Several CoC-wide policies were recently updated on recommendation from the DV workgroups, incl shelter standards & CE prioritization. VSP & DV coalition staff have been integral parts of developing the new CE assessment. The CoC Director intentionally recruited VSP providers to apply for an expansion of the CoC DV RRH grant, w/5 beginning @ renewal. This expands housing & services across the CoC for survivors. Program policies & CM standards promote TIC for all clients. The CoC also has a SSO CE grant specifically to address gaps & barriers, ensure access of CE for the pop. The CoC invested funds to create a comparable database for CE w/direct input & feedback from VSP & state coalition staff. Their approval was req to move forward. The CoC ensures the voice of org serving survivors are incl in CoC mtgs, committees, & work groups

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below how your CoC coordinates to provide training for:		
1.	project staff that addresses 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 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 2,500 characters)

The CoC coordinates to provide training for proj & CE staff that addresses best practices (e.g TIC, victim-centered, progressive eng, MI) on safety & planning protocols in serving survivors of DV incl unique barriers faced by the subpop. Coordination occurs w/help from state DV coalition (EDA) staff & several VSP Directors. This core group is highly involved in the CE training provided to CE staff & support to the CoC DV RRH proj monthly. The housing proj has 10 subs w/7 being VSP & units in urban & rural areas across CoC geography. The EDA staff provide vsp training & resources to support client safety, choice & control @ full CoC mtg @ least annually. Mtgs are recorded & posted on website w/materials. As a DV advocate, an EDA staff serves on the CoC Board & chairs the gaps/needs committee. The CoC & EDA have an MOU to ensure adeq training & resources were made avail to VSP, CoC proj staff, subgrantees of DV RRH & local coalition CE staff on a reg basis. EDA hosts statewide trainings & webinars available to CoC proj & CE staff monthly on topics such as: BIPOC, housing 1st, LGBTQ, implicit bias, impact of trauma, gender violence & safety planning. Addt'l training has been provided on the lethality assessment, restraining order services, DOJ Safe @ Home address prog, human trafficking, DEI, crime victim compensation & partner violence. In 2022, the CoC hosted virtual trainings by experts on Trauma & Resilience, MI, TIC, LGBTQ, equity & diversity, working w/clients w/TBI & inclusivity training. The CoC requires CE training for new staff, including DV screening, conducting assessments in TI manner, using non-HMIS referral process while creating a safe & confidential space, ensuring confidential discussion in a victim centered manner. All CE staff must watch all DV-specific recorded trainings prior to getting access to the CE system. Compliance is reviewed during monitorings. EDA provides bi-monthly training to CE staff w/an open invitation to VSP staff to provide context & personal exp to these trainings for CE staff. Average attendance includes all 21 CE staff & 50 VSP. This is an effort to build collab partnerships btw VSP & CE staff. Topics incl safety planning, DV client vulnerabilities & TIC. EDA also provides local training upon request to help non-VSP serve survivors in the best way possible while taking into consideration unique challenges. EDA helps bridge & build relationships w/in local coalitions btw VSP & non-VSP providers when needed.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below:		
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

The CoC uses multiple sources of de-identified aggregate data on survivors of violence. Sources incl comp database reports-those submitted for the ESG CAPER & CoC APR; HMIS reports on those fleeing/attempted to flee served by non-VSP providers; PIT data @ CoC & local coalition level, incl those unsheltered & sheltered, vet & parenting youth; CE data from HMIS-based & non-HMIS PL incl chronicity, LOTH, LOT on list, level of need & vuln score. Local provider anecdotal info & State DV & SA coalition reports are used to help provide addt'l context. All 4 data sources are used to assess need; id gaps & trends; advocate for more resources; eval disparities, compliance & outcomes; determine impact of policy & program changes; & quantify need across CoC & w/in local coalitions. The CoC advocates for the use of de-identified data to determine ESG allocations & other state funding. During the review & ranking process, the CoC uses DV-specific data from CE & PIT to help calculate need. The CoC uses CAPER & APR data to review outcomes, identify TA needs & eval proj performance. CE compliance is reviewed weekly by CE staff, monthly by CoC staff & qtlly by CoC Director. CE data provides live time info on people who are homeless & does not req them to be seeking shelter w/in each coalition illustrating scope & quantifying need. Analysis incl reviewing trend info & the # of units/funding for a specific pop @ local & CoC level & used in statewide advocacy & funding decisions. PIT data from Jan & July count uniquely combines non-DV & DV shelter, TH & unsheltered info into 1 data set for entire CoC. This data can be used to evaluate progress, identify gaps in community planning, & see seasonal shifts w/in population. Locally, all 4 de-identified data sources are used in community planning, gaps, funding priorities & allocations, coordination & operation of services. Data shows who is & isn't being served. Trend & gap data, family composition, location & special needs provides a foundation for new resources, expanding public awareness & encourages community engagement. At CoC level, all 4 data sources are used to evaluate how to meet the specialized needs related to DV & homelessness incl advocacy efforts, influencing funding decisions, support investing in best practices & informing decision makers (incl elected officials) of what is available & what is needed to meet the housing & service needs of those fleeing/attempting to flee DV & homeless in WI.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:		
1.	the emergency transfer plan policies and procedures; and	

2.	the process for individuals and families to request an emergency transfer.
----	--

(limit 2,500 characters)

The CoC communicates to all people, regardless of known survivor status, seeking or receiving CoC program assistance the emergency transfer plan (ETP) policies & procedures & the process for people to request an emergency transfer. In 2020, the CoC Board approved a CoC ETP, requiring all CoC funded agencies to follow including subgrantees. The plan defines VAWA & explains who is eligible for emerg transfer, the documentation needed to request an emerg transfer, confidentiality protections, how an emerg transfer may occur & guidance to participants on safety & security. The ETP plan policies & procedures were based on a model plan published by HUD. The plan is reviewed & updated as needed; incorporated into written prgm standards; & added to CE. Many grantees have their own agency-level ETP as it is a req for ESG. They can add to, but not subtract from the CoC's policy. At the time of CoC proj enrollment, all adults are informed of the ETP & provided a copy of the policy & process to request emerg transfer. Prog participants sign to confirm they received a copy, a CM reviewed the policy & process, & had they had the chance to ask questions. CoC staff ensured that the process to request was minimized to prevent any undue barriers & the plan shall be made available in the language & format most accessible to the household. The ability to req a transfer is available regardless of sex, gender identity or sexual orientation. Someone seeking an emerg transfer must submit a written req to housing staff that indicates a reasonable belief that there is a threat of imminent harm from future violence if the person stays in the same unit or a statement that the person was a victim of S/A w/in last 90 days. During the monitoring process, agencies must explain how people entering projects are provided info about ETP including the content of the policy & process to request an ER transfer. Agencies provide & discuss the info @ proj enrollment, during an intake process or tenant briefing, or during the lease signing that includes the VAWA addendum. Agencies post the plan @ office & on website. Addt'l resources, including the Nat'l DV hotline & local VSP contact info, is provided upon request. Non-compliance w/the CoC policy results in a finding & req for corrective action that includes addt'l training & TA around ETP.

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

The CoC ensures that survivors of violence have access to all the housing & services available w/in the CoC's geographic area because our CE system is a dynamic prioritization system. All household referrals to CE, regardless of who is making the referral, are automatically placed on the prioritization list for each project type w/in the CoC. This includes PSH, TH & RRH. A household will be at a different place on each list based on the project's order of priority & elig factors. The CoC also invested funds to create a comparable non-HMIS referral tool & prioritization list for those fleeing/attempting to flee DV. The Non-HMIS system allows agencies to create unique id for referrals & the id of the client belongs only to the referring agency. All housing proj are req to use both the HMIS & non-HMIS PL when filling ESG & CoC spots. The highest prioritized by proj type is offered the prog & enrolled, regardless of which list they were on. Because of the diversity & size of the CoC, access to CE is rooted in a no wrong door policy. All people exp homelessness can access CE through any door. Each agency uses the same assessment tools, approaches & standard scripts. People are asked which coalitions they wish to be referred to w/in the CoC & equal access to info about the housing proj options to help them make informed decisions about available services. While being a survivor of DV may create add'l opportunities for certain housing & services only available to that subpop (such as DV RRH), it will never preclude someone from exploring all the other housing & services they are eligible for & wish to pursue. All CE participating agencies work to achieve responsive & streamlined access to services; cooperate to use available resources to achieve the best possible housing outcomes; & work diligently to match interventions w/household needs, strengths & wishes. Compliance w/CE is required for all ESG/CoC funded agencies & many others chose to use the system. There is a CoC Board approved policy & procedure manual that outlines expectations for the referral system, the pre-screen form, the PL & follow-up. The manual is reviewed @ least annually & feedback is actively pursued among all subpop advocates & those that use the system. This includes VSP & the state DV coalition. Adhering to the rules is examined qtly by CoC staff & annually through monitorings. The CoC also established a grievance process open to anyone who believes the CE rules were not followed.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry includes:

1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

The CoC's CE system includes safety, planning & confidentiality protocols w/in CE policy & procedure manual approved by CE committee, DV workgroup, & CoC Board. Feedback & approval was actively sought by CoC Staff from VSP, state DV coalition & org serving survivors of human trafficking. Compliance is examined by CoC staff @ qtly CE coalition-level reviews; annual proj monitoring visits; & through complaint/grievance process. The CoC's CE system is rooted in a no wrong door policy, incorporates TI & victim centered approaches while maximizing client choice for housing & services, prioritizing safety & ensuring confidentiality. CE staff provide support, private space & referrals to each household. The CoC invested funds to create a comparable non-HMIS referral & PL system w/the support of VSP & state DV coalition staff. The system allows referrals to be made anonymously & linked to the agency who made the referral, not the household. It does not hold PII. The list is maintained by 1 CoC staff & 1 CE staff. This provides survivors w/the same access to housing & services as those using the HMIS-based system. Prior to a referral, people must complete the pre-screen form. This process ensures staff receive informed consent, people are assessed & screened for safety concerns, need for crisis services & existing supports. Those presenting @ non-DV door are offered direct DV referral; if declined, there is no impact on access to CE. Coalitions maintain a list of DV-specific resources including hotlines, advocates & shelters. As part of the CE P & P, all agency staff are expected to follow safety, planning & confidentiality protocols including consent & choice. There is also a grievance policy created & posted. No PII can be shared publicly. People cannot be denied access to CE because of DV status. The pre-screen req informed consent & staff are trained on DOJ safe @ home prog. At front door, staff are trained to refer to or help create a safety plan to lower risk & id alt options. The Nat'l DV hotline has an interactive guide & can be used to create a plan. It includes basic info, id safe places & people, id risk & client driven goals, essential items needed & how compromised tech is. There is a printable version & a link to the plan. All CE info collected is locked, secured or shredded. The CE committee & DV group regularly eval safety, planning & confidentiality protocols & expectations to ensure policies & processes are up-to-date & relevant.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--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 LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	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 in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

	Describe in the field below:
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

The CoC updates our CoC-wide anti-discrimination policies, as necessary, based on stakeholder feedback. Also all CoC policies will be reviewed in the next 6 mo by the CoC YAB & Lived Exp committee. Each group is asked for feedback, input & recommendations. In 2020, the CoC approved 2 CoC-wide project-level anti-discrimination policies that mirror fed policy: Invol Family Separation & Non-Discrim and Equal Access & Gender Identity Rule. Similar lang was added to the CoC Accounting & Fiscal Policies & Procedures Manual & CoC CE Policy & Procedures Manual 2.0. All HUD funded agencies are required to comply w/project-level policies & CE. Access to services, shelter & housing shall be free from discrimination including protections against splitting households based on composition; denying based on age/gender/martial status; & asking for proof or inquiries. Agencies must use appropriate, inclusive language in materials & other policy docs; ensure all clients understand their right to equal access, including privacy rights; place & accommodate in accordance w/gender identity; implement an anti-harassment policy including transgender & non-gender conforming in the list of groups vulnerable to harassment; ensure a private space for intake & data collection; & include confidentiality practices to keep transgender status confidential. Agencies must create a formal grievance process that is prompt, transparent & consistent. The CoC helps providers in developing their own project-level anti-discrimination policies consistent w/CoC-wide policies by requiring agencies to adopt the CoC-wide policies into their program procedures; hosting trainings on fair housing, adherence to the equal access & gender identity final rules, anti-discrimination & DEI topics; approve a CoC-wide Diversity Statement in 2022 & establish a DEI committee to work on specific strategic planning; & offer TA to address compliance concerns. The CoC evaluates compliance w/CoC's anti-discrimination policies & CE lang by conducting desk & in person monitoring of proj every other year & sub-grantees annually. Monitoring includes reviewing policies, procedure manuals, client files & interviewing program staff. The CoC addresses noncompliance w/CoC's anti-discrimination policy by issuing findings & req corrective action, which can include training & oversight. Failure to correct or repetitive noncompliance can result in loss of funding, removal of good standing status w/CoC & notification to State.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy.	
	NOFO Section VII.B.1.g.	
You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.		

