

Before Starting the CoC Application

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

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

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

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: NY-503 - Albany City & County CoC

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

1A-3. CoC Designation: UFA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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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.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	No
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	No	No	No
23.	State Domestic Violence Coalition	Yes	Yes	Yes
24.	State Sexual Assault Coalition	Yes	Yes	Yes
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Legal Services	Yes	Yes	Yes
35.	Health Insurance/Managed Care Org	Yes	Yes	Yes

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

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

(limit 2,500 characters)

1) The CoC communicates the invitation process annually to solicit new members to join by posting the invite & New Member Application on the CoC's website; asking listserv recipients to forward invitations; announcing at full Membership meetings & encouraging current members to invite others; & conversations w/key systems partners focusing on the benefits and responsibilities of CoC membership. The Membership App is posted year-round on the CoC's website and accepted on a rolling basis. 2) The CoC ensures effective communication w/individuals with disabilities by sharing invites/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 docs) & email listservs. 3) The CoC conducts targeted outreach to ensure persons w/lived experience are encouraged to join the CoC/CoC Board. Special outreach is ongoing & conducted by members of the board & standing committees. Specifically, the Systems Committee (SC) conducts targeted outreach to non-traditional partners to encourage participation among a diverse group of stakeholders that employ and/or serve those with lived experience (e.g., affordable housing providers, hospitals, managed healthcare orgs, education/higher ed institutions, employment agencies/employers) to join the decision-making body. The SC has also developed 3 workgroups dedicated to bringing new stakeholders to the CoC. The landlord engagement workgroup engages landlords to become members of the CoC in order to understand opportunities for housing clients in their units. The Discharge Planning workgroup works w/the non-traditional partners mentioned above, and the System Gaps workgroup works to bring the feedback of clients within program and people w/lived experience of homelessness into the CoC in a meaningful capacity. 4) The CoC has invited orgs serving culturally specific communities experiencing homelessness to become members by conducting personal outreach. Current members describe the mission & benefits of the CoC and encourage participation. In Our Own Voices, a local org dedicated to LGBTQ+ Youth, has applied for New Bonus funding this year as a result of the support & outreach provided to the organization. The Regional Racial Justice Advisory Committee's Outreach Workgroup (on which the CoC participates) is focusing the next 6 months on identifying additional organizations to become CoC members that will ensure equitable representation.

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

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

(limit 2,500 characters)

1) The CoC uses specific strategies to solicit & consider opinions from a broad array of organizations & individuals with knowledge of/interest in preventing & ending homelessness. Input is solicited from knowledgeable stakeholders (e.g., persons with lived exp, housing providers, physical/mental/behavioral health providers, law enforcement/parole, faith-based organizations, governmental agencies, employment agencies). Strategies to solicit opinions include peer-to-peer community outreach, web-based forums (e.g., webinars, listservs, email submission form on CA’s website), regular interviews with current program clients, & recruiting agencies to join the CoC. Specifically, through participation in the Regional Racial Justice Advisory Committee, the CoC has developed a CoC 101 presentation series to communicate information about the CoC to potential new members. Several parts of the series have been presented to CoC Membership as well as recorded & stored on the CoC’s website for public viewing. 2) Information is shared, & opinions gathered year-round through direct community interaction (e.g., CoC Membership meetings held six times/year). Additionally, the Collaborative Applicant (CA) leads a workshop series with expert panelists from the community which is developed to solicit feedback & spark dialogue among a wide range of agencies/persons on topics relevant to the community (e.g., confronting discrimination; landlord engagement; engaging persons with lived experience & expertise; youth homelessness) which reaches interested parties across the community through live webstreaming/archived video. 3) Information gathered in public forums is considered by the CoC to develop new approaches to prevent/end homelessness (e.g., forming the Systems Committee to methodically engage health/criminal justice/foster care partners, a result of opinions expressed during public forums for the CoC’s strategic planning; creating protocols for information sharing between hospitals & shelter providers as a result of health provider feedback on how to better coordinate; identifying priorities for ESG-CV funds; brainstorming best practices for ensuring client/staff safety during the pandemic). Minutes taken at every public meeting provide the CoC Board with opinions/topics to consider how further work may be assigned to one of nine standing committees. Committees update the Board on findings & suggest next steps, & all developments are shared during full Membership meetings.

