

Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: NY-519 - Columbia, Greene Counties CoC

1A-2. Collaborative Applicant Name: CARES of NY, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: CARES of NY, Inc.

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

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

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

By selecting "other" you must identify what "other" is.

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

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

(limit 2,000 characters)

1) The CoC communicates the invitation process annually to solicit new members to join the CoC by A) sharing the invitation and New Member Application via the CoC’s website, B) asking listserv recipients to forward invitations, C) announcements at full Membership meetings encouraging current members to invite others, & D) hosting conversations w/key systems partners focusing on the benefits & responsibilities of CoC membership. The Membership Application is also posted year-round on the CoC’s website & accepted on a rolling basis. 2) The CoC ensures effective communication with individuals with disabilities by sharing invitations/apps in a variety of accessible electronic formats, including the CoC webpage, which is responsive to screen reader software (e.g. accessibility tags to PDF documents) and email listservs. 3) The CoC conducts targeted outreach to ensure persons experiencing homelessness and formerly homeless persons are encouraged to join the CoC and its Board. One-on-one outreach is ongoing and conducted by members of the Board, Governance, and Education Committees. Other targeted outreach

focuses on non-traditional systems partners to encourage the participation of individuals with lived experience (e.g., affordable housing providers, hospitals, managed health care organizations, education and higher education institutions, employment agencies and employers). The CoC is committed to always ensuring that those with lived experience have a voice within decision making and will continue to improve outreach annually. 4) The CoC has invited orgs serving culturally specific communities experiencing homelessness to become members by conducting personal outreach. Current members are asked to describe the mission of the CoC and benefits of Membership to these organizations and encourage CoC participation.

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

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

(limit 2,000 characters)

1) The CoC uses specific strategies to solicit and consider opinions from a broad array of organizations and individuals with knowledge of/interest in preventing and ending homelessness. Input is solicited from knowledgeable stakeholders (e.g., those with lived experience, housing providers, health/mental/behavioral health providers, law enforcement, faith-based organizations, governmental agencies). Strategies to solicit opinions include peer-to-peer community outreach, web-based forums (e.g., interactive webinars, email listservs, email submission form on CA’s website) and annual interviews with current program clients. 2) Information is shared, and opinions gathered year-round through direct community interaction (e.g., CoC Membership meetings held two times/year). The Collaborative Applicant (CA) leads a workshop series with expert panelists from the community which is developed to solicit feedback and spark dialogue among a wide range of agencies/persons on topics relevant to the community (e.g., confronting discrimination; youth homelessness; dispelling myths of the COVID-19 vaccine) which reaches interested parties across the community through live web-streaming and archived video. 3) Information gathered in public meetings/forums is considered by the CoC to develop new approaches to prevent/end homelessness (e.g., planning a Youth Outreach event to address the needs of homeless youth based on provider expressed interest/identification of community need; identifying priorities for ESG-CV funds; brainstorming best practices for ensuring client/staff safety given COVID). Minutes taken at every public meeting provide the CoC Board with opinions/topics to consider how further work may be assigned to one of three standing committees. Committees update the Board on findings and suggested next steps and all developments are shared during full Membership meetings.

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

(limit 2,000 characters)

1) The CoC notified the public that the local competition was open and would be accepting project applications (including from non-CoC funded organizations) via a listserv email announcement on 8/27/21. New project application training webinars were posted on the CA website on 9/7/21 and remained throughout the application period. On 9/1/21, an invitation via email explicitly targeted non-CoC funded organizations, community stakeholders and the general public to participate in an in-depth discussion (via webinar on 9/9/21) about CoC funding opportunities available this year. 2) The invitation encouraged non-CoC funded agencies to apply by specifically noting ‘a particular focus on organizations not previously receiving CoC-funding’. 3) All communications made clear that proposals must be submitted via email to the CA using the New Project and/or DV Bonus Project Application posted on the CA website. The 9/9/21 workshop/webinar detailed the application process, including eligibility, and ensured all parties understood the method for submitting proposals. Experienced CA staff were also readily available throughout the process to field questions from the public. 4) The CoC determines whether project/s will be submitted to HUD for funding using a CoC-created and approved review and ranking process that includes criteria to score all new projects based on local community need and HUD best practices, as well as agency experience administering projects serving underserved populations; ability of proposed projects to meet stated CoC goals and HUD priorities; program type; and agency fiscal capacity. Additional points are awarded to non CoC-funded agencies. Membership reviews all projects included in the Priority Listing and provides final approval for all new projects. 5) The CA ensured effective communication with individuals with disabilities by posting content and documents on its website that are responsive to screen- reader software (e.g., accessibility tags to PDF documents).

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

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No
12.	Organizations led by and serving LGBT persons	No
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	No
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1) The CoC actively consulted in planning and allocating ESG-CV funds with the single recipient in its geographic area: the NYS Office of Temporary and Disability Assistance (OTDA). By request of the Columbia County Department of Social Services (DSS), the CoC provided feedback on proposed projects and provided OTDA with letters of support to accompany those applications. 2) The CoC also played a critical role in evaluating and reporting on ESG-CV program performance via virtual program and fiscal monitoring conducted by the Collaborative Applicant (CA). Specifically, the CoC assisted in developing ESG/ESG-CV performance standards & reviewing project compliance via monitoring. The Rank & Monitoring Committee helped develop the monitoring tool and reviewed monitoring results (which were also shared with subrecipients). 3) The Ranking & Monitoring Committee provided OTDA with HIC/PIT and HMIS/DV aggregate data via the CA's website. 4) The CoC also provided quarterly HMIS-derived CAPERs and custom reporting, including demographics for gaps analysis, to Consolidated Plan Jurisdiction to address homelessness within its geographic area for use in future Consolidated Plan.

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

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

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

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

Describe in the field below:

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

(limit 2,000 characters)

1), 3), 5) The CoC collaborates with youth education providers, SEA & LEAs, and school districts to identify persons eligible for homeless & educational services by a) participating in collaborative meetings, b) including youth providers in CoC leadership. Specifically, school liaisons from multiple districts, County Youth Bureaus, and other direct service providers that are members of the CoC (Columbia Opportunities, Inc.) attend LEA meetings. At these meetings, direct service providers hear updated information on education services and build connections with education providers allowing for more efficient referral of youth/families from homeless service providers to education services and vice versa. Similarly, local youth/education providers, including Head Start Administrators, Columbia Opportunities, Inc. are active members of the CoC Board and Membership, allowing for timely updates on educational opportunities for homeless service providers. 2), 4), 6) The CoC has a formal partnership with Columbia Opportunities, Inc. through their participation on the Board. In 2022, the CoC will build off these relationships through the Collaborative Applicant's & CoC's creation of a Regional Youth Council. This Youth Council will virtually bring together youth from across the region to create a community plan to end homelessness within their communities. School leadership will be engaged to identify youth for the council, as well as to participate in ways that build the referral network between homeless service providers and education providers.