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report 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 2021 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?
Brown County Housing Authority	20%	Yes-HCV	Yes
Eau Claire County Housing Authority	36%	Yes-Both	Yes

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 2,500 characters)

W/69 counties in the CoC, there are many county/city PHAs & a statewide org (WHEDA). The CoC has taken many steps to build working relationships w/PHA, adopt homeless admission preferences, apply for new vouchers, adopt move on plan & use CE. While the majority do not have a preference, some PHAs have gradually begun working w/local coalition partners, attending mtgs & helping w/local planning efforts. Others continue to refuse collaboration efforts. Advocates continue to write letters to PHA boards, use community pressure to encourage PHAs. Some have been advocating for 10+ years w/PHA refusing to alter standard tenant selection w/closed wait list, 1st come 1st serve & no homeless pref. The CoC Director works at state-level w/Interagency Council partners, including WHEDA, to adopt a WI plan to end homelessness. As part of that plan, widespread PHA adoption of homelessness preferences is a priority. Yet, WHEDA has HCV in 41 rural counties, subs to local nonprofits (many receive CoC/ESG funding) & has not changed their admin plan, service delivery, wait list practice despite data showing need & local coalition partner's ongoing request. WHEDA has homelessness preference in 1 urban county (Brown). EHV has strengthened the relationship w/4 PHA, including WHEDA. Because PHAs were required to partner w/the CoC, MOUs were signed & the CoC Director successfully advocated for modifications of their admin plans to further relax eligibility criteria, documentation req, adopt HUD waivers & use service fees for household supports. While HUD required CE, each EHV PHA allowed the CoC to establish the priorities & process. The PHAs & CoC continue ongoing collaboration around EHV, including problem solving around challenges that arise; need for revisions to the process; & add'l supports for community partners working w/applicants. The CoC continues to advocate for local partners to meet w/PHAs around the benefits & opportunities available w/CE & new vouchers. The CoC Director has presented frequently @ PHA mtgs & trainings. CoC Staff continue to work directly with PHA w/FUP, attend quarterly mtgs, provide CE TA support & seek solutions to issues that arise. The CoC signed MOUs to support Mainstream Voucher & FYI apps. The CoC staff met w/WHEDA & HUD specifically to talk about the under-utilization of VASH vouchers & invited staff to join the CoC's veteran CE case conferencing mtgs. CoC staff continue to advocate & educate around the need for more partnership w/PHAs.

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 Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Privately developed low-income housing (HMAA + Pablo Center)	Yes

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Mainstream Vouchers & Family Unification Program (FUP)

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	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.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
--	--	-----

	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
--	---	--

PHA
Brown County Hous...
City of Kenosha H...
Sauk County Housi...
WI Housing and Ec...

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

Name of PHA: Brown County Housing Authority (BCHA)

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

Name of PHA: City of Kenosha Housing Authority (KHA)

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

Name of PHA: Sauk County Housing Authority (SCHA)

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

Name of PHA: WI Housing and Economic Development
Authority (WHEDA)

1D. Coordination and Engagement Cont'd

1D-1.	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

1D-2.	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 2022 CoC Program Competition.	39
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 2022 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, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1. how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2. the list of factors and performance indicators your CoC uses during its evaluation; and
3. how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

In the competition, the CoC req all renewal & new projects to fully commit to the HF approach & check HF related boxes in the proj app. Apps are reviewed for consistency & commitment. To ensure compliance & fidelity, HF practices are reviewed during the regular on-site or desk monitoring the CoC conducts throughout the year using a CoC Board approved HF assessment tool. Outside the competition, CoC staff conduct monitoring visits w/all direct CoC recipients every 2 yrs & sub-grantees annually. Each proj is assessed & scored on compliance w/6 HF specific factors. Interviews are conducted w/staff & clients; written documents & program forms are reviewed; outcomes & data are analyzed. Findings & corrections are issued on HF outside of the Competition process. CoC staff provide TA & training on HF-related topics. For the Competition, the CoC Board uses the results of the monitoring process to award pts in the scoring tool. Agencies w/out a recent assessment are sent a questionnaire to self-assess certain elements of their policies & procedures as it relates to HF. The purpose of the assessment is to ensure those committing to a HF approach are using it, prioritizing rapid placement & stabilization in PH, & removing any service participation or preconditions to services. The specific list of factors the CoC uses during the evaluation are: (1) access to housing-proj must have low barriers @ entry & ensure households have access despite no income, criminal or eviction history; (2) participant input-client must be educated on housing search & placement, tenant rights & responsibilities, services being offered & principles of HF, formal chance for client feedback & input on proj & services; (3) Leasing/rental assistance-clients must have a choice in unit selection & be part of the process. Housing must be permanent w/clients signing lease/sublease & ensuring understanding of tenant rights & how to avoid evictions; (4) Services-clients must have a choice in services including type & intensity. Case plans must be client centered w/staff trained in strategies such as motivational interviewing & harm reduction. As part of the monitoring, proj receive a score card. A 5-pt scale is used for each factor w/the most pts awarded for being fully compliant & 1 pt for mostly non-compliant w/HF around rules, documents & practices. The CoC uses these scores w/in the CoC review & ranking process along with HMIS data on exits to homelessness situations & reasons for exit.

1D-3.	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 2,500 characters)

The CoC's street outreach efforts are designed to allow for quick id & engagement of people unsheltered. The CoC conducts 2x/year full PIT count, including unsheltered outreach in Jan & July across 100% of the CoC geography. More outreach occurs locally throughout the year based on community size & funding. In urban areas, PATH funding supports regular daily engagement; teams incl peer support specialist & recovery coaches, social workers; focus on mtg people where they are at. Safe parking prog started to provide a safe place for people to stay in their cars & provides a place to engage w/folks otherwise unlikely to req help. Drop-in centers provide safe space, access to internet, hygiene items/shower, a mailing address, laundry, food & staff. In rural areas, limited funding req partnerships w/existing resources; working w/law enf; creating teams that include vet, housing, crisis, medical & outreach staff; join faith-based & volunteer led efforts to meet basic needs (food, hygiene, blankets, supplies); & focus on known locations. All outreach efforts seek to engage w/all unsheltered persons, build trust, dev relationships & enc acceptance of help. Being consistent helps CM locate, id, contact & engage people. CM conduct initial assessments including mental & physical health, safety, substance use & housing timeline; help facilitate comm connections; & provide warm handoffs w/mainstream service providers. Outreach efforts incl comm events & resource fairs, known locations: libraries, meal sites, transit centers, 24/7 parking lots, places w/public restrooms, laundromats, parks & beaches. Some outreach staff have 24-hr crisis lines & toll free #s. Connections made w/literacy groups, LGBTQ centers, org serving culturally specific pop incl people w/disabilities. VA & DVA staff visit VFW, CVO & memorials. RHY staff visit parks, boys & girls clubs, youth centers, after school, rec prog & connect w/JDC. Staff in rural area work w/UMOS to engage farm laborers. CE staff work to expand awareness of housing & supportive services available by posting No Wrong Door signs & materials in multiple languages & large print, posting on social media & websites. Targeted outreach to those w/disabilities, limited English prof, & other marginalized pop in partnership w/community-based orgs. Coalitions advertise & host events to build awareness & engage those least likely to ask for help, providing COVID/flu shots, haircuts, food, onsite access to mainstream referrals.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		
	CIT (crisis intervention training); CIP (community intervention partner program); education, outreach, advocacy for community at large	Yes	Yes

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).		
	NOFO Section VII.B.1.i.		
		2021	2022
	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.”	973	743

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
	Veteran benefits, WIOA, WIC, CCS, Medicare/caid, Badgercare	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

- systemically provides 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;
- works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
- works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

The CoC systemically provides up-to-date info on mainstream resources available for program participants w/in the CoC by annually inviting state gov't partners to join CoC virtual qtlly mtgs to present on prog, elig criteria, FAQ & answer questions on mainstream resources (food stamps, Medicaid, SSI, TANF, FSET, WIC, & childcare), work prog, HIV/AIDS, substance use & recovery prog. Presenters are asked to provide slides & other resources to ensure agency staff have relevant info. DCF, DOA & DHS routinely present updates, policy & process changes. Mtgs are free & recorded w/materials & the recording posted on the website. The CoC Director attends qtlly Interagency Council mtgs, led by Gov, to address barriers & silos among gov't agencies; bimonthly mtgs of Council's wkgroup w/other state staff; 2x/mo DHS COVID ER response strategy mtgs; mthly DHS statewide homeless forums w/fed (HUD, FEMA) & state (VA, DCF, DWD) partners to support ed & awareness of various prog & resources; mthly mtgs w/DHS MA policy staff on initiatives; & 2x/mo calls w/other 3 CoC leaders, DEHCR & Council Dir. CoC Director advocates, asks questions & gathers info to share @ monthly CoC Board mtgs; qtlly @ CoC mtgs; & mthly mass emails to full membership re: CoC, state, & nat'l resources; & fwd all state-level changes to coalition leads & grantees. The CoC works w/proj staff to collab w/healthcare org, incl substance abuse & mental health tx, to assist clients receive healthcare services by approving a CoC-wide health care policy, dev relationships w/HMO staff, & working w/DHS on prog & policy changes. The CoC policy req proj staff to collab w/health care org, assist clients w/health ins enrollment & utilization of benefits. Compliance is reviewed during monitorings. Proj staff are expected to help complete elig paperwork & apps, incl MA; work w/clients to use & understand benefits, covered providers & services; encourage use of prevention services; assist w/appts & transportation; talk w/health care staff about issues or concerns; & help make referrals for specialty care, AODA & mental health services. CoC staff encourage HMO staff to come to CoC & local coalition mtgs, use CE & consider proj collab. The CoC works w/proj to promote SOAR cert of prog staff by sharing training opp, review as part of new proj submissions & for PSH req it be part of the services offered or partner w/in the comm. The CoC invited NAMI & other SOAR cert staff to speak to the effectiveness & process at CoC mtgs.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

The CoC increased its capacity to provide non-congregate sheltering for people experiencing homelessness, as an alternative to other shelter options & to prevent the spread of infectious diseases by using new ESG-CV, CSBG-CV, United Way/ESFP-CV, & ERA funding resources to invest in new motel voucher programs. During the winter, the State used ARPA funds to invest & support add'l congregate & non-congregate options for people exp unsheltered homelessness. These funds were also provided to RHY providers & victim service providers to shelter youth & those fleeing DV, respectively. Before COVID & now, there aren't brick-mortar shelters in every county. Many rural areas have always relied on limited motel vouchers to provide emergency shelter to those w/out alt options. During COVID, many shelters closed or halted entry, reduced capacity, &/or changed intake process for those exp homelessness. Non-congregate shelter units drastically increased because it was safe & secure for those exp homelessness to self-isolate & minimize risk of COVID-19. Homeless providers partnered with area motels to develop a plan on how to serve quickly & efficiently those exp unsheltered homelessness. Area shelters contacted the motel to verify if there is a bed available, if so, a motel voucher is sent over to the motel and the client is given a taxi ticket to go to the motel for the night. Extended stays are granted based on client situation. The State allowed WERA fund to be used for long-stay motel vouchers. Non-congregate sheltering req more than just the voucher, but funds for CM, food, cleaning supplies & damages. Intentional CM to those staying in motels is impt to keep engaged & avoid isolation. Some communities opened warming & cooling centers, day resource centers & drop-in centers to provide opportunities for people to congregate. Coalitions created partnerships w/school district to provide MV, gave street outreach workers MV, & authorized sheriff depts to use Salvation Army MV when needed. One community designated one agency's owned units as crisis housing/non-congregate emergency shelter as an alternative. Another agency purchased a hotel to use as 21 room shelter using the non-congregate model. Many communities partnered w/hospital, free clinic & health centers to find alt shelter for those exposed or COVID positive. Shelters changed the way they are structured, learning from non-congregate alternatives to create private rooms rather than gym floors w/cots.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	

Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:

- | | |
|----|--|
| 1. | develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and |
| 2. | prevent infectious disease outbreaks among people experiencing homelessness. |

(limit 2,500 characters)