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

(limit 2,500 characters)

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 8/15/22. On 8/10/22, 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 8/16/22) about CoC funding opportunities available this year. The invitation to potential applicants stated that “[agencies] do not have to be currently CoC funded to apply.” The discussion and question & answer were recorded and posted on the CA website on 8/17/22 for agencies to reference throughout the application process. The invitation also provided clarification on the application process for those who are unfamiliar, namely 2) All communications made clear that proposals must be submitted via email to the CA using the New Project, DV Bonus Project, or CE/HMIS Bonus Project applications posted on the CA website. The 8/16/22 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. 3) The CoC notified the public about how the CoC would determine which project apps it would submit to HUD through public posting of the Rank & Review Written Process on the CoC website; announcement via the membership listserv; & by communicating local competition priorities and the Rank & Review process during the new project webinar. Through these notification processes, the CoC communicated to the public that it 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, agency experience, etc. The tool makes clear additional points are awarded to non-CoC funded agencies. The Rank & Review Process clarifies the Board reviews all projects included in the Priority Listing and provides final approval for all New Projects. 4) 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

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

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

18.		No
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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 2,500 characters)

1) The CoC actively consults in planning and allocating ESG/ESG-CV funds with the two recipients in its geographic area: City of Albany (City) and NYS Office of Temporary & Disability Assistance (OTDA). As part of the annual competitive ESG procurement process, the CoC NOFA Committee consults with the City to update the application process documents; forms an impartial panel to review applications; and provides the City with allocation recommendations based on past project performance, cost effectiveness, & CoC priority needs. The CoC consults with OTDA to review and comment on proposals and provide letters of support for those submitted. The CoC works closely with the City & Albany County Dept. of Social Services to develop a plan to allocate ESG-CV funds. Though the CARES Act waived local planning/procurement requirements applied to the annual ESG funding process, the City relied on the CoC to a) identify short & long-term needs; and b) help develop a comprehensive plan to ensure continued provision of essential services throughout the pandemic. 2) The CoC plays a critical role in evaluating and reporting on ESG/ESG-CV program performance via virtual program/fiscal monitoring conducted by the Collaborative Applicant on behalf of the grantee (i.e., the City). Specifically, the CoC assists in developing ESG/ESG-CV performance standards & reviewing project compliance via monitoring. The Operations Committee helps develop the monitoring tool, reviewed monitoring results, and in collaboration with CA Planning, HMIS, and Compliance staff, provided TA to agencies needing support during monitoring. Monitoring results are also shared with subrecipients and the City (OTDA conducts its own monitoring). 3) The Operations Committee provides the City and OTDA with HIC/PIT and HMIS/DV data via the CA's website. 4) The CoC also provides quarterly HMIS-derived CAPERs and other relevant info to Consolidated Plan Jurisdictions to address homelessness in its geographic area for use in future Consolidated Plan updates.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	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)	
		No

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

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

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

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

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

(limit 2,500 characters)

The CoC has formal partnerships with youth education providers, school districts and LEA's through: 1) Engaging youth education providers, school district staff (i.e. McKinney Vento Liaisons), and LEA's to fill out CoC Membership and Board applications; 2) formally creating and participating in the Regional Advisory Board on Youth Homelessness; and 3) partnering with school districts/LEA's to conduct the annual Youth Point-In-Time (PIT) Count. 1) The CoC actively engages youth education providers and school districts/LEA's to join the CoC and fill out formal CoC Membership and Board applications through annual one-on-one outreach by the Collaborative Applicant and CoC Board members. As a result, for example, the CoC recruited an Albany Community Action Partnership (ACAP, the local Head Start provider) staff member and local special education provider (St. Anne's Institute) staff member to join the CoC Board. 2) The CoC also engages youth education providers and school districts/LEA's by formally creating the Regional Advisory Board on Youth Homelessness (RABYH), facilitated by the CoC's Collaborative Applicant. RABYH is comprised of representatives from CoCs across upstate New York who work collaboratively to identify the extent of youth homelessness, and advocate for additional resources and programming to address youth homelessness. Youth education providers, school districts/LEA's, and others interested in ending youth homelessness formally apply to join the RABYH to assist in the creation of a community-wide plan to end youth homelessness within the CoC. Representatives for the Albany County CoC on the RABYH include youth education providers and school districts, such as: Equinox, St. Anne's Institute, and St. Catherines. 3) Finally, the CoC annually formally partners with youth education providers and school districts by asking such agencies to commit in writing to conducting the youth PIT count. Specifically, the CoC collects data from participating youth education providers and school districts (i.e. McKinney-Vento School Liaisons) that provide information on youth homelessness /at-risk of homelessness demographics. The data that has been collected over the last several years is being analyzed by the RABYH to inform community needs in addressing youth homelessness moving forward.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section VII.B.1.d.	

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

(limit 2,500 characters)

The CoC 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. This CoC policy requires CoC providers serving households with children designate a specialized staff person to serve as the educational liaison to both inform individuals and families of their eligibility for schooling. They provide direct support in setting up services on their behalf to ensure no disruption in current education services for students entering shelter or transitioning from shelter into permanent housing. Specifically, educational liaisons are responsible for ensuring children continue school enrollment and are 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 barriers to accessing these educational services are removed. For example, staff are required to coordinate with McKinney-Vento Liaisons in families' existing school districts to coordinate transportation services and ongoing enrollment. This year, the Regional Advisory Board on Youth Homelessness conducted a survey of all CoC funded agencies to collect contact information on the agency appointed staff serving as the educational liaison. Moving forward, the CoC program monitoring process will incorporate a review of agency connection with the local schools and corresponding McKinney-Vento representative and following protocols to ensure all children are being appropriately served by their school. At the CoC system level, the CoC fosters strong partnership with education via the McKinney-Vento homeless liaisons by encouraging participation on the CoC Board and relevant committee work. The CoC meets at least annually with McKinney Vento liaisons to specifically review the CoC policies and procedures to ensure full compliance and best practice with regulations.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