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

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

(limit 2,000 characters)

The CoC has adopted policies and procedures within its Written Standards to ensure all programs consistently and accurately inform individuals and families experiencing homelessness about available education services and related eligibility. CoC policy requires that providers serving households with children designate a specialized staff person as an educational liaison to inform individuals and families of their eligibility for schooling. The liaison also provides

direct support to set up services on families' behalf to ensure there is no disruption in current education services of those entering shelter or transitioning from shelter into permanent housing. Specifically, educational liaisons are responsible for ensuring children continue to be enrolled in school and connected to age-appropriate services in the community (e.g., Project Head Start, Individuals with Disabilities Education Act Part C: Infant & Toddler Program, McKinney Vento Education Services). Educational liaisons are expected to connect and work with homeless individuals, families, schools, and education programs to ensure the most appropriate educational services are made available and that families can overcome any barriers to accessing those educational services. For example, staff are required to coordinate with McKinney-Vento Liaisons in families' existing school districts to coordinate transportation services and ongoing enrollment.

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

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

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

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

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

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

(limit 2,000 characters)

The CoC coordinates with victim services providers to offer trainings for CoC area projects and Coordinated Entry staff to address best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. In coordination with local and regional victim services providers the CA facilitates discussions at CoC and CE meetings with DV Victim Service providers on safety planning and connecting DV and mainstream housing services for households regardless of where they present for service. Webinars are advertised and promoted monthly by the CoC that are focused on how to best support clients in need of victim services; through trauma-informed screening and care. The CA hosted a training webinar on safety planning and connecting DV and mainstream housing services for households regardless of where they present for service. The online seminar was recommended for CoC project staff and required for CE staff with a quiz at the end to reinforce information. In addition, the CoC coordinated with Community Action of Greene County (CACG), a CoC funded DV provider to create a specific protocol for victims of domestic violence within the CE Policies and Procedures Manual; and to create the CoC’s Emergency Transfer Plan. Both policies were created through a trauma informed, victim-centered lens, and ensure confidentiality and safety while maximizing housing options. CE staff are provided informal training on these documents through reference to such policies with victim services providers during the monthly CE case conferencing meetings to appropriate placements. For example, CACG advises the CE committee on how to complete a CE assessment with survivors in a trauma-informed manner that emphasizes safety planning and confidentiality, without retraumatizing the household. The participation of victim services providers within the CE process has proven effective in enabling CE staff to become knowledgeable on best practices and procedures when working with victims of domestic violence.

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

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

(limit 2,000 characters)

The CoC uses de-identified aggregate data from a comparable database to assess special needs related to DV, dating violence, sexual assault, & stalking survivors when collecting data for a) HIC & PIT, b) the Rank & Review (R&R) tool, & c) through discussion at Coordinated Entry (CE). DV providers within the CoC area utilize EmpowerDB as a comparable database. a) The CA collects de-identified aggregate data from the comparable database for the annual HIC & PIT. This data provides demographics, disabling conditions, & household size, which informs the CoC on the number of units & types of housing needed to adequately meet the special needs (including safety) of victims of DV. b) The CA also collects de-identified data from CoC-funded DV providers for the R&R process. With this data, the CoC is able to assess ongoing needs for victims of DV & performance outcomes of DV providers, resulting in DV projects being ranked/tiered based on need & informing DV Bonus projects. c) Finally,

aggregate information from Coordinated Entry (CE) provides information on the number of persons who sought housing and services through the CE list, broken down by household type, identified disability, and subpopulation for persons who are victims of domestic violence and accessed housing and services through CE. DV provider participation in CE case conferencing additionally allows for de-identified, qualitative discussion of specific needs related to victims of domestic violence (i.e. the need for specific mainstream support services, such as mental health/substance abuse support & benefits access). The CoC uses all of this de-identified aggregate info from DV providers to inform Strategic Planning & local needs that are scored as part of the R&R process. Deeper analysis of data from the HIC & PIT, R&R process & CE allow for the CoC to assess & understand the scale & demographics of the population & tailor interventions that meet specific needs.

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

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1) The CoC’s CES protocols prioritize safety by a) requiring annual training of CE Point of Entry (POE) staff on trauma-informed, victim-centered intake procedures and safety planning and b) ensuring data confidentiality/security. The CoC hosted a web- based training on trauma-informed intake procedures and safety planning that was required for all CE participating project staff with a quiz at the end. The CoC prioritizes client confidentiality/data security through the implementation of a trauma-informed, victim-centered intake process. During intake clients are provided information on the strict confidentiality policies/data security measures that are implemented and noted within the CE P&P. The CoC has a DV-parallel priority list to ensure no PII is shared beyond the referring Victim Service Providers (VSP). Clients are given the choice to share information with non-VSP agencies; and if they elect to do so, a warm hand off is provided to ensure client understanding of data standards for non-VSPs. Regardless of the choice the client makes, clients are provided access to all housing resources available through CE. 2) The CoC ensures knowledge and implementation of the CoC’s Emergency Transfer Plan. The Plan defines a) eligibility/required documentation b) confidentiality protections and c) the transfer process. The Plan allows a client to be prioritized for a vacancy in another agency’s housing project within the CoC and through partnerships with other CoCs, a transfer may be made outside the CoC. The Plan details guidance on the process to ensure safety/security prior to and during the transfer. 3) To ensure client confidentiality, clients are provided the option to fully participate in the mainstream CE system or provide only deidentifying information. The CoC ensures a secure, comparable database is used, that client confidentiality is fully protected, and that clients are provided with access to all available housing resources.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
NYS Homes & Community Renewal	0%	Yes-HCV	Yes
Catskill Housing Authority	40%	No	No

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

Describe in the field below:

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

(limit 2,000 characters)

The CoC has taken the following steps to strengthen existing relationships with NYS Homes and Community Renewal (HCR) (a Housing Choice Voucher administrator) and the Catskill Housing Authority to ensure adoption of a homeless preference in their admission policies: (1) focus on relationship building to ensure PHA participation and collaboration; and (2) provide advocacy and education on homeless needs through data sharing. The CoC, through one-on-one meetings and email communication, encouraged PHA/HCV

staff to participate in the CoC's strategic planning process. Data collected during the strategic planning process and collaboration between the CoC and PHA/HCV staff have allowed them to identify current needs of the homeless population and the need for creating and sustaining a preference. Additionally, the CoC shares Point-in-Time and Homeless Management Information Systems (HMIS) data with the PHAs to 1) review preference criteria to ensure they reflect local community needs; and 2) educate administrators on the need of such policies. All this outreach and engagement has resulted in HCR adopting a homeless preference in 2020. The CoC continues to work collaboratively with the Catskill Housing Authority to promote the adoption of a homeless preference in their administrative plan, utilizing the strategies therein.