The CoC effectively collaborated with state & local public health agencies to develop CoC-wide policies & procedures to respond to infectious disease outbreaks. The CoC Director attends qtrly Interagency Council mtgs to address barriers & silos w/in gov't w/the response to COVID & other health outbreaks; bimonthly DHS COVID emerg response strategy mtgs that included DHS staff-COVID response team, office of health equity, MA service, public health & care/tx services; WI emergency mgt; FEMA & HUD; mthly DHS statewide homeless forums w/fed, state & CoC partners to support ed & awareness of various prog & resources; & weekly DHS shared learning forums focusing on health equity. These forums focus on a diff marginalized pop each week including undoc, indig, LGBTQ, Amish, DV, homeless, rural, & people w/disabilities. As part of the DHS COVID emerg response mtgs, the CoC Director is working w/the other 3 CoC leaders, state & federal partners to create policy & procedure recommendations using lessons learned during COVID to improve a response to infectious or healthcare crisis w/the goal to add to the State plan to end homelessness previously approved by the state Interagency Council. Specific to the CoC, the CE committee established a process to adjust priorities & policy to address the pandemic when necessary. This policy is codified in the CoC's CE P&P. The CoC Board amended program standards to address program needs associated w/COVID. The CoC works to prevent infectious disease outbreaks among people exp homelessness by working w/statewide healthcare org, HMO, hospital systems, public health & DHS. The CoC Director advocated at state-level for homeless vaccine priority, more PPE, support for shelters & the need for more non-political basic info on COVID, testing & vaccines. CoC Director presented on multiple statewide calls w/public health directors on the needs & unique barriers for those exp homelessness. CoC staff met w/HMO outreach staff, provide education & talk about CE; created lines of communication w/key DHS staff to help address local challenges & hospitals to find alt space for those in quarantine; & attending local coalition mtgs to ensure accurate info was be shared from state partners & the CoC to providers. The CoC Director worked w/DHS & public health to expand access & availability of testing, vaccines & supplies especially in rural areas for those at risk, vulnerable, or staying in congregate or unsheltered settings.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

The CoC effectively equipped providers to prevent or limit infectious disease outbreaks among clients by sharing info related to public health measures & homelessness on a consistent basis. The CoC Director intentionally participated in several statewide COVID policy groups, met w/elected officials, spoke in state gov't mtgs, attended weekly emerg response mtgs, joined weekly VOAD mtgs & other statewide initiatives to ensure the needs & challenges for those exp homelessness, providers & the CoC were shared. During these mtgs, the CoC Director advocated for more collab btw homeless service system & DHS, public health, & emergency mgt. The CoC Director shared info w/providers on safety, changing guidance & restrictions, need for advocacy, PPE, training opps, testing & vaccine rollout by posting on social media & website, sending mthly mass emails, providing updates during mthly Board mtgs & qly CoC mtgs. The CoC created an entire website page dedicated to COVID info, state & fed guidance, funding opp, best practices & approach to reduce the spread of COVID & improve system collaboration-especially between homeless services & public health. The page was updated weekly. The CoC facilitated communication btw public health agencies & homeless service providers to ensure street outreach, shelter & housing staff were equipped to prevent or limit outbreaks. CoC staff participated in local coalition planning mtgs, shared CoC updates & provided up-to-date guidance. Coalition partnership w/public health varied across the CoC. Some created active partnerships to prevent outbreaks & increase vaccines by ensuring coordination of benefits & services, developing policies & safety protocols, providing testing onsite @ shelters, help w/quarantine options, & creating educational material. It was a team approach to addressing false info about COVID & vaccinations which included virtual team mtgs, check ins & updates; & worked w/outreach teams to make sure they had adeq PPE, screening & testing resources. When numbers increased, coalitions worked w/Nat'l Guard to set up testing sites & healthcare clinics to expand vaccine clinics & mobile units to those least likely to be served. Unfortunately in some areas, public health & mainstream health did not respond to shelters or other requests for help to decrease the spread of COVID. When that happened, the CoC Director discussed challenges directly with DHS, HUD, FEMA & @ the state Interagency Council including the Governor.

1D-9.	Centralized or Coordinated Entry System—Assessment Process. NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

The CoC CE system covers 100% of the CoC (69/72 counties) by dividing the geography into 20 local CE areas w/each hiring a CE lead & subcontracting w/the CoC for SSO funding to support the position. The lead is responsible for ensuring CE access for those in crisis; oversight of the local system; marketing & outreach targeted to unsheltered, non-engaged, those unaware of the process & least likely to access services w/out special outreach; & compliance w/CoC policies including the after-hour plan, standardized forms & assessments. Because of size, the CoC uses a no wrong door approach to housing & services w/all CE policies, order of priority & written standards. CE is dynamic & ensures all people are referred to all available resources they are eligible for. The CoC CE system uses a standardized assessment process & agencies must use CoC approved assessment tools & prioritization. While the CoC uses the VISPDAT for all single & HH w/out kids; VI-F for all HH w/kids; TAY-VI for all youth under 25, efforts are underway to change to assess that addresses racial dispar. Scores, LOTH, disability status & chronicity are used to prioritize for specific interventions. Staff are trained to use the tools in a TIC manner, create a private space & ensure actions are client-centered. The CoC's CE system (including assessment tools, forms, manual, process & policies) is updated regularly using feedback received from CE leads, stakeholders & people who participated in CE. Feedback is derived from mthly CE lead mtgs; subpop specific wkgroups-DV, Vets & youth; mthly CE committee mtgs-stakeholders, youth & people w/lived exp; coalition surveys on system efficiency; case conference mtgs-statewide Vet group & local coalition level; qtrly CE coalition reviews; agency staff & client interviews as part of proj monitoring w/questions specific to CE; & surveys sent annually to former CE system clients. CoC Director reviews CE data from CoC & coalition level qtrly & presents to full CoC. Staff are working w/CoC YAB to illicit feedback & recommendations. As a direct result of community concerns & client feedback, a wkgroup of CE lead staff; shelter, outreach & housing staff; HUD TA; & HMIS lead are creating a replacement CoC-wide assessment & process by using a transparent & collaborative process. Pre-screening forms have been updated multiple times based on funding, program & client needs. Follow-up time frame was updated to ensure quality & completion based on agency requests.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

The CoC's CE system reaches people who are least likely to apply for homeless assistance in the absence of special outreach by req each coalition to pick a CE lead & contract for SSO funds to support the position. The lead is responsible for mktg, outreach, intentional engagement w/those not actively seeking services. Each coalition is req to advertise, conduct active & ongoing outreach & provide all necessary accomm to meet the needs of those accessing CE & seeking services. Strategies ensure all people exp homelessness have fair & equal access to CE, despite where or how they access the system. Resources are freq provided to areas used by those unsheltered; including 24-hr est, hospitals, meal sites & food pantries, faith-based org, grocery stores, check cashing stores, & drop-in centers. Each CE agency must post the CoC-approved no wrong door sign to visibly id them as a system door. Outreach must include updated website, social media & print materials. The CoC's CE system prioritizes people most in need of assistance through the order of priority & emphasis on high vul & service needs. Each proj type is diff but use the same factors including chronicity, disab, LOTH & acuity assess score. For proj dedicated to special pop, the criteria is included (i.e. youth, vet, chronic, DV). All proj must take the person @ the top of the list, representing the person most in need of assistance w/in that intervention type. The CoC's CE system ensures people most in need of assistance receive PH in a timely manner, consistent w/their pref by using a dynamic & client centered prioritization list. CE begins w/client consent & choice, including which proj types & which coalitions interest them. When there is a proj opening, the agency offers housing & supportive services to the highest prioritized HH. Providers must attempt to contact at least 3x w/at least 24 hrs between each attempt; then they can move to the next person. Upon contact, proj staff are req to talk to the HH about potential eligibility issues, timelines, & clarify roles & expectations. The HH makes the final decision about what project/type they want. The CoC is taking many steps to reduce burdens on people using CE including revamping of the assessment process, removing unnecessary or invasive questions & reducing complexities that can create unnecessary delays. This includes reducing follow-up time between referrals; increasing staff accountability to referrals made; & streamlining the req docs.

1D-10.	Promoting Racial Equity in Homelessness—Conducing Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/01/2022

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance includes data analysis, client surveys & participant input during monitoring visits. Data includes a HMIS-customized report, PIT & CE demographic info. Client surveys include the annual gaps & needs survey, DEI committee approved questions for participants of CoC funded prog, & feedback provided by CoC YAB. The main assessment used for analysis is the customized Racial Disparity HMIS report prepared by the HMIS lead. The report shows the overall rate of homelessness per 10,000 residents in the CoC. By comparing this overall rate of homelessness w/the rate by race & ethnicity, the CoC can determine whether there is a disparity. If there is no disparity, the rate bars on the dashboard will be the same length. The total pop comes from the US Census Bureau Decennial 2020 count & the count of clients comes from HMIS. Using the HMIS report, the CoC identified the following racial disparities in the provision or outcomes of homeless assistance. 28/10,000 people living in the Balance of State CoC exp homelessness (compared to 34 statewide). When looking at who experiences homelessness by race, people who are Black are 15.5x as likely as to exp homelessness in 20-21 compared to White; Multi-race 1.9x, Am Indian 8.9x, Native Hawaiian are 9.5x, & Asian 0.4x. Hispanic/Latin(a)(o)(x) are 1.7x as likely as non-Hisp/Lat. The data includes those identified by CE or served in shelter, outreach, safe haven, & transitional. Looking at who entered into CoC-funded TH, RRH or PSH during the same reporting period: 63% are white, 20% black, 7% multi, 7% Am Indian, <1% Native Haw, 1% Asian & 9% are Hispanic/Latin(a)(o)(x). Looking at those exiting successfully to permanent destinations from CoC-funded TH, RRH or PSH in the same reporting period, the overall success rate is 68%. By race, success rates for Black 69%, Multi 71.5%, Asian 86%, Hispanic/Latin(a)(o)(x) 68% are greater than for white 67%, Am Indian 65%, & Native Haw 50%. In summary, those identifying as Black, Am Indian & Native Hawaiian are more likely to experience homelessness than people who are white. Yet, they are not more likely to enter CoC-funded TH, RRH, or PSH proj. For people who do enter CoC-funded proj, there are racial disparities w/outcomes for Am Indian & Native Hawaiian being less successful than white, black, multi-race, Asian & Hispanic/Latin(a)(o)(x).

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.g.	

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.	No
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.	No
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.	No
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.	No
	Other:(limit 500 characters)	
12.		

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC & homeless providers have taken steps to address disparities in the provision or outcomes of homeless assistance identified in 1D-10a. Steps include staff edu & awareness; est baseline & collect addtl data to better understand patterns & eval prog; gather feedback from people w/lived exp & youth to improve proj; review policy & procedures, incl CE; & expand outreach to places w/underrep groups. For edu & awareness, the CoC hosted a full day virtual diversity & inclusion training on: what role race plays in homelessness; concepts for creating a racial equity lens including systems of privilege, oppression, systemic racism & implicit bias; bldg a toolkit for cultural responsiveness; & making it personal-engaging self in social justice work including cultural competence, humility & responsiveness. On the 2nd day, the training was on: setting the stage for social justice work-challenging faulty assumptions around race; exploring white privilege & fragility; why antiracism; & what it means to be an ally. This creates a foundation for the CoC to grow in racial equity work. Board surveys were developed & applications revised to help ensure reps reflect the pop being served, incl race & ethnicity. The CoC created a DEI cmtte, approved a diversity statement & set up addtl trainings for provider staff. For data, the CoC staff started working on data analysis including project, coalition & CoC level HMIS, PIT & CE reports. The HMIS lead created a HMIS-customized Racial Disparity report that can be used at the CoC & local coalition level to review rate of homelessness, proj entry & outcomes w/race & ethnicity overlay. CoC staff work w/committees to enhance client surveys for the annual gaps & needs assessment & CoC YAB facilitated discussion to better understand the experience by those using the homeless service system. The CE cmtte is working on policy & procedure review from a DEI lens, expanding outreach & marketing to underserved areas & populations, & adding translated materials, big print & adj reading levels. Coalitions are tasked w/developing strategies to expand access & work to remove barriers to services, esp for those overrepresented in the homeless pop. Agencies must continue developing robust tools for prog delivery, aware of the racial disparities in outcomes & tailoring support as needed. By creating agency awareness, a mechanism for eval & hearing from those w/lived exp, the CoC intends to hold agencies accountable for addressing disparities.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC has established various measures to track progress on prevention or eliminating disparities in the provision or outcome of homeless assistance. At the CoC level, CoC staff will continue to use the customized Racial Disparity HMIS report created by the HMIS lead. Run annually, this data will help the CoC review the overall rate of homelessness by race & ethnicity, entry into programs & successful exits. Tracking progress CoC-wide year-to-year provides an opportunity for proj & coalitions to make changes that can be reflected in the data. The goal would be to see no difference by race in who is experiencing homelessness, that the percentage of those getting into programs matches w/the percentage that is homeless, & that there is no disparity related to race when looking at successful outcomes. This report will be used to educate & inform local coalition partners on their data & continue to use it to assess local progress. CoC staff will continue to use the 2x/year PIT count demographics to measure change among those sheltered & unsheltered w/in the CoC & drilling down to coalition level data. PIT data also subcategories fleeing/attempting to flee DV, vets & youth which can be addt'l subpopulations to analyze for disparities. CoC staff will continue to use qtlly CE Priority List data to measure change among those experiencing homelessness & those prioritized for interventions. CE data can also be reviewed at the local level in the same way. By combining these data elements, the CoC can track progress w/the goal to eliminate disparities both in homelessness, access to prog & outcomes. The CoC is working w/the DEI cmte, the Lived Experience cmte & the CoC YAB to identify addt'l measures or elements that should be collected to analyze progress. Several coalitions have partnered with UW schools to further review not only disparities w/in the homeless service system but also in those systems of care & living in poverty. The state Interagency Council has a statewide DEI workgroup preparing recommendations to address DEI in state plan to end homelessness including enhancing the way we identify, prevent & eliminate disparities. There is also interest in expanding the review to include other types of inequities incl gender, LBGQTQ & disability status.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
NOFO Section VII.B.1.r.		