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

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

Other (limit 150 characters)			
10.		No	No

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

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

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

(limit 2,500 characters)

The CoC regularly collaborates with organizations who provide housing and services to survivors of domestic violence, dating violence, sexual assault, & stalking. These collaborations and partnerships include 1) ensuring that Victim Service Providers (VSPs) are involved in the process of developing and updating CoC-wide policies and 2) ensuring that all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors who present at mainstream programs within the CoC. 1) Equinox Inc. is a VSP that actively participates on both the CoC Board (the Director of DV Services) and CoC Governance committees as well as line staff at CoC membership meetings. As a result of this participation, Equinox has been involved in the process of updating the CoC governance charter, Written Standards, and recruiting Board members. Equinox is also the lead agency for the parallel DV Coordinated Entry system that serves survivors of domestic violence, dating violence, sexual assault, and stalking, and is active in developing CE tools and processes within the CoC. In addition to Equinox, Unity House, also a VSP, participates in Albany CoC activities and attends membership meetings. Unity House’s participation has allowed the CoC to have access to the perspective of multiple VSPs in the Capital Region with overlapping service areas to better inform policies and procedures within the CoC. 2) The CoC ensures all housing and services provided in the CoC are trauma-informed and meet the needs of survivors by offering annual and as-needed trainings to mainstream and DV program staff. Past Webinars included training on how to provide support to clients in need of victim services through trauma-informed screening and care. Equinox hosted a training webinar on safety planning and connecting DV and mainstream housing services for survivors regardless of where they present for service. The CoC’s adoption of a Housing First approach by all CoC-funded housing and services providers ensures that survivors presenting at any location will be served quickly and appropriately. Resources and training opportunities are shared at CoC membership and Board meetings. Finally, the CoC provides additional points in its NOFO Rank & Review process to renewal project applicants who provide proof of trauma-informed care & provision of equitable services for staff.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below how your CoC coordinates to provide training for:		
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

The Collaborative Applicant (CA) and CoC members coordinate with victim services providers to offer trainings for CoC project and Coordinated Entry (CE) staff to inform on best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. 1&2) The CA hosted a web-based training on safety planning, specifically on how DV and mainstream housing providers should coordinate serving survivors in a safe manner regardless of where they present for service. This online training was marketed to both CoC project and CE staff and included a quiz at the conclusion to reinforce the best practices and to self-assess what staff learned. The web-based training specifically reinforced best practices on Safety Planning including ensuring the safety of victims during house visits, providing information on orders of protection; and risks associated with accessing mainstream programs. The CA promoted HUD and other webinars regularly by posting information on the CoC's dedicated website/webpage and publicizing at CoC and Coordinated Entry meetings. 1) The CoC coordinated with Equinox, the CoC funded DV provider and DV CE Lead, to provide training on Trauma-Informed care and Victim-Centered approaches. The CoC continues to update safety planning protocols through the CoC's Emergency Transfer Plan that is reviewed and adopted annually by Equinox and the CoC. The Emergency Transfer Plan includes protocols and eligibility for emergency transfers including confidentiality procedures to ensure safety when rapidly re-housing DV Victims. 2) Equinox hosted a training for the CE lead and participating mainstream housing providers, on how to complete a CE assessment with survivors in a trauma-informed manner that emphasizes safety planning and confidentiality, without retraumatizing the survivor. 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 planning protocols are created for DV victims within the CE Policies and Procedures Manual; and updates to 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 regularly review and refer to such policies with victim services providers during the monthly CE case conferencing meetings.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		

Describe in the field below:

1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1)The CoC uses de-identified aggregate data from multiple sources including: comparable databases, such as Empower (Equinox is the DV-CE Lead agency and utilizes Empower), HMIS for DV clients that are not fleeing and choose to use the mainstream coordinated entry program, and DV and Victim service providers who collect de-identified aggregate data outside of HMIS (such as information from DV hotlines) to assess special needs related to DV, dating violence, sexual assault, & stalking survivors. Additionally, CARES of NY organized and facilitates a Regional Domestic Violence Work Group with the purpose of analyzing DV data to assess the special needs related to this population using the analyses to inform community planning for these populations. For example, this work group is currently reviewing APR's and CAPER's to identify common characteristics regarding the needs of DV survivors to better inform their respective CoCs on gaps in services. 2) The CoC used the de-identified aggregate data described in part 1 above for the a) HIC & PIT, b) Rank & Review (R&R), & c) DV Coordinated Entry (CE). a) Data provided for the HIC & PIT informs the CoC on demographics including disabling conditions, & household size, to determine the number and type of housing needed to 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 CoC R&R. This data assists the CoC in ensuring program performance outcomes of DV providers, helping to inform priorities for DV Bonus projects. c) Finally, the DV CE lead provides a comprehensive assessment of special needs through data collection from the vulnerability assessment that is separate from the mainstream CE tool, that identifies the severity & type of special needs among households fleeing domestic violence. Data fields on the assessment include the number of episodes of homelessness, income, employment status, identified disability, & specific needs related to immediate & ongoing safety. This de-identified qualitative info is shared through mainstream CE case conferencing to ensure and identify appropriate housing options. Deeper analysis of these data sources allows the CoC to assess & understand the scale & demographics of the population & tailor interventions that meet specific needs.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:

1.	the emergency transfer plan policies and procedures; and
2.	the process for individuals and families to request an emergency transfer.