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		Yes
	2. PHA		Yes
	3. Low Income Tax Credit (LIHTC) developments		Yes
	4. Local low-income housing programs		Yes
	Other (limit 150 characters)		
	5.		

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

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

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

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

(limit 2,000 characters)

After the COVID-19 public health crisis subsides, the CoC looks forward to coordinating with the Coordinated Entry Lead (CE) and local Public Housing Authorities (PHA) throughout the two-county region to create a direct referral process from CE to PHA housing resources. The CoC will build off the success the Collaborative Applicant, CARES of NY, Inc., has experienced in other

communities that have created processes to refer clients from CE to PHA-funded Emergency Housing Voucher or Mainstream Housing Voucher resources. The CoC will work with the PHAs to establish priorities for these referrals, considering households moving on from Permanent Supportive Housing or Rapid Rehousing; households fleeing domestic violence, dating violence, sexual assault, & stalking; households that are literally homeless; and households at-risk of homelessness. The CoC expects to have a written agreement with at least one PHA by the end of 2022.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
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1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

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

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

(limit 2,000 characters)

The CoC has coordinated with RUPCO Inc, the local PHA administrator, to apply to NYS Housing and Community Renewal, the statewide PHA for Mainstream Housing Vouchers (MHV). (2) RUPCO received 30 MHV for Greene County. (3) The CoC & families experiencing homelessness have benefitted from the coordination between the CoC and Local PHA administer in the following ways: increased availability of vouchers to homeless families, long term affordability and housing stability for homeless households, and finally, assisting household experiencing homelessness from having to provide the same paperwork to multiple programs; this reduces bureaucratic burden.

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
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Not Scored—For Information Only

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	No
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
This list contains no items

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	8
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	8
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The CoC regularly evaluates projects to ensure those committed to using a Housing First approach prioritize rapid placement and stabilization in permanent housing and do not require service participation or preconditions of program participants through 1) Coordinated Entry (CE); 2) Project Monitoring; and 3)

Housing First Training and Technical Assistance (TA). First, the CoC’s monthly CE (i.e. case review) meetings set the stage for ongoing and spontaneous peer review of the current priority list, agency vacancies for rapid placement, and overall adherence to Housing First principles. The CE meeting format enables committee members to address in real time (peer-to-peer) if a Housing First-defined project does not seem to adhere to Housing First concepts (e.g., requires income, sobriety, or lack of criminal record). If this is thought to be the case, the CE Lead (in coordination w/the Collaborative Applicant) conducts any necessary follow-up with said agency/project. CE Committee members also review quarterly reports (documenting length of stay in programs) which provide further assurance that stabilization in permanent housing is prioritized system wide. Second, the Collaborative Applicant (CA) conducts annual CoC project monitoring which includes a cursory review of Housing First practices/policies, as well as a more in-depth analysis every three years using HUD’s Housing First Checklist/Assessment Tool. Third, the CE Lead and CA’s CE Unit regularly answer questions from and offer training to agencies on recommended best practice standards of the Housing First Model, as well as individualized TA to ensure both a project- based and system wide Housing First orientation.

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

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

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

(limit 2,000 characters)

1) The CoC’s street outreach methods include A) street canvassing/direct one-on-one outreach within local cities, B) taking referrals from community partners throughout the CoC, and C) ensuring outreach presence at locations most visited by the unsheltered throughout the CoC. The CoC connects with the VA Outreach Program and Health Care for Homeless Veterans (HCHV). These outreach teams work to ensure that homeless veterans are identified and connected to VA services. The CoC also maintains a relationship with County Mental Health which administers a Mobile Crisis Team, which provides street outreach to persons experiencing mental health crises. 2) The CoC provides street outreach throughout 100% of its geographic area but focuses services within the more densely populated villages and towns. 3) Large scale outreach methods are conducted at least annually through the Point-In-Time Unsheltered Count, but daily for specific populations (e.g., veterans and persons living with

mental illness). 4) The CoC targets its street outreach to persons least likely to request assistance by utilizing client-centered, trauma-informed approaches in engagement, including A) hiring staff with lived experience to conduct outreach; B) Determining locations most visited by the unsheltered; C) building trust over time through consistent engagement; and D) providing translation services via bilingual staff (and translation phone line when necessary) to address language barriers.

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

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	19	15

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

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

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

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

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

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

(limit 2,000 characters)

1) The CoC systematically keeps program staff up to date on mainstream resources available for program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs) by facilitating quarterly Membership Meetings where agencies provide resource/programmatic updates. 2) Community providers are invited to provide program spotlights, increasing the breadth of knowledge of community resources available to clients among CoC providers. Examples of agencies who provide mainstream benefits and are invited to provide program spotlights include food pantries; DV, youth, and veteran providers; mental health and substance abuse programs; Health Homes/Medicaid Case Management programs; refugee services; and programs addressing sex trafficking. Hosting such speakers at quarterly Membership Meetings enables the CoC to disseminate information about available mainstream resources and other assistance. The CoC also actively promotes the SOAR model and trainings hosted by the regional SOAR TA provider during Membership meetings. 3) The CoC collaborates with healthcare organizations to assist program participants enroll in health insurance by hosting Health Homes/Medicaid Case Management programs at Membership Meetings where they present on eligibility criteria, plan options, preventative practices, and accessing enrollment/plan support. 4) The CoC assists with the effective utilization of Medicaid & other benefits by partnering with Managed Care Organizations (MCO) to directly connect clients to healthcare. Specifically, in partnership with a local MCO, CDPHP, the CoC will be developing an HMIS question that inquires about CDPHP membership. This tool allows case managers at shelter/housing sites to connect member clients to CDPHP care managers who support ongoing physical, mental, & behavioral health management/care.