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC has engaged in multiple outreach efforts to engage those w/lived experience of homelessness in leadership roles & the CoC decision-making process. W/in the CoC governance structure, local coalitions elected Board members & there is a statewide seat for someone w/lived exp. In 2021, the CoC est a YAB w/ reps chosen by local youth action groups to rep them in the larger context, work on CoC specific initiatives, policies & process. On the Board, the CoC has active participation from @ least 1 person w/lived exp. Board members are responsible for overseeing the CoC Director & advancing the mission of the CoC through strategic planning; vote & approve CoC policies including CE, written standards & CoC competition rating & review, proj selection & grants; maintaining the CoC’s fiscal health & proposing an annual budget; & helping the CoC Director develop & implement long-range plans, strategies & priorities. The Board mtgs mthly, presents qly @ CoC mtgs & participates in leadership w/in local coalition. Each Board member serves as a chair of a committee of their choice. Currently the member w/lived exp serves on the system perf group w/the HMIS lead rep to expand understanding of SPM, impact at local level & explore best practices across CoC. In 2022, the CoC approved the creation of a lived exp committee to include members from across the CoC w/exp being homeless including unsheltered, veteran, DV, youth, w/disabilities, & chronicity. This committee shall advise the Board equal to the YAB & have direct influence & access to policy change, strategic planning & feedback on all parts of the CoC process. Committee members will be reasonably compensated for their time & barriers will be addressed, including tech, supplies & transp. The CoC uses lessons learned in the est of the CoC YAB to inform approaches for outreach & engagement. To actively recruit for the statewide Board position & participation in the committee, the CoC works w/public awareness committee & YAB for guidance on best approaches including social media, targeted outreach, mass emails, word of mouth, & flyers shared w/local coalition partners. Local coalitions actively recruit, invite, & support people w/lived exp from joining mtgs, provide feedback, present, join panels & help w/outreach. The CoC is dedicated to ensuring the voice of those w/lived exp includes broad rep from the community, including race, ethnicity, LGBTQ, disabilities, subpop, rural & other underserved groups.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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.	166	94
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	166	21
3.	Participate on CoC committees, subcommittees, or workgroups.	78	24
4.	Included in the decisionmaking processes related to addressing homelessness.	112	49
5.	Included in the development or revision of your CoC’s local competition rating factors.	166	21

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoC, local coalitions & partner agencies provide prof dev & employment opp to people w/lived exp. At CoC level, people w/lived exp on Board, on lived exp committee & YAB are provided onboarding support on policy, past practice, homeless service funding & priorities. All are encouraged to join CoC hosted prof dev training on housing issues (fair housing, ADA); DEI; subpop specific (LGTBQ, HIV/AIDS, sex trafficking & DV, Vet, youth); & CM skills (MI, TIC, client centered service, case notes, progressive engagement). Cost is waived upon req & space prioritized for those w/lived exp. Recent hiring process for CoC staff was intentionally changed including recruitment strategies, lang in ad & req. for higher education to actively seek someone w/lived exp for the project coord position tasked w/overseeing YHDP. In next hiring process for 2 addt'l positions, including CE specialist, continued to prioritize those w/lived exp & actively seeking people w/direct knowledge of the homeless service system services from a participant perspective. CoC staff seek nat'l training opp for YAB members & opp to join leadership groups @ state level. At local coalition level, orgs recruit for rep on local boards, commissions, gov't committees & councils (including PHA, ADRC, crim justice, mental health, human services board, housing or planning commission). Each group provides education, training & prof support to those that join. People w/lived exp are encouraged to apply, sign up for peer support training & cert prog & join coalition mtgs. Youth are actively sought to join local youth action group & provided youth-led support & access to CoC trainings. Former clients & others w/lived exp are enc to apply for the CoC Board, coalition leadership positions & join the CoC lived exp committee or YAB. Coalitions bring in mthly speakers & experts on a wide range of topics. People w/lived exp are enc to attend, ask questions & provide feedback. W/in agencies, directors seek recommendations for people w/lived experience to serve on boards & other policy making entities. Supervisors seek to hire people w/lived exp as CM and/or peer specialists to work alongside clients in housing & shelter progs. Shelters seek volunteers to help w/daily upkeep; operate groups; & provide service feedback & suggestions. Agencies provide staff dev training, volunteer support & onboarding activities to help adjust to the role, provide background knowledge & create a culture of communication & support.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and	
----	---	--

2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness
----	---

(limit 2,500 characters)

The CoC routinely gathers feedback from people exp homelessness & those that have received help through CoC/ESG progs on their exp receiving assistance through surveys, interviews & through the YAB. Annually, the CoC releases a client survey across all coalitions, posted on the website & social media, translated into Spanish/Hmong, & avail in large print & other accommodations avail. The client survey seeks to gather demo info, feedback on the process & programming received & changes needed to strengthen the quality of services available. The survey is sent to agencies & coalitions to gather the most participation over 2-3 months. Results are analyzed by a committee, presented to Board & full CoC membership. Strategic planning & priorities are dev as a result. In the CoC, each HUD funded proj is monitored every 2/yrs & subgrantees annually. During monitoring visits, CoC staff speak w/former & current prog participants on exp incl CE. A part of the interview is to determine fidelity to Housing 1st also to note areas in need of improvement. In 2021, the CoC YAB was created to provide direct feedback & perspective on CoC activities, policies & priorities. Youth from across the CoC participate as reps from local coalition groups. Policies incl written standards, CE, rating & review, proj selection & the CCP must be approved by the YAB. In 2022, a lived exp committee will begin to share the responsibility w/the YAB. The CoC seeks feedback from those impacted by policy choices & programs as freq as possible & encourages local coalitions & agencies to do the same. The CoC has taken steps to address challenges raised by people w/lived exp of homelessness. Issues incl: lack of affordable, safe housing & age barriers. Locally, coalitions have worked to address limited access to tech; places to go during the day; showers, laundry, haircuts & routine med care. To address these, the CoC actively advocates for opp to increase aff housing, bring more units online & encourage bldg. units dedicated for those exp homelessness. Through the YAB, the CoC staff are working on advocacy around youth ability to get id docs, access cx & med services, obtain library card, & sign leases. Impt to lift up these concerns to those that can make changes. Locally, coalitions provide laptops & hot spots; supported use of COVID funds to create warming & cooling shelters, set up port-a-pot, hand washing stations, drinking stations & drop-in centers w/access to hygiene & laundry facilities.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	

Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:

1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

The CoC, local coalition & agencies have taken many steps in the past 12 months to engage city, county, state gov't on reforming zoning & land use policies to permit more housing dev & reducing reg barriers to housing dev. Increasing aff housing is a priority for everyone & req state & local support. Since 2021, the CoC Director has met w/elected & non officials; WHEDA & DOA; & state interagency council to discuss barriers to aff housing development incl state reg barriers, lack of prioritized funding esp for those below 50% AMI. To change local zoning, land use & city/county regulations, providers must meet w/officials, increase educ & awareness on homelessness & need for more housing, write letters of support, post on social media, participate on community panels & speak at planning mtgs. The CoC encourages coalitions & agency staff to make the connection between the need for aff housing & the rise in homelessness. The CoC Director sits on 1 community's local housing commission tasked w/zoning & reg review to support more housing dev, incl alt ways to expand housing alt like tiny homes, address air bnb & accessory blg issues w/local codes, & licensing for rooming or boarding houses. This commission is looking to remove barriers by streamlining the permit process & propose new zoning to allow for mixed use bldgs w/in single home zones. Other coalitions have sought zoning waivers on density & reduced parking req to help create supportive housing units; propose zoning code updates to allow for accessory dwelling units & land use rules for tiny homes; participate in reg housing task forces & participating in housing studies. Several are working w/leaders to create shovel-ready toolkit for developers & advocates seeking to reform zoning & regulatory permits. The CoC will use this template to encourage others to do the same. The CoC Director presented during a supportive housing institute, partnership btw WHEDA & CSHs to support 7 teams develop a plan for housing & id of reg, zoning & other barriers. Staff work w/city council, cty boards, plan & housing commissions, task forces, & participate in public hearings around the issue of aff housing. Other examples include advocacy to change timelines & soften regs around abandoned homes to allow for agencies to begin rehab; working to decrease the minimum req unit (size in sq footage) to allow for the dev of addt'l units; & mtg w/large nat'l business to purchase & donate land in a rural comm in need of housing.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC’s local competition.	08/04/2022
--	---	------------

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

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.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
--------	--	--

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen. Complete the chart below to provide details of your CoC's local competition:
--

1.	What were the maximum number of points available for the renewal project form(s)?	192
2.	How many renewal projects did your CoC submit?	37
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process. NOFO Section VII.B.2.d.	
--------	---	--

Describe in the field below:	
1.	how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	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 2,500 characters)

The CoC revises the process for scoring & selecting proj annually by collecting & analyzing data, past comp results & getting feedback. PIT, CE & SPM project & coalition level data & trends are reviewed & shared @ CoC mtgs. Scoring Tool criteria includes project perf & outcomes, CE, housing first compliance, SPM & coalition-level action steps. Data sources include proj APRs, CE, monitoring results, customized HMIS reports on project-level SPM & other pop & vulnerability metrics. Scoring criteria changes for each housing type (PSH, TH, RRH) given the specific needs of the target pop. The CoC collected & analyzed data re: each proj that successfully housed clients in PH by reviewing APR data on housing stability-calculating exits to PH & those remaining in PH. For PSH, 10 pts to proj w/exit or retention of 90%+; 5 pts for 70-89% & 0 pts for 69% or less. For RRH, projects got 10 pts to 80%+ clients exit to PH; 5 pts for 60-79% & 0 pts for 59% or less. Successful housing max 20 pts or 10% total score. The CoC analyzed data on how long it takes to house people in PH by reviewing CoC APRs & a customized HMIS report that shows LOT btw client entry & move in date. These can be reviewed by proj type & geo. For PSH & RRH, 10 pts if 55%+ clients had 90 days or less btw entry & move in; 5 pts if 45-54.9%; 0 pts for <44.9% had 90 days or less. For PSH & RRH, 10 pts awarded if 65%+ clients had a project entry & move in date; 5 pts if 45-54.9%; & 0 pts for <44.99%. Exits/retention PH max 10 pts or 5% total score. The CoC also considered specific severity of needs & vul experienced by those w/a difficult time find, maintain/retain PH by awarding pts (up to 8 pts for each category) to those projects serving higher % of clients w/disabilities (including sub abuse); chronic homeless; no income @ entry; & from unsheltered sit. 32 max pts pop-specific criteria (17% of total). Data comes from project APRs & custom HMIS reports to show new entries during proj year. Proj serving those w/the highest barriers may have lower outcome data scores (% exits to PH, increase income, reoccurrence) but have higher scores because of client characteristics (chronicity, disability, no income, coming from unsheltered situation). For new proj, the CoC considers proposals to provide housing & services to the hardest to serve pop in an underserved area. Need based on data is req & scored in review process. In CE, the assmt score is based on vul. & high needs w/proj-level compliance = up to 30 pts.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	
	Describe in the field below:	
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