(limit 2,500 characters)

1)The CoC communication strategy to inform all individuals and families seeking or receiving CoC Program assistance regardless of known survivor status on the Emergency Transfer Plan (Plan) policies and procedures is as follows, and is communicated by agencies to those seeking assistance and via public posting of the Emergency Transfer Plan policies and procedures. The Emergency Transfer Plan is reviewed by both the CoC Board and membership annually. During this review, members review and discuss the key elements of the Plan including eligibility, documentation required for transfer, confidentiality and safety precautions and the process on how the transfer occurs. Equinox, the CoC DV-CE Lead, and a CoC Board member, regularly shares, updates and educates board and membership on the emergency transfer plan policy and procedures. CoC members are comprised of stakeholders that include private sector, healthcare, housing, faith based and advocacy groups that forward information to all those seeking or receiving CoC program funding assistance. Finally, the Plan is posted publicly on the CoC’s website and updated as necessary. 2) The CoC programs communicate to all individuals and families seeking or receiving CoC program assistance, regardless of known DV status, on the process to request an emergency transfer as part of every CE intake. The CoC DV-CE and mainstream CE programs are also responsible for educating case managers participating in CE on the process to request an emergency transfer and take the lead to assist clients requesting emergency transfers. DV agency case managers ensure all persons assessed for coordinated entry and on either the DV or mainstream CE are reviewed for services and housing placements. Case managers directly inform those seeking or receiving CoC Program assistance on the emergency transfer process and work directly with case management staff from the agency receiving the transfer to ensure safety and confidentiality of the DV Victim. If an emergency transfer is needed, limited de-identifiable information is provided to the referring agency. Information includes unit configuration, preference of county placement, special needs or disabling conditions to ensure eligibility. The case manager working with those requesting an emergency transfer communicates with the case manager of the agency where the transfer will take place and assist with a warm hand off.

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

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

(limit 2,500 characters)

The CoC ensures that survivors of domestic violence, dating violence, sexual assault or stalking have access to all the housing and services available within the CoC’s geographic area in the following three ways. 1. Both the DV and mainstream Coordinated Entry Program (CE) provide survivors of DV access to all housing options (RRH and PSH) and housing services including prevention, emergency services, access to behavioral and physical health, treatment for Substance Abuse Disorder, community and peer support groups and housing options. Equinox, the DV-CE lead and HATAS, the mainstream CE lead, jointly host monthly case conferences to review DV clients placed on the wait list. Persons fleeing or who have histories of DV choose which CE program they prefer to participate in. The mainstream CE program assessment identifies those fleeing or those with histories of Domestic Violence. Persons fleeing or who have histories of domestic violence choose which coordinated entry program they prefer to participate in. The mainstream CE vulnerability assessment scores DV clients higher than clients with no DV histories therefore immediately prioritizing DV clients for quick access to housing and services. 2)DV specific housing programs such as Equinox’s dedicated RRH programs provide access to all housing and supports through service plans that connect DV survivors to appropriate supportive services. Staff from DV programs know how to navigate community resources and services respecting client safety and confidentiality. To ensure that all housing and services are available to DV victims and survivors, Equinox connects survivors to services through its a) 24/7 hotline; b) non-residential DV services; c) court advocacy d) DV shelter; and e) DV-RRH. The hotline connects clients to services and provides referrals. 3) Agencies that provide housing and services within the community meet quarterly to inform case management staff on community resources available through providers that do not participate directly with coordinated entry or have DV specific programming.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below how your CoC’s coordinated entry includes:		
1.	safety protocols,	
2.	planning protocols, and	
3.	confidentiality protocols.	

(limit 2,500 characters)