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

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

- | | |
|----|--|
| 1. | covers 100 percent of your CoC's geographic area; |
| 2. | reaches people who are least likely to apply for homeless assistance in the absence of special outreach; |
| 3. | prioritizes people most in need of assistance; and |

4. ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

(1) The CES is a No Wrong Door system reaching homeless households within the entire CoC geographic area of Columbia/Greene Counties. Agencies serving as Points of Entry (POE) for the system include outreach services, emergency shelters, housing providers and local departments of social services. The breadth of the system is captured by the CE waitlist which documents client location at intake. The CE Committee regularly reviews POE data to ensure both counties have accessible CE sites. If a disparity is noted, the Committee engages providers in that community to ensure CE access. 2) The CoC targets outreach to those least likely to seek assistance as outlined in the CE Marketing Plan (Attachment: CE P&P Manual). The Plan outlines best practices that are implemented; specifically street canvassing, developing one-on-one relationships to build/gain trust and peer referrals. 3) The CoC updates the CE tool and process annually to ensure consistency with HUD requirements per 24 CFR & CPD-17-01 and to meet local needs. The assessment process prioritizes people in greatest need of assistance via a vulnerability score, including homeless chronicity, disability, and prior justice system involvement. Participant prioritization is verified by the CE Committee which reviews the list to ensure the most vulnerable are served first. 4) The CoC ensures people most in need receive assistance in a timely manner by ensuring the POE quickly shares intake information with the CE Lead and referral agencies. Once assessed, a household is immediately added to the by-name list and referrals are sent to appropriate housing providers. The CoC also regularly assesses the CE system and reviews length of time individuals remain on the list awaiting housing referrals; extent of engagement w/individuals while on the list; and length of time between housing referral and placement. Through this system review, the CE Committee addresses existing barriers and works towards improvements.

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

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

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

1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	No
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	No
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.	No
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.	No
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.	No
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.	No
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.		

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

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

(limit 2,000 characters)

The CoC and local homeless providers have taken the following steps to improve racial equity in the provision and outcomes of assistance 1) the CoC committed to increasing & improving their homeless services data w/in HMIS 2) promoted DEI trainings and 3) reviewed homeless program policies &

procedures through a racial equity lens. Following the review their 2019 racial disparity report, the CoC determined they needed to increase the number of homeless service providers who are entering data into HMIS to capture a fuller picture of those experiencing homelessness & accessing services. Additionally, they prioritized collecting race & ethnicity on their CE applications. As a result, the Columbia County DSS & Emergency Housing Provider have begun entering homeless services program data into HMIS. With this new data being entered, the CoC will draft an updated racial disparity report that will be comprehensive enough to draw conclusions from & take action on to increase equity in the provision & outcomes of services. The CoC encouraged Diversity, Equity, & Inclusion (DEI) training for all membership, & to programs to review their service provision and employment & recruitment policies & practices through a DEI lens. Additionally, the CoC is in the process of applying a DEI-lens to program evaluation & monitoring. Race & ethnicity data is now more consistently reviewed by CE providers to better determine the characteristics of who is applying for services & housing placement by race. The CoC will be working to assess trends exemplifying a racial disparity & adjusting the CE vulnerability index and/or policies accordingly.

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

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

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

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

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

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

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

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

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

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

(limit 2,000 characters)

Throughout the COVID-19 pandemic, the CoC implemented numerous safety protocols to address the immediate safety needs of individuals/families experiencing homelessness. (1) To support the safety and continued needs of those experiencing unsheltered homelessness, PPE was distributed, along with information on testing, and later vaccination. (2) In congregate emergency shelters, staff completed COVID health screenings at intake, conducted daily temperature checks for clients and staff, ensured beds were spaced 6 feet apart, and reduced capacity when necessary by utilizing non-congregate sheltering in hotels/motels. Additional protocols included deep cleaning of the facilities and distribution of PPE. The CoC’s HMIS provided an optional online COVID tracking tool to be used at client intake. This online information allowed for immediate communication between programs on client COVID status to prevent spread. The County Dept. of Social Services ensured anyone symptomatic and/or being tested moved from the congregate shelter to a hotel/motel for sheltering. (3) In transitional housing programs, agencies addressed immediate safety needs by requiring universal and correct use of masks, social distancing, handwashing and respiratory etiquette, cleaning and maintaining healthy facilities, and isolation and quarantine. The CoC ensured all homeless service providers were made aware of updated COVID-19 safety guidance from local, state, and federal authorities by regularly updating resources on the Collaborative Applicant’s COVID-19 guidance website page. Moreover, the CoC codified in the Written Standards that all providers should follow NYS guidance on safety and health precautions.

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

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

(limit 2,000 characters)

The CoC improved readiness for future public health emergencies by 1) building new relationships with the local public health department and local healthcare providers, including Federally Qualified Health Centers (FQHC), & 2) developing & implementing a plan for safe & supported quarantining among persons experiencing homelessness. Specifically, at the onset of the COVID-19 pandemic, the CoC engaged the County Depts. of Public Health to present to providers on recommended safety & quarantining protocols for shelter & housing providers. The County Depts. of Public Health continued direct contact with providers throughout the pandemic to provide the most up-to-date information. The CoC also developed relationships with local healthcare providers, including FQHCs. These healthcare providers provided pertinent information to shelter & PH providers about testing, vaccination, and safety protocols. Should another public health emergency arise, the increased understanding of roles/resources between the CoC & the County Depts. of Health & healthcare providers will result in more efficient partnership to disseminate public health info & implement safety mechanisms. Secondly, the CoC in coordination with the County Dept. of Social Services (DSS) developed a quarantine plan for those in congregate settings who were exposed, being tested for, or had contracted COVID-19. This plan included transportation to/from healthcare providers, sheltering in hotels/motels, & ongoing case management services, a plan which will also be implemented during any future public health crises. While the CoC is still focusing its efforts to address the needs of persons experiencing homelessness during the current ongoing public health crisis, once the pandemic subsides, the CoC will discuss drafting a public health emergency plan to enhance these newly developed relationships & lessons learned, potentially with the support of local universities &/or HUD TA.