The CoC obtained input & included people of diff races, particularly those overrepresented in local homeless pop by sending out the req for feedback & comments on the scoring tool used to score & rank proj to all local coalition partners, posting on website & social media, statewide org & intentional outreach to those working w/BIPOC, LGBTQ & people w/disabilities. All feedback is encouraged & welcome to ensure a strong tool reflective of diverse opinions, experiences & backgrounds is used. The CoC used input rec'd to determine the rating factors & scoring metrics used to review proj apps. As a result of input, no new factors were added but changes made to # of pts awarded: (1) more pts for a higher % of clients having less time btw enroll & housing date; (2) less pts for higher reoccurrence scores, esp those that left to a non-PH destination & returned; (3) more pts for local coalition action plans w/goals around racial disparity analysis, membership outreach & DEI edu; & (4) more pts for CE compliance. The CoC included people of diff races in review, selection & ranking process by having the Board approve all review, selection & ranking policies for renewal & new proj, including scoring & selection criteria; the final CoC app & priority listing w/final rank of all proj; & bonus proj priorities. The Board includes a rep from each local coalition & includes those w/lived exp & identify as diff race/ethnicity. Several Board members & staff review each proj app using the publicly posted rubric, scoring & ranking for renewal, PH & DV bonus funds. The CoC rated & ranked proj based on how well they identified barriers to participation faced by people of diff races & ethnicities & the steps the proj has taken or will take to eliminate those barriers by scoring action plans (which include work on racial disparity & addressing barriers) & CE review. The CE review of demographics includes race & is done w/in the local coalition & CoC-level qly. Specifically looking at the diff btw race, ethnic or gender disparities. CoC staff reviews data annually & present to local coalitions a snapshot of reoccurrence data & demo-including whether 1 group is more/less likely to reoccur into homelessness. All this data is included in new PH proj review & selection, included in scoring rubric. CoC proj monitoring will start including an evaluation on whether projects identified barriers to participation & what steps were taken to address & eliminated those barriers.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	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; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The Board annually approves the CoC scoring tool & written policy for reallocation. All items are electronically posted to website, through social media & sent by email to CoC members including grantees. The scoring tool was reviewed @ the qtly CoC mtg in May & Aug. The CoC's standard reallocation process includes 3 parts: vol reallocation, vol relinquish & invol reallocation. Vol reall means a proj gives up current funding & applies to transition to PH. Those apps are reviewed to ensure compliance w/policy priorities, goals & match community need est w/data. 2 proj applied to transition to PSH. Proj can relinquish their grant in writing to CoC staff & funds are available for new proj applications or to meet CoC proj expansion needs. 0 did. Proj funding can be invol reall because of unresolved CoC monitoring issues or poor perf & outcomes identified through the Scoring Tool 1st draft results. Each proj is individually notified of options. Any renewable project scoring 70% or higher has auto eligibility to submit renewal proj. Any project falling below 70% must submit a decision form indicating they are relinquishing, reallocating or requesting reconsideration. Reconsideration means the agency asks the Board to allow the renewal app to be submitted. W/a separate app, the agency must id areas the proj lost points, provide a detailed explanation of why this occurred & what the agency has done to address it; how the proj supports the mission to end homelessness; explains the need for the proj; describes any changes made since the last APR; address any past perf issues & the steps used to correct them; demo housing 1st compliance & CE; & any supporting evidence. If an agency spent <75% of their grant &/or unit utilization was <80%, the agency must explain & submit a plan to address. After 2 years, the unspent amount or funding for unused units will be invol reall. If a project falls below threshold 3 consecutive grant years, the CoC Board may invol reall the entire grant. The CoC identified 6 proj below 70% threshold, 3 had <80% unit utilization & 3 had <75% funds spent threshold this year. All proj chose to request reconsideration outlining the plan to improve. Because this was their 1st time below, the CoC did not invol reall. 2 low performing proj chose to vol reallocate into PH type that would better meet their community's need. CoC staff will continue to monitor progress on the identified issues, provide TA & ensure completion of corrective action.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	Yes
--	--	-----

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/12/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	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. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/12/2022
--	--	------------

1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
--	--	-----

1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/20/2022
--	--	------------

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	09/20/2022
--	---	------------

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Bit Focus
--	--	-----------

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Statewide
--	--	-----------

2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/29/2022
--	---	------------

2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD’s comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	

(limit 2,500 characters)

The CoC & HMIS lead have taken steps to ensure DV housing & service providers in the CoC collect data in databases that meet HUD’s comparable database req to the degree that we have the ability & authority to do so. Many DV providers receive ESG funds. The CoC recently became aware that the State ESG (DEHCR) recipient contracted w/the State DV coalition w/ESG-CV to oversee Osnum updates & provide TA to those DV agencies receiving ESG to ensure compliance w/2022 HUD HMIS Data standards. The CoC is not involved in the allocation, distribution or decisions re: ESG funds & has no authority to require anything except CE. The CoC does not receive a copy of the CAPER or any other data submitted by DV providers to DEHCR. Neither the CoC nor HMIS lead have access to the live sites so verification can only be given by the vendor; no authority over ESG funded grants so compliance can only be reviewed by DEHCR. The CoC & HMIS lead are not aware of any issues or concerns re: data collected @ this time. For 6 yrs, there was a certification process & jt monitoring MOU btw the CoC & DEHCR that req the CoC approve applicants, ensure compliance & help w/monitoring. DECHR ended the process abruptly in Feb. 2020 & no longer req it in the 20-21 grant yr. Now, the CoC has no leverage to make decisions about databases except as it pertains to CoC-funded projects. There are 7 DV providers w/CoC funds (DV RRH). CoC staff worked closely & directly w/each agency’s staff to explain the comparable database req & data need for the APR. Each agency rec’d a copy of HUD’s comparable database manual & vendor checklist, were req to complete & return as part of their contract w/the CoC. CoC staff conducted virtual onboarding training series for sub-grantees to ensure compliance including data collection & reporting. DV providers directly worked w/a nationally known comparable database vendor to ensure the database was comparable & completed the checklist, data for the APR was collected & any updates were made to ensure compliance w/2022 HMIS Data Standards. The CoC & HMIS lead discuss addtl ways to (1) ensure DV providers have a comparable database requirement; (2) encourage the use of those databases across all housing & services regardless of funding; & (3) share data w/local coalition partners especially to help w/local planning efforts & funding decisions, as well as the CoC. To the best of our knowledge, the CoC (including DV providers) are compliant w/the 2022 HMIS Data Standards.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,851	586	1,165	92.09%
2. Safe Haven (SH) beds	7	0	7	100.00%
3. Transitional Housing (TH) beds	698	230	280	59.83%
4. Rapid Re-Housing (RRH) beds	743	120	676	108.51%
5. Permanent Supportive Housing	991	0	955	96.37%

6. Other Permanent Housing (OPH)	641	0	54	8.42%
----------------------------------	-----	---	----	-------

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 2,500 characters)

Given the large geography, # of providers, projects & beds, the CoC has great HMIS coverage across most project types & funding streams. All proj types except TH & OPH are at 85%+ for bed coverage rates. The OPH HMIS bed coverage is 8.42%. There are 2 proj (54 beds) using HMIS & not req. The majority of non-HMIS beds are EHV & FUP (484 beds in 7 proj) & aren't req to use HMIS. Both CoC & HMIS lead tried to work w/PHA to see benefit & limited work entering this info would be. The CoC wrote into the MOU w/PHA that they would provide PIT/HIC data & are req to use CE. They didn't agree to HMIS. The other 3 non-HMIS OPH projects (103 beds) are not gov't funded & operate separately w/in the community. It is hard to get PIT/HIC data from them. The TH HMIS bed coverage is 59.83%. There are 14 proj w/11 agencies operating TH & not using HMIS. Each proj serves a special pop, is faith-based, refuses gov't funding &/or is relatively small w/limited capacity. Each was approached by CoC staff &/or HMIS lead staff to consider using HMIS for data entry & reporting w/all declining because of staff capacity, limited funding or flat refusal to use the system. These projs include: a 33 DV bed proj but agency is not VSP; 5 faith-based small projects (39 beds total); 1 large faith-based org w/3 proj (40 beds); 1 small org (4 beds); & 4 remaining that could potentially use HMIS & may be willing to reconsider. These 4 proj w/98 beds would make a significant difference in the calculation for TH HMIS bed coverage. Over the next 12 mo, the CoC will continue to work w/HMIS lead staff to increase & maintain bed coverage to at least 85% for all projects. The CoC & HMIS lead staff work to highlight the importance of HMIS @ the agency, coalition & CoC-level. The CoC Director presents to local coalitions on perf, gaps, trends & funding streams while emphasizing data entry, outcomes & HMIS. HMIS lead staff attend local coalition mtgs, answer questions & continue to encourage use of HMIS. The CoC & HMIS lead staff meet reg to identify & address HMIS & reporting related issues, concerns & needs. This includes provider recruitment, maintenance & engagement; mtg w/org that can use HMIS but do not to determine why; & ensure all new proj are aware of HMIS & options available for data analysis & reporting. As new proj begin, both CoC & HMIS staff work together to id these proj, encourage the use of HMIS & explain impt for the agency, coalition & CoC to use HMIS.

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 February 15, 2022, 8 p.m. EST?	Yes
--	-----

2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	01/26/2022
--	---	------------

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/29/2022
--	---	------------

2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:	
	1. engaged stakeholders that serve homeless youth;	
	2. involved homeless youth in the actual count; and	
	3. worked with stakeholders to select locations where homeless youth are most likely to be identified.	

(limit 2,500 characters)

In CoC, there are 21 coalitions that conduct the PIT following CoC established methodology & req. Each must select a PIT lead responsible for planning, execution & post PIT process. (1) During the planning process for the 2022 PIT count, the CoC req each PIT lead to engage stakeholders w/in their coalition working w/youth to join the planning process, the overnight count & the post-PIT service based count. This included boys & girls clubs, child welfare, workforce dev programs, school/edu providers & youth advocates. 17/21 coalitions were involved w/the YHDP CCP development & planning process. They were working on creating local youth action groups comprised of youth w/lived experience under the age of 24. Special emphasis & expectation was placed on these communities to ensure stakeholders & youth were engaged in all parts of the PIT process. The CoC directly worked w/state dept. DPI & DCF to ensure partners were aware of the PIT process & asked for support informing & encouraging providers to participate. (2) The CoC req each YHDP community to engage their local YAB & invite interested youth in helping w/the planning, going out on the count & participating in post-PIT community mtgs to discuss results & implications. The CoC encouraged the other coalitions to also do intentional outreach among the 18-24 yr old population in shelter, prevention & housing programs. The CoC involved homeless youth in the actual count by working w/the CoC YAB to review methodology, forms, engagement strategies & location selection. This will continue in preparation for 2023 PIT count. The CoC YAB is comprised of reps from the local coalition YAB groups to represent at the CoC, larger scale, level. (3) The CoC req each coalition to work w/stakeholders, community members, business owners & people w/lived experience to review past locations & identify new locations during each PIT planning period. Specifically for youth, the CoC req coalitions to work w/youth providers & youth to revamp the night of the count process to select locations where homeless youth would most likely be identified. Feedback was also requested on partners, locations & approaches to use during the post-PIT count (up to 7 days after count). Emphasis is placed on using non-traditional partners, other systems of care, to help engage w/anyone that may have been missed on the night of the count. In a large geography, the post-PIT count provides more opportunity to have broader reach.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
	3. describe how the changes affected your CoC’s PIT count results; or	
	4. state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

PIT training is a process of ongoing improvement in the sheltered & unsheltered count. The CoC strives for expanded participation in the planning, overnight count & service based post-PIT count process. The CoC continues to provide training to enhance data collection & promote community awareness. The CoC did not directly make changes to the sheltered PIT count implementation btw 2021 & 2022, but there were changes in capacity & providers which results in a need for more training & more providers contributing data for the count. Capacity was directly impacted by add'l financial resources available for shelter (ESG CV & state funds) resulting in more shelter, seasonal & motel voucher beds in CoC, from 2465 (2021) to 2739 (2022). There was an increase in TH beds available from 676 (2021) to 698 (2022). Bed usage increased as people felt more comfortable returning to congregate settings & the expansion of COVID vaccine availability & education. During the PIT, there was a corresponding increase in the # people in the emergency shelter count from 1745 (2021) to 2283 (2022). There was an increase # people in TH from 541 (2021) to 565 (2022). These increases affected the CoC's PIT count results by showing an increase in the # of people sheltered from 2291 (2021) to 2854 (2022). The CoC did make some change to the unsheltered PIT count implementation, not in methodology but in data quality, btw 2021 & 2022. While the service-based post-PIT count process was always a part of the CoC's PIT planning process, more emphasis was placed on the use & expansion of partners in 2022. PIT leads connected w/non-trad partners & other systems of care staff to learn about & complete surveys as part of the post-PIT process. This included hospitals, social workers, schools, PHA, food pantry/meal sites. Because of YHDP, there was more attention placed on youth-related stakeholders & youth w/lived experience during the planning process. Because of intentional outreach & engagement w/people experiencing unsheltered homelessness, the unsheltered # during the PIT increased from 129 (2021) to 195 (2022). The CoC has not seen that many unsheltered persons since 2015. Overall, the pandemic impacted the entire homeless service system. Even with an increase in shelter resources, there was not a subsequent increase in housing available for people to move into. Mixed w/the increased effort to engage those unsheltered, the CoC saw an overall PIT # increased from 2420 (2021) to 3049 (2022).