The CoC's Coordinated Entry (CE) process includes policies & procedures in place related to 1) safety protocols, 2) planning protocols, & 3) confidentiality protocols for survivors of domestic violence, dating violence, sexual assault & stalking to safely access needed services, as outlined in the CE Policies & Procedures Manual & the Written Standards (addendum: Emergency Transfer Plan). 1) The CoC's CE safety protocols include adopting a "No Wrong Door" approach; implementing safety planning; & offering referrals to DV providers. The CoC has adopted a "No Wrong Door" approach in which assessments are completed where clients present for housing & at locations where survivors feel safest at the time. The CoC coordinates the efforts of both DV/ non-DV providers to ensure mainstream housing programs adhere to DV safety protocols (i.e. implementing a safety plan w/ clients) & provide survivors a wide range of service options. Survivors presenting at non-DV providers are offered to be linked w/ DV services via a phone assessment. 2) Planning protocols include giving clients the option of DV-specific &/or CoC services. If the client is eligible & elects DV services, the provider will end intake, void electronic records & connect the client w/a DV service provider. If a client elects mainstream services, the client is entered into the mainstream CoC CE database to access housing & further services. 3) Confidentiality protocols include collecting self-reported information w/in the HMIS system so clients only disclose information they are comfortable reporting. The CoC has an anonymization policy to support de-identified data collection at intake which allows for the vulnerability index for a client to be completed w/out identifiable information being entered into the mainstream CE database. Additionally, the CoC CE confidentiality protocol requires each client entered into the CE project complete the HMIS inclusion disclosure informing them of their rights surrounding data collection & entry - including the right to refuse entry into the HMIS & instead choosing use of the comparable database w/ de-identified data. Additionally, VAWA compliant informed consent is required to provide information to other providers. Finally, the CoC has a parallel & comparable CE database for survivors of DV, capturing only de-identified information. Victim Service Provider agency staff are trained annually on the database for client intakes & service referrals.

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

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

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

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

(limit 2,500 characters)

A CoC-wide anti-discrimination policy is included within the Albany CoC Written Standards. 1) The policy is updated as necessary by incorporating stakeholder feedback throughout the year (w/the approval of Board & Membership) & during the annual review of the Written Standards, conducted by the Governance Committee. 2) The CoC assisted providers in developing & implementing project-level anti-discrimination policies consistent w/the CoC-wide policy ensuring LGBTQ+ individuals & families receive supportive services, shelter, & housing free from discrimination by developing a template agency-level policy that mirrors the CoC's & offering providers TA during the development & implementation of the provider anti-discrimination policies. Additionally, the CoC assists agencies during project monitoring by including a review of agency level policies to ensure all align with current CoC policy – including that on anti-discrimination. 3) The CoC evaluates compliance with its anti-discrimination policies during annual monitoring, the rank & review process, & through CoC offered trainings. The annual monitoring process ensures a comparable agency-level anti-discrimination policy exists & is being implemented, verifying that agencies share the policy w/all clients & staff & clearly detail information on who to contact if it is believed that a client's civil rights have been violated. Through the Rank & Review process, renewal project applicants must demonstrate they have an up-to-date anti-discrimination policy by attaching this policy to the application. Through CoC-offered trainings, CoC & ESG-funded agencies participate in an annual, mandatory anti-discrimination training & are able to pose questions that allow the CoC to gauge if there are concerns w/compliance. 4) Non-compliance with the CoC anti-discrimination policy outlined in the Written Standards is addressed by notifying the agency of non-compliance & w/the provision of technical assistance provided by the Collaborative Applicant. During this TA, a corrective action plan is developed in partnership w/the agency in non-compliance. This action plan must be put into place immediately & a compliance review is then repeated after 30 days. Non-compliance is also indirectly addressed through the Rank & Review process, in which a renewal project application will receive a lower score if the agency does not have an up-to-date anti-discrimination policy in place that is compliant with the CoC's requirement.

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

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Albany Housing Authority	22%	Yes-Both	Yes
Town of Colonie	0%	Yes-HCV	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 2,500 characters)

The CoC has taken the following steps to strengthen existing relationships with the Albany Housing Authority (AHA) and the Town of Colonie (a Housing Choice Voucher administrator) which resulted in successful 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/Housing Choice Voucher (HCV) staff to participate in the CoC’s strategic planning process and become active in the CoC. As a result, in 2020, the Executive Director of AHA became a member of the CoC Board and subsequently the CoC Board Co-Chair. The CoC’s collaborative relationship with AHA has resulted in exemplifying the continued need for a homeless preference; as well as implementation of new partnerships/processes to address homelessness through PHA resources, such as implementation of the Emergency Housing Voucher (EHV) and Family Unification Programs (FUP). The CoC continues to work collaboratively with the Town of Colonie to promote and support their homeless admission preferences. Data collected during the strategic planning process and collaboration between the CoC and PHA/HCV staff highlighted for PHA/HCV staff the 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 for such policies. As a result of these efforts, the CoC has a robust pool of PHA resources (i.e. PHA preferences, EHV, FUP) to support homeless clients with housing options.

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 Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		No

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

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

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

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

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

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section VII.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
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PHA	
	Albany Housing Au...