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

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

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

(limit 2,000 characters)

The CoC worked collaboratively with providers and the County Departments of Social Services, Health, and Emergency Operations to determine the most necessary services & supplies using ESG-CV funds and to provide a detailed plan to the New York State Office of Temporary and Disability Assistance about

the implementation of ESG-CV services. The CoC developed an application tool to prioritize funding based on the most significant needs and proposed an ESG-CV plan to the state. The most significant needs identified included 1) safety measures, 4) healthcare supplies, and 5) sanitary supplies . ESG-CV funds were utilized for hotel/motel stays as quarantine locations and to deconcentrate shelters to allow for proper social distancing. To prevent and limit the spread of COVID-19 at in-person meetings with clients and when conducting outreach to unhoused persons, the CoC also prioritized purchasing food and PPE (masks, hand sanitizer, gloves, disinfectant, etc.) and cleaning supplies. 2)ESG-CV funds were also allocated toward RRH to move vulnerable households out of congregate or unsheltered settings into permanent housing rapidly to reduce their risk of contracting COVID in congregate or unsheltered settings. 3) Prevention funds have been prioritized by the community to provide case management and legal services to households threatened with eviction or at risk of homelessness, and for relationship-building efforts with landlords to keep households stably housed, reducing inflow to congregate shelters that pose a greater COVID-19 health risk. The CoC continues to host meetings with ESG-CV funded agencies about potential necessary changes in funding distribution, as combatting COVID-19 continues to require different short and long-term strategies. The CoC continues to host meetings with ESG-CV funded agencies about the changing needs as COVID-19 continues to require different short and long-term strategies to combat.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	
	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:	
1.	decrease the spread of COVID-19; and	
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).	

(limit 2,000 characters)

The CoC coordinated with mainstream health during the COVID pandemic to decrease the spread & ensure safety measures were implemented, specifically by ensuring timely info from local/state depts of health (DOH) was incorporated into daily program procedures. (1) To decrease the spread of COVID, local/state health depts joined conversations w/CoC membership at the start of the pandemic. The Depts. provided information on best practices for creating safe social distance within programs guidance on screening program participants, quarantine solutions, and hygiene options to reduce the spread of COVID. In addition, the county Dept. of Social Services (DSS) partnered with the county DOH to create a plan for supported quarantining. The DSS provided non-congregate shelter for those exposed to or exhibiting symptoms of COVID while the DOH assisted with testing and treatment referrals. Local service providers supported quarantined individuals in motels by delivering food & hygiene items, as well as on-site case management, ensuring ongoing needs were met & quarantine protocols maintained. (2) The CoC ensured recommended safety measures by maintaining updated info on the CoC website & written standards, and through agency trainings. The CA created a CoC website to provide timely and accurate information on best practices for COVID mitigation and dedicated staff time to update daily. Emergency shelters partnered with the local health agency, Whitney M Young Health Center to

create a mobile vaccination unit to bring services onsite at ES & PSH. The CoC partnered with local managed care org, CDPHP, which provided unrestricted funding to support street outreach, rapid rehousing, & prevention services. To improve vaccination rates among homeless service providers & clients, the CoC hosted live webinars with local, well-renowned medical doctors on the safety & efficacy of vaccines for homeless provider staff & posted the recording on the CoC’s website to share with clients.

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

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

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

(limit 2,000 characters)

The CoC communicated information to homeless service providers during the COVID-19 pandemic on safety measures, changing local restrictions, and vaccine implementation through a) development and upkeep of a holistic website, b) email notifications, c) dialogue at Board and Membership meetings, and d) hosting a webinar with local, well-renowned doctors. One of the best ways the Collaborative Applicant (CA) could support direct service providers during the COVID-19 pandemic was by processing and filtering all the updated public health/safety guidance/restrictions provided by the CDC, HUD, and state/local health departments through creation of a comprehensive COVID-19 Guidance for Homeless Service Providers website. The website was assessed for updates daily and included guidance and promotional materials on vaccines, safety protocols/restrictions for congregate housing, and telehealth resources. The website was promoted via email & at membership meetings, and links were included in the HMIS intake form for all users. Secondly, for pressing updates (i.e. on testing or vaccine site availability), CoC providers communicated through the CoC Board and Membership listservs. The CoC also utilized videoconferencing technology to safely host more frequent Board and Membership meetings. At these meetings, the County Dept. of Public Health presented on changing public health and safety guidance/restrictions, and shelter and housing providers shared best practices and resources on ensuring safety compliance, reducing vaccine hesitancy, etc. Finally, the CA in collaboration with a local Managed Care Organization hosted a webinar with local, well-renowned medical providers to discuss the safety and efficacy of the available vaccines, after receiving feedback that many shelter and housing provider staff were vaccine-hesitant. Over 160 homeless provider staff attended, and the presentation was recorded and posted on the CA’s website so providers could share with clients.

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

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

(limit 2,000 characters)

The CoC identified vaccine-eligible individuals and families experiencing homelessness by a) staying updated with the most current eligibility guidance and b) sharing this information directly with program participants. Client vaccine eligibility was discussed at all CoC membership meetings. The CoC posted the CDC- and HUD-developed flyers on its website and encouraged all agencies to post paper flyers prominently in all client spaces to ensure that vaccine eligibility and vaccine clinic locations/times were clearly noted. Most effective was the direct client reach out. Outreach, emergency shelter, transitional and permanent supportive housing staff conducted direct, one-on-one outreach to all clients, making them aware of eligibility phasing, with special consideration to the elderly and those with underlying medical conditions. Permanent Supportive Housing staff inquired about interest in the vaccine and supported clients in accessing it, including but not limited to scheduling appointments and providing transportation. To support those who identified as vaccine-hesitant and raise awareness of eligibility, the CoC partnered with a local Managed Care Organization (CDPHP) to host a webinar with prominent local medical providers to discuss the safety and efficacy of the available vaccines. Over 160 homeless provider staff attended, and the presentation was recorded and shared with clients.