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section VII.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC’s strategies to address 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	

(limit 2,500 characters)

The CoC determines the risk factors to id people experiencing 1st time homeless by working w/proj, the Board & the HMIS lead. The CoC System Perf committee is tasked w/SPM, incl data & strategies, & id of best practices around reducing 1st time homeless. Staff review barrier, screening & CE assessments; speak w/proj staff about patterns identified by asking clients what lead them here, including the current situation & any precip events; HMIS data analysis; annual gaps & needs survey results; insight from CoC YAB; & anecdotal info gathered @ intake & follow-up. The CoC strategies to reduce 1st time homeless occurs at the CoC, coalition & project level. Prevention & diversion strategies are used to work w/those at risk of homelessness & the CoC gauges impact & effectiveness by reviewing CE & HMIS data. The CoC approves written standards, order of priority & emphasizes strategies focused on resiliency, goal & skill development, helping people in crisis regain control & feel empowered to overcome barriers. Targeted early prevention w/in coalitions focuses on those most difficult to rehouse; providing CM & financial help to remain housed; id needs & resources to ensure ongoing stability; & create a community-based support network. Diversion engages natural supports; provides limited financial help; connects to community & mainstream resources; & secures safe alt to shelter. Engagement often begins w/mtg basic needs of medical, food, clothing & shelter. Then bldg a safety net, id potential funding (TANF, EFSP, United Way, faith-based, gov't) & id creative housing solutions for those unable to remain in unit. Coalitions work w/mainstream service providers to provide crisis stabilization & use HMIS to assess effectiveness. Both prevention & diversion strategies rely on the use of community-based resources. Providers make & support referrals to job centers & DVR; legal serv; mainstream benefits; rent smart & budget cx; training & education; & mental health. Create safe & welcoming day centers to work 1:1 w/volun; develop tutoring, skill & training, education & basic living skills for at-risk youth; ongoing LL/tenant ed & mediation services; facilitate peer-led support groups, create pos rel & supports to help maintain sobriety. The CoC encourages advocacy efforts around more perm housing, options for transportation & reduction of system barriers. The CoC Board & Director are responsible for overseeing the CoC's strategy to reduce the # of 1st time homeless.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
	1. describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
	2. describe 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 2,500 characters)

The CoC strategies to reduce LOT people remain homeless occurs at CoC, coalition & proj level. The CoC scoring tool provides pts to proj reducing LOTH, demo by APR. The CoC works to expand PH resources by exp DV RRH & advocating for more aff housing & tenant protections @ State level. With YHDP CoC adds 5 new TH/RRH & RRH proj will be starting in Oct. CoC Board approved higher priority to new proj lev housing & healthcare resources. Coalitions target alt interventions, such as TBRA, to meet comm needs. Many are working w/city dept to prioritize HOME funds to create new PH options. Creating more housing options is 1 way to decrease LOTH & removing barriers is another. The CoC's no wrong door CE system is designed to expand access & adherence to housing 1st so people are quickly housed w/out add'l barriers. CoC staff review coalition CE outreach & marketing strategies, efforts to increase access & awareness, & compliance w/after hour plans. CoC Board approved outreach, prev & revised RRH written standards w/an order of priority centered on serving those w/the longest LOTH 1st. Shelter committee submits housing-focused ESG shelter standards for review; is creating goals to reduce shelter stays & encourage self-resolution when possible; & is working on a diversion-based problem-solving process for the CoC. The CoC identifies & houses people with the longest LOTH through CE w/id @ coalition level by reviewing HMIS & non-HMIS PL, showing LOT since referral & LOTH. The CoC houses people w/LOTH at proj level by setting priority criteria as LOTH plus another factor: PSH-CH status, RRH-highest service need, & TH-disability. @ coalition level, case conf focuses on those w/LOTH; brings together partners to support housing search & address barriers; results in creative solutions & support for those on list w/most sig barriers. Compliance is reviewed during monitoring. To support housing placement, coalitions hire housing nav to recruit, support & address LL needs. CM provide client-centered support to obtain eligibility docs for all program types, complete CH timeline & verify homelessness to speed up process. Many communities hired peer supports to work w/people 1:1 to help navigate the system & stabilize mental health; partner to provide financial literacy ed, life skills & empl training prog & links to mainstream resources to create a safety net. The CoC Board & Director are responsible for overseeing the CoC's strategy to reduce the LOT people remain homeless.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section VII.B.5.d.	
	In the field below:	
	1. describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
	2. describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

The CoC works to increase the rate that people residing in ES, SH, TH & RRH exit to PH. From ES, the CoC promotes self-resolve, using local resources to provide short-term help, develop a safety net w/comm providers & id natural supports, & create goal plans. For those needing more support, shelter staff work to speed up the process by gathering eligibility docs (disability, CH timeline, birth cert, SSN & verify homeless). The CoC staff help w/coalition-level case conf to expedite housing search, placement & address housing barriers; support hiring coalition-level housing nav to increase LL engagement, negotiate lease terms & expedite placement; seek out flexible funding opp; & provide access to CoC-wide training on fair housing, ADA, MI, TIC & other CM best practices. To increase PH exits from time limited housing proj, the CoC supports stability strategies & client-centered motivational interviewing techniques. Projects engage in exit & budget planning, after care & follow up; tenant & fair housing education; building on strengths & enhancing support networks; skill training & educational goals; id & address employment barriers. The CoC works to increase the rate people in PH retain PH/exit to other PH by req housing 1st practices & advocating for PHA move on programs or other rental subsidies to support clients w/limited income after exit. The CoC selects proj for funding where client needs are prioritized, CM works @ client place & meet them where they are. CM connect clients to DVR, rep payees & ADRC benefit specialists; help w/SSI apps & Medicaid, ensuring staff are SOAR trained; & make referrals for mental health care & AODA services. Coalitions work to create streamlined intake processes for human services, community mental health prog (CSP & CCS), & develop peer-led sobriety support groups. For all exits, the CoC ensures fidelity to housing 1st through monitorings, verifying that evictions are avoided & rehousing occurs when needed. Developing a safety net & plan to access help early in a crisis are key to PH retention & self-sufficiency. Programs work to increase education on tenant rights & resp; use LL incentives & risk-mitigation funds to support LL; help clients increase & retain earned & non-earned income; support access to mainstream benefits & other necessary supports to sustain housing after proj ends. The CoC Board & Director are responsible for overseeing the CoC's strategies to increase the rate that people exit to/retain PH.

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

In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe 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 2,500 characters)

The CoC's strategies to id people who return to homelessness include using our statewide open HMIS system w/the ability to report on reoccurrence at the project, coalition, CoC & statewide level; our 69 county no wrong door CoC-wide CE entry system that includes HMIS & non-HMIS based referrals; & reviewing anecdotal evidence provided at the agency level. Id includes those returning to shelter after successful exit to PH & also those returning to the CE list after self-resolve, brief service or intervention, & exits to non-PH destinations. HMIS customized reports can be run to help CoC staff drill down on common factors, demographics & LOTH among those returning to homelessness to determine patterns, trends & further develop best practices & addt'l strategies to reduce the rate of returns. The CoC reviews SPM data annually & the CoC SPM committee quarterly w/the CoC Director presenting PIT, CE & SPM data at quarterly CoC mtgs. Daily review of CE data by local CE leads & monthly by CoC staff provides live time access to those waiting for assistance; how long people remain on the list or return to the list; & what happens when someone can't find housing. Case conf also allows for community-level discussion around those unable to secure housing or returning to homelessness. The CoC also works with the State DV Coalition & VSPs on those returning to homelessness because of DV, relying on their insight. The CoC's strategy to reduce the rate of addt'l returns to homelessness center around sustainability & wraparound services. The CoC also adheres to housing first, avoiding evictions & rehousing when needed. Programs focus on exit planning, creating safety net supports & follow up plan to reduce returns. The CoC continues to advocate for PHA homeless pref & move on strategies to ensure those w/low income have ongoing rental support, including access to other subsidized housing in community. Program staff work to connect clients to community-based supports to address mental health, AODA & physical health issues; enroll clients in education, training & job center programs; refer to budgeting, money & rent smart programs; apply for all eligible benefits; & help create positive & safe social support system. Aftercare programs reinforce the need to reach out @ beginning of a crisis & ensure awareness of community resources & supports. The CoC Board & Director are responsible for overseeing the CoC's strategies to reduce the rate people return to homelessness.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness 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 2,500 characters)

The CoC's strategies to access employment cash sources centers around advocacy for statewide initiatives, reducing barriers, enhancing opportunities for living wage jobs & promoting innovative partnerships w/in coalitions. CoC Director sits on state council chaired by Gov to discuss system gaps, needs & collab. Advocacy incl removing inconsistencies across CoC, create expectations for priority status & work to address barriers in obtain/retain emply w/interventions tailored to client needs. The CoC supports coalition collab w/priv employers, temp agencies, job centers, DVR & WIOA staff to conduct job fairs in accessible well-advertised locations, create safe space to directly connect w/clients at shelter or meal sites, facilitate events where employers accept apps & conduct interviews on site. Staff work to remove indiv & systemic barriers to emply by providing access to tablets, phones, hot spot & internet; gas, taxi & bus passes; & paying for work-related expenses & supplies. The CoC & coalition partners continue to advocate for affordable & flexible childcare & after school care. Add'l agreements have been dev w/senior emply training prog, ADRC & counties to address emply barriers & needed supports. Proj work to inc job readiness & employability skills, help pursue GED, enroll in tech school for generals or cert prog such as welding, host workshops & peer support progs. Improved collab w/partners can increase vol & apprentice openings, resume bldg, mentorship, job placement & creating new initiatives. The CoC works with mainstream emply org to help people exp homelessness incr their cash income by signing an MOU w/each WIB in the CoC to prioritize access to empl and/or high demand industry training programs w/homeless providers agreeing to joint coordination & providing individually tailored comprehensive wraparound services. Coalitions work to dev targeted relationships w/local employers, temp agencies & emply orgs; while proj staff work to create client centered goal plans to address client barriers to sustained emply activities. The state council approved a plan to end homelessness w/a strategy to increase emply & income by req each WIB to have a rep from each CoC; est data coll req for emply & ed; create partnerships & alignment btw homeless-specific programs & mainstream education, emply support & econ assist prog & training services. The CoC Board & Director are responsible for overseeing the CoC's strategies to increase income from employment.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

The CoC's strategy to access non-employment cash income is a commitment to project & coalition level partnerships w/community partners to ensure staff are up to date on all possible benefits available, elig criteria, appl & renewal process. Proj staff are req to provide direct, hands-on support to clients, be involved & available to complete elig paperwork, initial apps & renewal process for benefits; & when possible, receive SOAR training. Agency policies must outline the process, including a screening for all clients to review elig & status for all mainstream benefits, child support, health ins & food insecurity issues. If clients do not receive all benefits they are eligible for, staff must help them. When clients receive all the benefits they are eligible, staff must help them maintain. A core best practice centers around staff completing SOAR training in order to help clients apply for SSI/SSDI benefits, become their rep w/SS office, help fill out req forms, attend consultative exams w/clients, complete 3rd party functional reports, consult w/DDB staff, attend appts w/SSA office & help clients obtain a payee if approved. Compliance is reviewed during monitoring. The CoC supports project-level partnership w/ADRC when SOAR cert staff are not available or connect w/legal action or specific attorneys to handle appeals; work w/benefit specialists & county human service staff; & HMO-specific services. The CoC encourages DVR, benefit specialists, empty agencies, job coaches & mainstream benefit providers to participate in coalition & strategic planning mtgs. Providers directly working w/clients are enc to attend client-level mtgs to create a team of people working to support & address housing, employment & benefit concerns. Enrollment specialists & county staff are invited to coalition mtgs; provide updates & answer questions; travel to shelters, meal sites & libraries to complete paperwork; & simplify when possible the intake & review process. Proj staff id barriers & ensure clients have access to a phone, internet, transportation & help secure childcare. As an advocate & w/a release, CM can make calls & fax or email apps; respond to inquiries & follow up on status; advocate & help w/appeals; provide warm handoffs to providers; provide transport; get answers to questions & address concerns; & help navigate the system. The CoC Board & Director are responsible for overseeing the CoC's strategies to increase non-employment cash income.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project 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?	Yes
--	--	-----

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	--	-----

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

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

Project Name	Project Type	Rank Number	Leverage Type
PHASE 1 (Permanen...	PH-PSH	36	Both
House of Hope You...	PH-RRH	37	Both

3A-3. List of Projects.

1. What is the name of the new project? PHASE 1 (Permanent Housing And Support Expansion)
2. Enter the Unique Entity Identifier (UEI): J9QRSRJ6K526
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 36
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? House of Hope Youth Rapid Rehousing Project II
2. Enter the Unique Entity Identifier (UEI): XDYSJJ1J2BB9
3. Select the new project type: PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 37
5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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 2,500 characters)

NA

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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
--	--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

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 2,500 characters)

NA

4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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.e.	

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 2022 Priority Listing.