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

Name of PHA: Albany Housing Authority

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

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

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	30
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	29
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	97%

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

Describe in the field below:

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

(limit 2,500 characters)

1&3) The CoC regularly evaluates recipients that check Housing First on their Project Application to determine if they are actually using the Housing First (HF) approach through the local CoC competition process; Coordinated Entry (CE); Project Monitoring; and HF Training & Technical Assistance (TA). The CoC’s annual Renewal & New/Bonus Rank & Review Tools include a point-bearing question requiring applicants to verify adherence to core HF elements (e.g., accept clients w/out preconditions, service participation not required). The CoC also regularly evaluates use of HF outside the local CoC competition. The CoC’s bi-weekly CE [i.e., Single Point of Access (SPOA) or case review] meetings allow for ongoing/spontaneous peer review of CoC project adherence to Housing First (HF) principles. The CE meeting format enables members to question in real time (peer-to-peer) if HF-defined projects truly follow core HF concepts. The CE Lead [in coordination w/the Collaborative Applicant (CA)] also follows up w/said agency/project, offering training/TA as needed. The CA’s annual CoC project monitoring includes a cursory review of HF practices using HUD’s HF Checklist, and a more in-depth evaluation is conducted periodically using HUD’s HF Assessment Tool. The CE Lead & CA CE Unit regularly answer questions from/offer training to agencies on HF best practices and individualized TA to ensure both project-based and system wide adherence. 2) The list of factors & performance indicators the CoC uses to evaluate HF include assuring a) program access & continuation is not contingent on sobriety, treatment completion, service participation, income requirements, criminal record or DV experience; b) programs do not deny access based on credit/financial history, poor/lack of rental history, or behaviors perceived as lacking “housing readiness”; c) service goals/plans are tenant-driven, engagement-focused (not required) and grounded in the harm-reduction model; d) programs provide tenants flexibility to pay their portion of rent on time, offer payment plans or financial management assistance when needed; e) every effort is made to avoid returns to homelessness through program discharge (i.e. enable transfers to new housing situation/program); f) Programs that have incorporated all of the above HF requirements and still need to discharge a client from program connect the client to other housing/services through CE to prevent a discharge to homelessness.

1D-3.	Street Outreach—Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,500 characters)

1)The CoC’s street outreach methods to identify/engage persons experiencing unsheltered homelessness include A)street canvassing w/in the City of Albany (City) & outlying areas & B)coordinating w/providers across the CoC to ensure outreach presence at locations most visited by the unsheltered. The CoC has two active street outreach teams led by Joseph’s House & Shelter (JH) & St Catherine’s Center for Children (SCCC) . Mobile outreach teams identify/maintain regular presence in areas frequented by unsheltered persons, connect them to appropriate services regardless of status as a protected class, & remove barriers to access. JH operates an outreach van & employs a nurse practitioner (NP) to document disabling conditions, removing barriers to supported housing. SCCC operates Pathways to Health, a street outreach program serving the most vulnerable & people who typically do not seek health services. The CoC connects w/the VA Outreach Program, Soldier On, & Health Care for Homeless Vets who identify/engage unsheltered veterans & connect them to services. The CoC also has a relationship w/County Mental Health which administers an Assertive Community Treatment program, a multidisciplinary team that engages unsheltered persons experiencing mental health crises. The CoC is applying for supplemental NOFO funding to expand upon the existing street outreach capacity. JH is applying to increase their street outreach presence in suburban/rural areas outside the City that have seen a large increase in unsheltered homelessness & SCCC is applying to increase provision of clinical services, including a CASAC certified street outreach worker. 2)The CoC provides street outreach throughout 100% of its geographic area (Albany County), focusing services primarily w/in the City & surrounding areas. 3)All outreach methods are conducted daily w/day/evening hours. 4)The CoC targets street outreach to persons least likely to request assistance by utilizing client-centered & trauma-informed approaches, including A)hiring staff w/lived experience to conduct outreach; B)utilizing a NP to document disabling conditions, C)identifying locations most visited by the unsheltered (i.e. public libraries, laundromats, convenience stores, churches, parks); D)building trust over time through consistent engagement; & E)providing translation services & accommodations (I.e. braille, sign-language interpreters) as needed to effectively communicate.

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

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

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		

	No	No
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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	278	283

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

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
		No

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

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1)The CoC systematically provides up-to-date info on mainstream resources available for program participants by facilitating bi-monthly Membership Meetings where agencies provide resource/programmatic updates. Providers, including non CoC members, are invited to provide program spotlights, increasing the breadth of knowledge of community resources available to clients. Examples of agencies that provide mainstream benefits/present to CoC members include: DSS (which presents on Food Stamps, TANF, Medicaid, Employment, etc.); Equinox- DV, St. Anne's- youth, & Albany Housing Coalition- vet providers; County Mental Health (MH)- mental health & SPARC- substance abuse (SA) programs & Alliance for Positive Health- Health Homes/Medicaid Case Mgmt programs. The CoC also updates its members of changes in accessing/utilizing mainstream resources via email. If a change in referral/access to resources requires additional TA for agencies to enact, the CA provides webinars as needed to support agencies. 2)The CoC collaborates w/healthcare orgs to assist program participants w/receiving healthcare services (i.e. substance abuse/mental health treatment) by engaging/inviting healthcare partners, both CoC/non CoC members, to present at bimonthly membership meetings. For example, the VP of Community Engagement at local Managed Care Org (MCO), CDPHP, regularly shares info on vaccine availability (COVID19, flu, Monkeypox) & the Albany Damien Center regularly provides resources specific to clients living w/HIV/AIDS. This info is communicated directly to program staff, who connect clients w/the appropriate healthcare services. CE also coordinates case conferencing w/NYS Dept of MH's Single Point of Access through the Albany Co Dept of MH, which participates in CE case conferencing sessions. Additionally, the Systems Committee has convened CoC meetings between MH/SA providers/hospitals w/CoC outreach, shelter, & housing programs to discuss & establish referral processes to streamline access to care- both ways. Finally, the CoC partners w/MCOs to directly connect clients to healthcare. Specifically, in partnership w/CDPHP, the CoC developed an HMIS question on intakes that asks about CDPHP membership. This allows case managers at shelter/housing sites to connect member clients to CDPHP care managers who support ongoing physical/mental/behavioral healthcare. 3)The CoC actively promotes the SOAR model/trainings hosted by the regional SOAR TA provider during Membership meetings.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	
	Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.	