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

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

(limit 2,000 characters)

The CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic. Community Action of Columbia Greene Counties (CAGC), the local DV provider had 1) changed/enhanced protocols to increase safe access to services and 2) added additional funding for essential housing and services; and 3) by coordinating with providers, County Departments and DSS to identify and provide tailored services to survivors of domestic violence in CoC programs. The CoC's Emergency Transfer Plan and the CE P&P provide guidance on safety and confidentiality of those fleeing a Domestic Violence and prioritizes placement into RRH or PSH. The pandemic impacted rural communities, such as, Columbia and Greene Counties in upstate NY differently. The Counties didn't see significant increase in service needs for the DV population. However, CAGC, did put several safeguards in place to ensure the safety of DV survivors and their families. The agency followed CDC guidelines regarding COVID protocol for congregate settings; the agency received funds to purchase tablets with TV capability to encourage family members to stay indoors. CAGC received COVID ESG funds to provide PPE, hotel vouchers, and emergency food to those fleeing DV. Staff were put on a rotating schedule lowering risk of transmission to sheltered households and staff. CAGC continued operation of a DV and Victim Services 24/7 DV Hotline

which provided confidential information, crisis intervention, counseling, and referral. CAGC also continued operation of the DV Program, following CDC guidelines, and provided emergency shelter, safe environment, food, and supportive services for DV survivors and their children. Legal Services were available to help survivors in obtaining Orders of Protection.

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

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

(limit 2,000 characters)

The CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic by: a) rapidly updating the CE vulnerability tool, b) updating Written Standards to utilize waivers, and c) adjust CE case conferencing to a virtual platform. The CoC worked quickly to update its vulnerability tool to prioritize clients who were at a greater risk for contracting and experiencing severe health complications from the COVID-19 virus. The tool awards two additional vulnerability points out of a possible 18 points for a client who indicates having a serious underlying medical condition and may be at higher risk for severe illness from COVID-19 due to the following: chronic lung disease, moderate to severe asthma, severe obesity, diabetes, immunocompromised, chronic kidney disease, and/or liver disease. The Written Standards were also adjusted to incorporate HUD waivers that allowed individuals to access housing without homeless and/or disability documentation at time of referral. Delaying required documentation submission for housing placement ensured clients were housed rapidly and experience swifter exits from shelter and congregate living situations. Coordinated entry assessments were conducted virtually to protect both staff and clients from exposure using phone or web-based processes. Agencies also implemented the process of virtually signing releases, further cutting down the need for person-to-person contact. The CoC adjusted the bi-weekly coordinated entry case review meetings to a virtual format allowing participating providers to safely continue a thorough review of the priority list and engage in thoughtful discussions regarding the most appropriate housing placement.

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/27/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	05/06/2021

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

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

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

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

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

(limit 2,000 characters)

1) The CoC considered the following severity of needs and vulnerabilities when reviewing and ranking projects: Chronic Homelessness, veteran status, and history of DV. Other vulnerabilities considered include low/no income, mental illness, current/past substance abuse disorders, and criminal history. 2) The CoC takes these needs and vulnerabilities into account in 3 ways when reviewing and ranking projects, including quantitative questions/objective criteria in Part I of the Rank & Review Tool, qualitative information in Part II, and additional data via interviews that allow agencies to explain potential lower performance due to the added challenges of serving these populations. Attachment 1E-2: Project Review and Selection Process, provides documentation of these 3 practices. The CoC ensures that projects providing housing and services to the hardest to serve populations receive additional points in Part I and II of the R&R Tool, with the understanding that such programs often yield lower system performance scores yet are essential to meeting the needs of the CoC's most vulnerable. The Tool applies points to projects adhering to the Housing First approach and for CE participation to ensure that severity of needs and vulnerabilities are prioritized and placed through the CE process. Projects can explain unique client needs/vulnerabilities (e.g., mental illness) and their impact on project performance during the interview process. The CoC considers these factors each year to ensure effective prioritization and allocation of resources for those hardest to serve in the CoC's geographic area.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1) The CoC is taking steps to obtain input from persons of different races, particularly those over-represented in the local homeless population, when determining the rating factors used to review project applications by incorporating a Coordinated Entry process that will track statistics on the homeless population. Moving forward, this data will provide a clear picture of those who are overrepresented in the system and help the CoC implement best practices to collect qualitative data. The CoC will continue to recruit different

agencies into the CoC Membership which has the potential to make the CoC more racially diverse. As new members come in and gain a full understanding of the CoC, they will be encouraged to join Committees such as the Rank & Monitoring Committee. 2) The CoC prioritized ensuring racial and ethnic diversity within the Rank and Monitoring Committee itself due to its responsibility for the Rank and Review process. The Committee is responsible for reviewing and updating the renewal, new and DV bonus apps, and their scoring for the NOFO competition. All elements of the review, selection, and ranking process (including the Rank and Review Written Process and all tools) are posted to the CARES website and released for public comment, welcoming feedback from the CoC's multifaceted membership. 3) The CoC objectively assessed projects by awarding bonus points to projects whose clients mirror most closely the CoC homeless population demographics. Specifically, Rank and Review questions a) used data to identify the degree to which program participants mirror the homeless population; and b) how they achieve equitable mirroring, or how they plan to work to improve outreach and assess policies that may contribute to current racial disparity.

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

Describe in the field below:

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

(limit 2,000 characters)

The CoC considers reallocation of lower performing projects an important tool to make strategic improvements to the homeless services system and actively reviews performance of projects to determine whether reallocation will meet/better meet a community need. 1)The Rank and Review Reviewers flag projects that demonstrate a) inadequate financial management, b) a history of expending funds on ineligible activities, c) a history of returning funds that could have been utilized, d) consistent unsatisfactory project performance outcomes & e) consistent low scores on the R&R tool. The final decision to reallocate funding to create a new higher performing project is decided by the Board and shared with Membership. Funding is then opened for new applicants to apply through the new project R&R process. 2&3) Using this process no projects were identified for reallocation during this year's local competition. 4)Through the local competition it was determined not only that all projects are well performing but are also still fulfilling a need within the community. Need is evidenced by the fact that all current CoC projects actively accept the most vulnerable clients from the CE waitlist and all projects are at capacity or able to rent beyond contracted bed counts. 5)The reallocation process is communicated to project applicants by posting of the reallocation process on the website for public comment and transparency. Additionally, the CoC communicates to all

applicants the reallocation process via committee updates at Board and membership meetings.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/22/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/05/2021
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/12/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