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	1,315
2.	Enter the number of survivors your CoC is currently serving:	291
3.	Unmet Need:	1,024

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	
	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, 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 2,500 characters)

The CoC calculated the number of DV survivors needing housing or services in question 4A-3 E1 & E2 using 3 data sources: CE, HIC & HMIS data. (1) The CoC has a CE HMIS & non-HMIS process for all 21 coalitions. CoC staff can run the lists for the entire CoC. On 8/8/22, the CE HMIS PL report was run & showed an unduplicated # of 102 HH w/kids & 173 HH w/out kids (total 273 HH) fleeing/attempting to flee DV identified & referred to CE in the CoC. On 8/8/22, the CE non-HMIS PL (custom created for DV) list showed an add'l 135 HH w/kids & 120 HH w/out kids (total 255 HH). To calculate CE need, add list # together (273+255)=528 DV HH experiencing homelessness. (2) Each coalition completes a mthly housing inventory chart (HIC) indicating the # people served in each proj regardless of funding source or use of HMIS. Data is collected for the 4th Wed/each month. According to the HIC, there were 284 DV HH served on 8/24/22 in non-HMIS programs (210 ES, 38 TH, 36 RRH). (3) According to a customized HMIS report run by the HMIS lead on 9/16/22 for the month of Aug 2022, there were 503 DV survivors (adults & kids) in 255 HH w/kids & 237 HH w/out fleeing/attempting to flee & served in non-DV specific progs using HMIS: 18 in day shelter, 111 ES, 35 PSH, 175 RRH, 25 SO, 7 TH, 116 prevention. The CoC collects DV status as a UDE for entry/exit, services & outreach contacts. To calculate E#1, add those seeking help: 528 CE + 284 HIC + 503 HMIS = 1315. To calculate E#2, add those DV HH currently being served in a housing prog: 74 HIC (RRH+TH) + 217 HMIS (PSH, RRH, TH)=291. That leaves an unmet need of 1024 HH (1315 HH – 291 HH). The CoC is unable to meet the needs of all survivors @ this time. There are only a few housing proj, dedicated solely to DV other than shelters. This includes small TLP & the CoC's DV RRH proj. The need far outweighs the available supportive housing options. Add'l barriers to meeting these needs incl lack of adeq funding for rent, CM & other support services; not enough affordable housing stock, not enough landlords willing to rent to low/no income HH, not enough landlords willing to accept a housing voucher; & limited agency capacity across the CoC to run a proj-incl hiring staff, admin & fiscal support, or resources.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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
WI Balance of Sta...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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 2022 Priority Listing:

1.	Applicant Name	WI Balance of State CoC Planning
2.	Project Name	WIBOSCOC RRH Project Expansion
3.	Project Rank on the Priority Listing	42
4.	Unique Entity Identifier (UEI)	LBN1AU46U7L4
5.	Amount Requested	\$1,243,572
6.	Rate of Housing Placement of DV Survivors—Percentage	76%
7.	Rate of Housing Retention of DV Survivors—Percentage	90%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

To calculate the rate of housing placement & retention, the project applicant used the CoC DV RRH APR data submitted to HUD in SAGE for the 2020-2021 grant year. The grant includes 5 subs, 3 use HMIS & 2 are victim service providers dedicated to serving those fleeing/attempting to flee DV. In SAGE, by reviewing the CSV upload from each DV sub & the joint HMIS CSV, the housing placement & rate of housing retention can be calculated. Placement % was calculated by starting w/Q5a1 (total # of persons served). There were 252 total people (adults & kids). Then, look at Q22e (total persons moved into housing & not yet moved into housing). There were 64 people still enrolled & looking for housing. $252-64=188$. There were 142 people w/a housing move in. Of the 188 people served (minus those still looking for housing), 142 were housed w/a move in date or 75.53%. This # represents the housing placement % to safe housing. Retention % was calculated by looking at Q5a8 (total # of stayers) & Q5a5 (total # of leavers). There were 126 stayers & 126 leavers. Then, look at Q23c (# exits to permanent destination). There were 101. These permanent housing destinations are safe housing destinations. The numerator is stayers (126) + PH exits (101) = 227. The denominator is stayers (126) + leavers (126) = 252. Of the 252 people who were served in the project (stayers & leavers), 227 either remained in the project (stayers) or left for a safe permanent housing destination or 90% (housing retention %).

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
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.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

The CoC ensured DV survivors exp homelessness were quickly moved into safe aff housing by req subs to adhere to housing 1st, develop relationships w/LL, meet survivors where they are, use victim-centered TI approaches, id potential barriers to obtaining housing & working w/a housing nav. By developing & educ a supportive positive LL network, agencies increase access to open units & streamline the process. During housing search, CM work w/clients to id needs & wants for neighborhood, size, cost, prox to work/school, safety concerns & access to support networks. Housing nav provide LL/T educ on rights & resp, help w/apps & apt visits, negotiates leases & changes needed to address safety concerns; mediate issues & challenges to avoid evictions. The CoC prioritizes survivors for DV RRH w/in the CE system through the HMIS & non-HMIS prioritization lists. On the pre-screen form, clients are asked if they are fleeing/attempting. If yes, the referral is marked w/an "F" which allows the HMIS/non-HMIS system to prioritize w/in the list for DV RRH specific proj. Other factors incl longest LOT since began fleeing, most # times homeless/episodes fleeing, & assessment score. The CoC-approved CE waiver process incl ETP, other cross-proj referrals, or transfers. CoC staff review req for informed consent by all parties. Once housed, CM help id housing stability barriers incl income & budgeting, childcare, educ, legal issues, & transportation & determine which supportive services they need w/a strengths-based assessment. Survivors lead the advoc process, select their own goals & define safety for self. Once basic needs are met & a safety plan made, CM help connect survivors to supportive services both from the agency & from community-based resources. This can include helping clients enroll in job training, educational programs, visiting childcare facilities, connecting to legal advocates, accessing cx services, locating reliable transp, obtaining ID docs & bank accounts; establishing new healthcare providers & accessing benefits. The CoC ensures DV survivors can maintain housing stability after the subsidy ends by focusing on advocacy, empowerment, rebuilding control over their lives, increasing income, improving physical & mental health, assisting w/a community-based support network & building healthy relationships while re-establishing their lives free from phy, emotional & financial abuse. Housing is the beginning of a survivor's path toward stability, not an end goal.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

The PA (or CoC) ensured the safety & confidentiality of DV survivors exp homelessness in 5 ways. 1.The CoC req subs to ensure privacy/confid by adj intake space, use private rooms w/doors & white noise machine to minimize potential coercion of survivors. CM offer to meet in public, use virtual alt incl web-based mtg apps & email, text or messaging. All info is locked, password protected & secure. 2.To ensure access to safe housing, subs use an empowerment philosophy, enc clients to take control of their own life & make decisions. CM role is to offer info & options; help client achieve own goals; & identify what is safe & what will meet their housing & safety needs. During housing search, the CM works w/client to review options for bldg type, security, community, prox to work/school/public transp & unit size. 3.To keep info & locations conf, all subs are provided training on DOJ statewide confidential address prog that provides survivors of actual or threatened DV/SA, stalking & trafficking, or those who simply fear for their phy safety w/a legal sub address to be used for public & private purposes. Several subs have completed OCVS training to help process apps. Info about the prog is shared w/all survivors. CE & project staff have been trained to adhere to conf address rules & how it works w/client file mgt. 4.The CoC ensures subs train staff on safety, planning & conf policies & practices based on meaningful, survivor-centered adv. The staff onboarding req job shadowing; thorough review of policy & procedures incl disaster resp & external safety threats; & boundary & ethics training. Safety planning training incl written & verbal practice during an explosive incident, plan to leave, after leaving & digital safety. The state DV coalition provides a Found of Adv training & covers dynamics of interpersonal violence, trauma, crisis cx, safety planning & conf. 5.Subs take security measures for scattered site units to support survivors' physical safety & location conf. Phy safety planning includes id safety networks, transp, security systems, wkplace safety, kids, child exchanges, court proceedings, restraining orders, new cell phones & bank accounts, obtain & file reports w/law enf. Emotional safety planning incl positive coping strategies, peer support groups, therapy & cx, setting & practicing boundaries, learning about healthy rel & seeking med help for any trauma. Agencies provide clients w/recycled phones that can only dial 911 & ring doorbell cameras.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

The proj evaluates its ability to ensure the safety of DV survivors the proj serves, including any areas id for improvement, in two ways-client feedback & outcome data. 1. As part of a process for ongoing eval of programs, subgrantees ask survivors about the services provided to them. They are asked about feelings of safety & support throughout the enrollment, housing search, CM & follow up phases. There are also open-ended questions, space to provide addt'l comments about service delivery, specific issues or concerns, areas in need of improvement, & overall satisfaction w/the efforts made by the agency to meet their housing & safety needs. Subs use diff formats incl survey cards, Survey Monkey, self-sufficiency & move on assessments. Feedback can be provided anonymously. Surveys are designed to be offered while the client is in the proj, at exit & 60/120 days post-exit. All the diff survey data are designed to ensure survivors have strategies to enhance personal safety; have more knowledge of community resources; & an increased sense of empowerment & self-sufficiency. Listening, collecting feedback & tailoring prog & services based on the feedback that has been received is how subs successfully create safe space, build trust w/survivors & build effective progs. 2. Proj data is another way to evaluate survivor's sense of safety. People remain in housing when they feel safe, are connected to their community & their housing meets their needs. Clients can then address other barriers & challenges like transp, educ, income, mental & phy health & increase community-based connections incl volunteering & participating in activities. Once housed & safe, survivors can rebuild their lives, taking control & asserting their wishes. Subs & the CoC look @ data on connection to community-based resources, increase cash & non-cash income, increase connection w/mainstream benefits & health insurance resources on a qtly basis. Compliance w/housing 1st & client centered services is reviewed during CoC annual monitorings. CoC staff interview CM & clients on topics incl client choice, implied consent, rapid placement w/out barriers, confidentiality, individual goal planning & safety. Through direct client feedback, outcome data & interviews, the subs & CoC can identify areas in need of improvement, follow-up on any issues/concerns, & ensure the best possible service delivery for survivors.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:		
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
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 the effects of trauma;	
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	

7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
----	---

(limit 5,000 characters)

The proj app (CoC) & subs exp using TI, victim-centered approaches to meet needs of DV survivors incl examples from 7 areas. 1.The CoC & subs prioritized placement & stabilization in PH consistent w/client wishes & stated needs through rapid placement, housing 1st & centering service around client-led goals. Once enrolled, CM worked w/clients to id housing needs; choice & pref in comm, unit size & amenities; address phy & emotional safety needs & security; prox to work, school & public transp; & access to support networks. Housing nav visited units w/clients; provided LL/T ed on rights & resp; negotiated lease terms to help speed up the process. CM served as a resource for clients, help mediate issues & challenges to avoid evictions. CM worked w/clients to create safety plans, survivor-led case & goal plans, & id avail comm resources. Once housed, CM helped clients id barriers to stability incl income, ed & legal issues; address client needs & obstacles; & provided support, referrals & advocacy. CM connected clients to ed, job & trainings; help find childcare; & applied for benefits & services to help clients be self-suff, increase sense of safety, indep & stability. All help was based on client choice, consistent w/their goals & needs. 2.The CoC & subs established & maintained an environment of agency & mutual respect. No one used punitive interventions. All subs ensure staff interactions are based on equality & minimize power differentials while supporting client choice & support to rebuild sense of control. Subs provided staff w/annual trauma training, used the state DV coalition's foundation of trauma curriculum to onboard & incl addt'l virtual webinars to enhance skill dev. Ongoing, subs eval their services to ensure they are easily accessible w/no preconditions or barriers, confidential & rooted in best practices. 1 sub transitioned entire agency service delivery model to a whole family approach, creating a culture that puts HH dreams 1st & removes any power struggles btw survivor & advocate. All CM were trained on family-centered coaching w/focus on strength, motivation & support of the HH. 3.The CoC & subs provided clients access to trauma info. A core part of advocacy incl client ed on cycles of abuse, dynamics of abusive rel, ACES, toxic stress & trauma bonding. Subs worked to create more understanding & awareness about the brain & body's response to trauma to lessen shame or guilt. Providing clients access to this info helped explain why leaving abuse was so difficult & other effects of trauma. All sub staff received TI training, impact on the brain & stress response, org assessment, working/in a TI environment, trauma & support throughout the life cycle, & how to care for kids in crisis in TI manner. Several subs completed a DCF-8 wk foundations training covering trauma practice, effects of trauma, family-centered, strengths-based & safety planning. 4.The CoC & subs emphasized client strengths by developing ind client-centered case plans, using strength-based assessments, creating action steps based on client's goals & strength-based coaching. All subs used survivor-centered practices, provided a supportive environment for them to explore their needs & wants in a non-judg space. The CoC & subs believe survivors are experts on their own lives & centered services on client choice. CM used TI practices & strength-based adv to help clients dev skills & tools needed to maintain self-sufficiency & safety. 5.The CoC shifted service delivery to ensure cultural resp & inclusivity while addressing disparity & equity issues. The CoC hosted trainings on eq access, gender identity, LGBTQ inclusivity & pronouns, gray-area thinking, cultural comp, impact of white privilege & antiracism. The CoC approved policies against invol sep & req compliance w/eq access & gender identity rule. Subs were req to comply w/policies & compliance reviewed during monitoring. The CE & Gaps cmtte worked on translation & reduced grade level lang. Several subs completed civil rights compliance training & worked on actively recruiting for more board & staff diversity. 6.The CoC & subs provided client connection

through mentors, peer-to-peer support groups & spiritual growth when requested or id by client as a need. Staff helped clients connect w/safe, positive & supportive prog incl faith, school, indept community-based groups. Subs worked to remove any barriers-transp, tech or childcare. 7.The CoC & subs offered support for parenting by facilitating classes & groups to help repair & heal any damage to the bond btw the protective parent & child, build resiliency & address trauma. Staff supported clients w/school, enroll issues, mtgs & connecting to eligible services. Staff worked w/families to create a family safety plan, teaching & mtg w/kids to discuss goals & id action steps. Staff connected clients to community-providers for TI parenting classes, childcare, connection to legal services & mental health support.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