(limit 2,500 characters)

The CoC is increasing its capacity to provide non-congregate sheltering by (1) advocating for non-congregate shelter within various funding streams and (2) connecting clients sheltered in hotel/motels with case management services to create non-congregate-like settings and support. (1) The CoC successfully advocated to the City of Albany and NYS to prioritize funding for the acquisition and development of non-congregate shelter within the jurisdictions' HOME-ARP Allocation Plan, bridging a gap in emergency housing options for those in need. Currently, approximately 30% of shelter beds in Albany County are non-congregate shelters. However, these programs focus on serving victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking, and families. Therefore, the CoC deemed it important to advocate for a portion of HOME-ARP allocated funds to develop non-congregate shelter that is open for all persons experiencing homelessness and in need of a private setting, such as those with severe mental illness or in need of quarantining to prevent the spread of communicable diseases. Specifically, the CoC's Collaborative Applicant partnered with the city and NYS Homes and Community Renewal (HCR) to host community planning sessions related to HOME-ARP and several CoC members attended to advocate for investing in non-congregate shelters. This advocacy resulted in the City of Albany's HOME-ARP Plan allocating 11% of its funds and NYS allocating \$7 million to develop non-congregate shelter. (2) Additionally, as a right to shelter state, if shelter beds are not available, the County Department of Social Services shelters clients in hotel/motels. The CoC has worked to create non-congregate-like settings for clients in hotels/motels by providing on-site wrap-around services to clients placed in hotel/motels. Support services that are provided include case management, community referrals, and access to basic necessity items, such as food and hygiene kits. Similarly, during the pandemic, the Homeless and Travelers Aid Society (HATAS) Hotline Program, secured a partnership with a local, well-kept hotel to shelter single adults for a flat fee, and provided onsite service connection. As a result of these efforts, clients receive the necessary support services in a private room setting similar to a non-congregate shelter, increasing self-sufficiency and referrals to wrap-around services.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

The CoC effectively collaborates w/state & local public health agencies to respond to & prevent the spread of infectious diseases by ensuring timely info from health authorities is incorporated into daily program procedures. As a result of the COVID pandemic, the CoC has developed partnerships w/state & local public health agencies to ensure 1) the CoC has policies & procedures (P&P) in place to respond to infectious disease outbreaks & 2) the CoC can effectively prevent infectious disease outbreaks among people experiencing homelessness. 1) The CoC prioritized ESG-CV funds to activities (as noted in its Written Standards) that best addressed impacts of the COVID pandemic; and edited its CE P&P and Vulnerability Index to prioritize persons who are sick/quarantined or economically impacted by COVID. As the pandemic subsides, the CoC will continue to collaborate w/state & local public health agencies, building off relationships formed in response to COVID-19, to develop CoC-wide P&P that prioritizes care through the lens of infectious disease prevention (i.e. safety measures, quarantine protocols, accessing PPE), ensuring the CoC has a coordinated response to future infectious disease outbreaks. 2) The CoC effectively collaborates w/state & local public health agencies to prevent infectious disease outbreaks among people experiencing homelessness primarily through sharing info/resources at CoC Membership meetings & bringing health resources onsite for clients. For example, a) CA created a CoC website to provide timely and accurate information on best practices for COVID mitigation; b) the Albany Co Dept. of Social Services & Dept. of Mental Health regularly share via CoC Membership presentations & email blasts updates on public health & county services available to people at greatest risk of severe infectious disease (i.e. info related to reducing the spread of Monkeypox); c) provider agencies that work primarily w/clients with HIV/AIDS diagnoses present resources at CoC membership meetings on supporting immunocompromised clients; & d) throughout the pandemic, homeless shelter & housing providers partnered w/ the Whitney M. Young Health Center to create a mobile vaccination unit to bring services onsite at ES & PSH, & promoted successful partnerships CoC-wide. Together, development of infectious disease procedures & resource sharing has resulted in a community of providers that is well-informed & prepared to respond to ongoing/future public health crises.