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

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

(limit 2,000 characters)

and service providers have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS data standards. The DV providers complete an annual survey, which includes questions regarding the name of their current comparable database and its reporting abilities. CARES of NY, Inc. (the HMIS Lead) is vetting each identified software vendor with the newly issued HMIS comparable database checklist to help ensure compliance. In addition, CARES is receiving technical assistance from HUD on the responsibilities of the HMIS lead with regards to comparable databases. 2) At this time, the CoC's DV Comparable database (Empower) is unable to submit de-identified aggregated system performance measures data for each project. That being said, de-identified aggregate data is submitted to the CoC for inclusion in the Housing Inventory Chart and Point In Time Count data submitted to HUD; and utilization in the Rank and Review tool. Additionally, CoC DV providers perform uploads to Sage for all mandated HUD reporting. Moving forward, the HMIS Lead and the CoC will work with DV providers to identify and implement a comparable database that has the capacity to submit de-identified aggregated systems performance measures, ensuring ongoing HUD reporting compliance.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	15	15	0	0.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	12	12	0	0.00%
4. Rapid Re-Housing (RRH) beds	15	0	3	20.00%
5. Permanent Supportive Housing	54	6	48	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

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

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

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

(limit 2,000 characters)

1)Over the next 12 months, the Collaborative Applicant and HMIS Lead, in coordination with the CoC Board and Rank & Monitoring Committee, will engage Community Action of Greene County to participate in HMIS. Community Action of Greene County (CAGC) provides a total of 12 Rapid Rehousing beds, but unlike their other non-DV programs, these beds are not HMIS participating,

resulting in low bed coverage rates for this component. . 2) Specifically, the Collaborative Applicant, Board, and Rank & Monitoring Committee will continue working with CAGC to identify barriers and try and come to a data entry agreement that includes either data integration or direct data entry. The Collaborative Applicant and HMIS Lead will build on success in other communities incorporating overcoming barriers to participating in HMIS.

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

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

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

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

(limit 2,000 characters)

N/A.

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

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

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

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

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

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

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

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

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

(limit 2,000 characters)

1) The CoC continues to develop its process to determine risk factors used to identify persons that may become homeless for the first time. The process includes analyzing HMIS (Stella, SPMs) & CE data, & hosting community discussion to identify risk factors for becoming homeless for the first time. The Rank & Monitoring Committee is responsible for reviewing HMIS data (Stella, SPMs, CE) to identify/consider characteristics of those who are first-time homeless, including demographic information, documented cause of homelessness, and disabling conditions as potential factors. In addition, the CoC is addressing the role that structural racism plays in housing and eviction through community conversations. This committee identifies common factors contributing to first-time homelessness through community conversations with prevention providers, emergency shelters, Dept. of Social Services, and faith-based leaders. This qualitative information supplements HMIS data to create a holistic picture of local causes of first-time homelessness. 2) The CoC has developed three strategies to address households at risk of becoming homeless for the first time. One strategy is to educate community providers who serve vulnerable populations (i.e. prevention providers, food pantries, health clinics) about risk factors and newly developed CE prevention referral protocols. A second strategy is to target prevention funding & services earlier within a household’s housing crisis. The third strategy is to increase the amount of prevention funding available in the community (i.e. through ESG-CV), an essential component of increasing the number of households able to remain stably housed. The CoC advocates & applies for prevention funding through state, local & private funding sources on an ongoing basis. 3) The Rank & Monitoring Committee, which reports to the CoC Board, oversees these strategies.

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

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

(limit 2,000 characters)

1) The CoC’s strategy to reduce the length of time (LOT) persons remain homeless is three-fold: a) increase the number of appropriate housing options b)ensure CoC and program policies remove barriers to housing and c) rapidly coordinate housing opportunities through the Coordinated Entry (CE) system. To increase the number of appropriate housing options the CoC advocates for and supports increasing permanent housing. For example, the CoC supported NYS Empire State Supportive Housing Initiative (ESSHI) applications for PSH projects and is implementing its Moving On Strategy to ensure PSH units are available for the most vulnerable and hardest to serve. To implement policies to remove barriers to housing, the CoC encourages Housing First policies within all programs, prioritizes Housing First projects through the Rank and Review process and provides one-on-one TA with housing providers on implementing Housing First. The CE system works to reduce LOT homeless by including LOT as a prioritizing criterion within the CE’s prioritization process. The CoC also engages non-CoC-funded housing providers to increase the number of appropriate housing options to those coming through CE. Specifically, the CE Lead is also the head of the Mental Health Single Point of Access (SPOA), and thus able to connect households coming through CE to OMH housing. Together, these strategies result in an increase in immediate housing opportunities for those who are homeless. 2) The CoC identifies, prioritizes, and houses individuals and families with the longest LOT homeless through the CE system. During the bi-weekly CE case conferencing meetings, Outreach, ES, and PH staff discuss barriers to housing those who have remained homeless the longest. The CE Committee develops creative/alternative solutions to find the most immediate/appropriate housing for these households. 3) The Rank & Monitoring and CE Committees, which report to the CoC Board, oversees these strategies.

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

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1) The CoC developed strategies to increase the rate at which households in

ES, TH and RRH exit to permanent housing destinations. Current strategies include

a) connecting unsheltered persons and the most vulnerable in ES to RRH and PSH through an efficient and effective Coordinated Entry (CE) System; b) expanding housing opportunities through CE by forging partnerships with non-CoC-funded entities, such as OMH housing through collaboration with the Mental Health Single Point of Access (SPOA) c) connecting households to subsidized housing (e.g., PHA, Housing Choice Vouchers); d) connecting households to community support services and benefits and e) connecting households to education/employment training opportunities to improve earned income. These combined strategies ensure households are linked to affordable housing options, have the necessary income to access that housing, and have support services within the community to ensure ongoing housing stability. 2) The CoC increases the rate households residing in PH retain housing or exit to PH (98% in FY20) through several successful strategies, including a) engaging with clients to ensure they are meeting their individualized goals and remain stably housed; b) implementing the CoC Moving On Strategy by providing pre-transition services to ensure a successful transition (e.g., life skills training, employment, community integration supports, strong aftercare supports); and c) partnering with affordable housing providers and cultivating relationships with local landlords to maintain an active list of apartment vacancies. These strategies ensure clients in PSH programs are supported to maintain housing while fostering opportunities for greater independence within the community.