During the 20-21 funding year, the CoC's 5 subs provided supportive services to DV survivors exp homelessness while quickly moving them into PH & addressing their safety needs. Project staff provided the following supportive services: 1. Case Mgt-All subs employed CM or advocates to directly work w/survivors to secure & coordinate services, develop a client-led individualized housing & service plan, provide help w/safety planning & risk assessment, work to id housing stability barriers, help obtain benefits, provide info & referral to community-based orgs & support their path to independence. CM worked to build trust through consistency & follow the client's lead. CM created a safe space to help survivors express, relate, cope w/trauma in a supportive environment, address security concerns & increase sense of self-reliance. 90% of those enrolled were @ or below poverty, lacked savings, had poor or no credit history & limited job exp. Increasing income is critical to maintaining housing after financial support ends. CM partnered w/employment programs & workforce resource or job center staff to support the survivor's job search, skill dev, enroll in apprenticeships or internship job trials. CM helped address obstacles such as childcare, transp, clothing & supplies. Many survivors reported feeling isolated & lacking a positive support network. CM focused on helping the survivor build a safety net, know their resources & community, & create long-term housing & support plans. CM connect survivors' w/ed-GED, tech school, literacy, financial aid & higher education; connect to physical, mental & AODA cx services; assist w/securing ID docs; & apply for mainstream benefits. CM provide follow-up services as needed to ensure housing stability & ongoing connection to community resources. 2. Housing Search & CX-All subs employed a housing nav to id local landlords & apts. Housing nav provide LL/T educ, negotiate leases & complete HQS insp. They work to help clients find housing solutions that meet their need incl community choice, unit size & features, prox to work/school, access to public transp & access to support networks. Using a housing nav resulted in a decrease in the amount of time it previously took survivors to locate units & sign leases. They also enhance the relationship btw the tenant & the LL, explain lease terms & expectations, serve as a resource to mediate any issues or challenges that might arise, working to avoid evictions. Housing nav positively impacted long-term housing stability for survivors. 3. Transp-All subs provide taxi vouchers or bus passes to survivors to meet transp needs incl phy & mental health appt, meet w/comm providers, get groceries, go to work or an interview. Subs also reimburse CM staff for mileage when they transport clients to/from. 1 rural sub provided one-time payments for car repairs or maintenance not to exceed 10% of BB value because there is no mass transp options. This funding helps CM provide the support needed for survivors to get where they need to go. 4. Outreach-All subs employed an outreach/eng staff to work w/CE to ensure all eligible survivors in the community have been assessed & referred to the PL. This funding was used to provide ed materials to community agencies, ensuring broad marketing to ensure people are aware of options for those fleeing/attempting to flee DV. Supplies were provided in multi-lang, reading levels & formats for people w/disabilities. 5. Educ-Several subs provided materials to support GED, literacy & student schoolwork. In rural communities, access to internet is limited & subs provided hotspots & Chromebooks to fill gap & meet the need. 6. Food-Some subs provided food boxes & stipends to survivors to supplement limited food share; account for kids being home w/virtual school; help provide healthy options @ farmer market & other pantry staples not available @ food pantry because of diminishing donations. 7. Utility dep-Some subs provided utility dep for survivors when they move into their units. Dep are often req by small co-ops in rural areas or when there has been issues w/past service, late payments or unpaid balances. This

funding helps the survivors start over & ensure utilities are connected. 8.Mental Health-Some subs cover the cost for a few survivors to meet w/an onsite therapist/consultant. This service is voluntary & free of charge. Esp during a crisis, having direct access to an on-call therapist provided the needed support for several survivors to remain stable & help bridge the gap until community-based services can be secured. 9.Life skills-Most subs use funds to support teaching life mgt skills needed to function independently in the community. These included hosting classes or small groups available to clients on topics incl budgeting & money mgt, conflict mgt, nutrition & cooking, HH mgt & parenting training. These were all voluntary. Addt'l referrals & community connections made for advanced skill development & support.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

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

1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish 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.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

This grant app seeks to expand the CoC's DV RRH proj, continuing the work of the subs outlined in Q4A-3e. The 4 new VSP subs seek to expand services in 3 rural & 1 urban area w/culturally-specific expertise working w/Native Americans. The proj intends to continue the work shared 4A-3e. The new subs will also use TI & victim centered CM to house & provide services to DV survivors. Their collective exp comes from operating DV shelters, on-call crisis services, DV housing 1st prgs & providing CM in TBRA. 1.The new subs will prioritize placement & stabilization in PH consistent w/survivor wishes & needs by combining mobile & virtual adv; ask & listen to establish consistency & build rapport. Subs will engage w/LL & housing partners to educ around specific challenges for survivors incl adding locks, need for emotional support animals & responses to violence. The sub's housing 1st adv approach will make safe housing a right @ the beginning of a survivor's path toward stability rather than treating it as an end goal. Each sub has a diff method for creating goal plans yet the process is similar-id goals, the steps, the benchmarks, support people/org, barriers & add'l support to address those barriers. Subs will support the healing process by providing vol supportive services & options w/in & outside of org. 2.Subs will establish & maintain an env of agency & mutual respect; will not use punitive interventions; & work to ensure staff interactions are based on equality & minimize power diff. Being VSP, their work is based on teaching & practicing healthy/fair power & control dynamics; respecting autonomy by offering choice & control; strengthening mutually supportive rel btw staff & those served. Subs will shift power by empowering survivors & valuing their unique strengths brought form past exp, family & culture. The victim centered approach means mtg survivors where they're currently @; not expecting them to be ready or willing to engage in services. Staff model healthy boundaries & strive to understand & be responsive to all aspects of a survivor's identity incl culture, lang, religion, sexual orientation. 3.Subs will provide survivors access to info on trauma through peer groups, outside speakers & referrals to community-based trauma cx services. Through 1:1 adv & processing, staff will help survivors choose the add'l supports that would be most beneficial. 1 sub will invite survivors to participate in the Mending Broken Hearts 4-day event offered qtly & focuses on healing from unresolved grief & intergenerational trauma. Subs will receive ongoing training around TIC, secondary trauma, ACES & adv support. 4.The CoC & subs will focus on client's strengths during housing search & stability, exit planning & follow up needs. Staff will use a variety of strength-based assessment tools, curriculum, skill dev to support goals & action steps. Staff will use these plans to encourage, coach, reflect & remind about progress & celebrate successes. 5.Subs will center their work around cultural responsiveness & inclusivity. These subs weave anti-oppression work into the mission & aim to have a broad scope by pursuing social change through eng & awareness that will end all forms of oppression, inequity & violence. Services will be accessible & welcoming. 1 sub has specific exp working w/Native Americans; offering classes; & providing cultural healing kits w/sage, sweetgrass & shell to support "smudging" for renewal. This sub also designates funds for an interpreter for those with limited English prof and an ASL interpreter for those w/hearing disabilities. Subs will work w/State DV coalition to further staff skills on BIPOC, LGBTQ, intimate partner violence & civil rights compliance training. 6.Subs will provide opps for client connection through mentorship programs, peer support groups & community-based activities to develop a safety net. Connectedness is part of the TIC pillar of empowerment to ensure that survivors have the support, tools & resources needed to rebuild their lives. The more connected they are to their community, the more options they will have to heal & thrive. This incl faith-based groups; parenting

circles/clubs; recovery & mental health groups; & volunteer opp in community.
 7. Subs will offer support for parents w/childcare, school & community prgms. Childcare is a challenge to find & to pay for. It is limited to typical 9-5 workday, reducing client's job options. Staff will work w/survivor's natural supports to help find options for childcare. Staff will support clients w/school-related enroll, services, assessments & mtgs offering to attend or review paperwork. Staff will make referrals for parenting classes & cx. 1 sub works closely w/Onedia Tribal Nation & will refer to their Conscious Discipline Parenting & TI parenting prgms. Staff will help find family fun activities w/in the community incl mom or play group; library or park & rec activities; & theater, children museum or other creative outlets.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

The proj will involve survivors w/a range of lived experience in policy & prgm dev throughout the proj operation in a variety of ways incl surveys, survivor advisory committee & focus groups at the sub-level & @ CoC level there are 2 advisory cmtes that will be available to DV RRH clients. Subs collect feedback, along w/data, to measure outcomes for the org to create a plan for addt'l services, prgm adjustment, id unmet needs & better serve survivors. Subs will continue conducting eval surveys which are anonymous, online & tailored to the type of program used. Youth service surveys will be available for both the parent & child. To encourage responses, staff won't wait until the proj is over but rather seek ongoing feedback throughout. Staff provide tools & opportunities to complete the survey, incl phone or tablet access, & the link can be sent by email or text. Paper copies & translated surveys will be available. If the survivor would prefer a conversation, staff will set that up. All surveys are in plain language @ appropriate literacy level. Feedback is tracked & synthesized easily through Survey Monkey. All subs have an advisory panel for survivors to provide input on new programming, change to direct service operations, & continuous improvement of org. The panel will be available for anyone w/lived experience to join, including DV RRH clients. There are small incentives provided to encourage participation. Panels are in person or virtual w/goal of providing the widest access. The other sub conducts focus groups asking survivors who exp homelessness what services had the best impact. This sub will encourage DV RRH clients into the focus groups & add addt'l questions about housing stability; health & wellness; ability to achieve life goals; addt'l services that could be helpful; & whether they would be interested in advocacy work & sharing their thoughts w/decision makers. At the CoC level, there are 2 advisory cmte available-lived experience, including DV, & youth. The lived exp cmte is open to anyone w/lived homeless exp, including DV. People participating in prgms or past clients are welcome to join. The YAB was created for YHDP & continues to plan a key role w/in the CoC. Youth 18-24 who are fleeing/attempting to flee are welcome to join. People w/lived exp are compensated for their time. Both groups provide direct feedback & suggestions to the Board & CoC staff on policies, prgm standards & procedures.

Attachment Details

Document Description: 1C-7. PHA Homeless Preference WIBOSCOG

Attachment Details

Document Description: 1C-7. PHA Moving On Preference WIBOSCOG

Attachment Details

Document Description: 1E-1. Local Competition Deadline

Attachment Details

Document Description: 1E-2. Local Competition Scoring Tool -
WIBOSCOG

Attachment Details

Document Description: 1E-2a. Scored Renewal Project Application
WIBOSCOG

Attachment Details

Document Description: 1E-5. Public Posting-Projects Rejected-Reduced
WIBOSCOG

Attachment Details

Document Description: 1E-5a. Public Posting-Projects Accepted
WIBOSCOG

Attachment Details

Document Description: 1E-5b. Final Project Scores for All Projects
WIBOSCOG

Attachment Details

Document Description: 1E-5c. Web Posting-CoC Approved Consolidated
Application

Attachment Details

Document Description: 1E-5d. Notification of CoC Approved
Consolidated Application

Attachment Details

Document Description: 3A-1a. Housing Leveraging Commitments-
WIBOSCO

Attachment Details

Document Description: 3A-2a. Healthcare Formal Agreements-
WIBOSCO

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/15/2022
1B. Inclusive Structure	09/16/2022
1C. Coordination and Engagement	09/19/2022
1D. Coordination and Engagement Cont'd	09/17/2022
1E. Project Review/Ranking	09/21/2022
2A. HMIS Implementation	09/16/2022
2B. Point-in-Time (PIT) Count	09/16/2022
2C. System Performance	09/17/2022
3A. Coordination with Housing and Healthcare	09/17/2022
3B. Rehabilitation/New Construction Costs	09/16/2022
3C. Serving Homeless Under Other Federal Statutes	09/16/2022

4A. DV Bonus Project Applicants	09/20/2022
4B. Attachments Screen	09/20/2022
Submission Summary	No Input Required