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

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

(limit 2,000 characters)

1) The CoC identifies individuals and families who return to homelessness by analyzing quantitative data [i.e., HMIS and Coordinated Entry (CE)] and qualitative information (i.e., through CE). Specifically, System Performance Measures (SPM) are reviewed with the Rank & Monitoring Committee, in part to identify trends related to returns to homelessness. The Rank & Monitoring Committee utilizes this data to assess potential causes for increases/decreases in returns to homelessness and reports their findings to the Board. The Rank & Monitoring Committee will continue to work with the HMIS Lead to conduct in-depth analysis into SPM and CE data, assessing specific traits of those who return to homelessness, including sources of income, disabling conditions, and cause of homelessness. The CoC also identifies persons who return to homelessness through the CE assessment and case conferencing. Specifically, the CE assessment form asks about prior episodes of homelessness. Trends/common factors related to returns to homelessness will be reported in quarterly reports from the CE Lead to the Board and Membership.2) The CoC’s strategy to reduce the rate of returns to homelessness is to continue fostering strong collaborations with systems partners, including eviction prevention providers, education and workforce development agencies, the local

Department of Social Services, physical/behavioral healthcare agencies, and DV providers. These collaborations focus on developing linkages and resources to provide necessary supports to households who are identified as at risk of returning to homelessness. Additionally, during CE case conferencing, case managers discuss common barriers to remaining housed. This conferencing supports subsequent successful placement of households.3) Overseeing these strategies are the Rank & Monitoring and Coordinated Entry Committees, which report to the Board.

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

Describe in the field below:

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

(limit 2,000 characters)

1) The CoC’s strategy to increase employment income is to a) educate providers on NYS regulations related to employment and benefits; and b) foster systems-level engagement with employers. Specifically, the CoC educates providers on NYS benefits by fostering regular dialogue between local Departments of Social Service and CoC providers on benefits regulations. This increases provider, and in turn, client understanding of opportunities to maintain necessary benefits (e.g., TANF, SNAP, Medicaid, SSI/SSDI) while increasing employment income. 2) The CoC also increases access to employment by partnering with mainstream employment agencies. The CoC makes direct referrals to Columbia-Greene Workforce (CG Workforce) which provides free employment/education training and is creating a pipeline to newly available career pathways due to pandemic-related economic shifts, such as through referrals to Manpower, a temporary staffing firm. While the pandemic slowed progress on collaboration, after the pandemic subsides, the CoC and workforce agencies plan to implement a previously drafted collaborative plan (codified in a 2019 MOU), including identifying characteristics/qualifications of clients in CoC programs which seem to indicate the likelihood of their being successful in workforce agency programs; develop a formal, direct referral process; and create a communication mechanism between PSH case managers and workforce agency staff regarding client progress. The CoC and workforce agency will assess progress on increased income on an annual basis, utilizing this information to make programmatic improvements. 3) The Board is responsible for overseeing these strategies to increase income from employment.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1) Prior to the pandemic, the CoC promoted access to employment opportunities with private employers & private employment orgs by a) holding job fairs & b) developing programs that create pipelines from homelessness to employment. The CoC hopes to continue such activities after the public health crisis subsides. Specifically, CoC providers (e.g., Columbia Opportunities, St. Catherine’s) annually host job fairs to connect clients w/private employers & employment training. Moving forward, the CoC will track these job fairs, including what providers & employers participate, to assess how the CoC can further enhance partnerships w/employers. 2) CoC agencies actively work to provide meaningful training & employment opportunities for PH residents by conducting outreach to employers/employment training programs on clients’ behalf (i.e. Manpower, a temp staffing agency). These informal referral networks were formalized in 2019 through an MOU w/Columbia-Green Workforce Agencies. While progress implementing the MOUs was stalled due to the pandemic, the workforce development agencies have been defining newly opening career paths due to pandemic-related economic shifts. The CoC looks forward to working with these agencies to support PH clients to gain access to these new career opportunities by identifying qualifications of clients in CoC programs who are likely to be successful in employment training programs; creating a direct referral process between PH clients & workforce agencies; & creating a way for between PH & workforce agency staff to communicate on client progress. The CoC & workforce agencies will assess progress of PH clients’ completion of employment programs/increase in earned income annually through analyzing HMIS & qualitative data reported by PSH & workforce agency staff. The CoC & Columbia Greene workforce agencies will utilize this information to determine how to increase training/employment opportunities for PSH residents to further client recovery & well-being.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC’s strategy to increase non-employment cash income;
2.	your CoC’s strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.

(limit 2,000 characters)

1) The CoC’s strategy to increase non-employment cash income is to foster systems level engagement with benefits agencies and promote stimulus payments information to all shelter and housing providers. The CoC developed systems-level coordination between the County Departments of Social Services (DSSs) and shelter and housing providers. DSSs connect clients with necessary benefits (e.g., TANF, SNAP). Shelter/housing providers advocate on households’ behalf to access all the available non-employment cash income through DSS. At CoC Membership and Board meetings, DSS provides regular

updates on any changes to benefit regulations or staffing structure, allowing for shelter and housing providers to efficiently work with clients to increase non-employment cash income. The CoC promoted resources for accessing stimulus benefits on its website and at CoC Membership meetings, providing shelter, and housing providers with necessary updates on qualifications and steps for accessing benefits, which was in turn shared with clients. 2) The CoC's strategy to increase access to non-employment cash sources includes a) promoting resources on navigating system benefits. Specifically, the CoC distributes materials to instruct providers and clients on how to access benefits at DSS, as well as clients' rights in accessing those benefits. DSS staff participate in Membership, allowing for direct communication about any changes impacting access to DSS services. The CoC encourages agencies during Membership meetings to access trainings hosted by the regional SOAR TA provider. By promoting an increase in case managers attending SOAR trainings, the CoC encourages SOAR trained case managers who increase access to SSI/SSDI. 3) The Community Outreach Committee, which reports to the Board, oversees these strategies.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

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

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

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

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

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:	
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

N/A

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

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

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

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

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

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

(limit 2,000 characters)

N/A

4A. DV Bonus Application

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

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

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

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name	
This list contains no items	

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/22/2021
1B. Inclusive Structure	11/09/2021
1C. Coordination	11/12/2021
1C. Coordination continued	11/10/2021
1D. Addressing COVID-19	11/10/2021
1E. Project Review/Ranking	11/09/2021
2A. HMIS Implementation	11/10/2021
2B. Point-in-Time (PIT) Count	09/24/2021
2C. System Performance	11/10/2021
3A. Housing/Healthcare Bonus Points	11/12/2021
3B. Rehabilitation/New Construction Costs	10/15/2021

3C. Serving Homeless Under Other Federal Statutes	10/22/2021
4A. DV Bonus Application	10/22/2021
Submission Summary	No Input Required