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

(limit 2,500 characters)

The CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants. 1) Specifically, the CoC shares info related to public health measures & homelessness through a) development of a holistic website to communicate public health info & b) emailing to list serves pertinent public health info. One of the best ways the Collab App (CA) supported direct service providers during the COVID-19 pandemic was by processing & filtering all the updated public health/safety guidance/restrictions provided by the CDC, HUD, & state/local health depts through creation of the website hosted by the CA. The website was staffed full-time, updated daily & included guidance & promo materials on vaccines, safety protocols/restrictions for congregate housing, & telehealth resources. The CA will continue this strategy for communicating necessary public health measures for future infectious disease outbreaks. Secondly, for pressing updates (i.e., vaccine availability, Monkeypox protocols), CoC providers communicate to fellow outreach, shelter, & housing providers through the CoC Board & Membership email listservs. 2) The CoC facilitates communication between public health agencies & homeless service providers to ensure street outreach, shelter, & housing providers are equipped to prevent or limit infectious disease outbreaks among program participants by a) hosting online dialogues w/public health experts at Board & Membership meetings, & b) hosting webinars w/local, well-renowned doctors who are infectious disease experts. The CoC utilizes videoconferencing technology to safely host Board & Membership meetings that include presentations by public health agencies. As a result of the pandemic, a standing agenda item at Board & Membership meetings, the CoC invites the Co. Dept. of Public Health to attend & report on changing public health & safety guidance/restrictions on current (i.e. COVID) & emerging (i.e. Monkeypox) infectious disease outbreaks. Emergency shelter & housing providers share best practices/resources on ensuring staff & client safety compliance, reducing vaccine hesitancy, etc. b) The CA in collaboration w/a local Managed Care Org hosted a webinar with local, well-renowned medical providers to discuss the safety & efficacy of the available COVID-19 vaccine to address vaccine hesitancy. The CA will continue hosting such webinars with medical experts as needed to educate the community & prevent infectious disease outbreaks.

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

(limit 2,500 characters)

1)The Albany CoC Coordinated Entry System (CES) is a No Wrong Door system reaching homeless households covering 100% of the CoC’s geographic area of Albany County. Agencies serving as Points of Entry (POE) are located across the County and include outreach services, emergency shelters, housing providers and local departments of social services. The breadth of the system is captured by the CE priority list which documents client location at intake. The CE Committee reviews POE data to ensure the CoC has accessible CE sites. If a disparity is noted, the Committee engages providers to ensure CE access and address barriers impacting referrals. The CE Committee also considers geographic areas where no referrals are coming in and a reported homeless population; areas w/out access to emergency shelter. 2)The CoC uses a standardized assessment process and CE tool. The CoC updates the tool and process to ensure consistency with HUD requirements and to meet local needs. The assessment process prioritizes people in greatest need of assistance via a vulnerability score, including homeless chronicity, disability, and justice system involvement. Participant prioritization is verified by the CE Committee which reviews the list at monthly case conferences to ensure the most vulnerable are served first.3) The CoC assesses the CES using feedback from participating providers and reviews data from the CE/HMIS programs. Feedback from providers is given at monthly Coordinated Entry Committee meetings. During these meetings the process is discussed, and the tool is reviewed. The committee looks at current vulnerabilities being prioritized within the CoC and compares them to the current priority list to ensure consistency. HMIS/CE data is reviewed to look at length of time individuals remain on the CE priority list awaiting housing referrals; extent of engagement w/individuals while on the list; and length of time between referral and placement. This data review helps to identify barriers to quickly obtaining housing and informs necessary changes to the process/tool. In addition, the CE Advisory Committee acts as the CES Evaluation Entity. The evaluation entity is tasked with using participant/provider data to measure the functioning of the CES. Currently the evaluation entity is developing a survey to evaluate the CES. This survey tool will be completed by participating providers and households that have participated in CE to gauge effectiveness/efficiency of the CE process.

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

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

(limit 2,500 characters)

1) The CoCs Coordinated Entry System (CES) targets outreach to those least likely to apply for homeless assistance in the absence of special outreach as outlined in the CE Marketing Plan. This Plan incorporates outreach best practices such as street canvassing and developing one-on-one relationships to build/gain trust and encourage peer referrals. 2) The CoC prioritizes people most in need by utilizing the standardized CE assessment tool and vulnerability index. This tool uses a set of community-wide prioritization criteria such as length of time homeless, and prior justice system involvement to ensure persons with the greatest need, most barriers or highest vulnerability are prioritized first 3) The CoC ensures people most in need of assistance receive permanent housing in a timely manner by ensuring their first point of entry quickly shares the persons intake information for housing services with the CE Lead and referral agencies. The CE assessment documents persons' vulnerabilities including special needs, domestic violence, length of time homeless and familial status to ensure thoughtful referrals are made consistent with the client's needs and preferences. Once assessed, these persons are immediately added to the by-name priority list and referrals are sent to appropriate housing providers for review and consideration. 4) The CoC has taken many steps to reduce the burden of those using the coordinated entry system. The CoC has adopted a no wrong door system which allows households experiencing a housing crisis to access the CES at numerous points within the CoC's entire geographic area including emergency shelters, permanent housing agencies and local department of social services. This approach ensures the client is only required to make one connection/complete one application to be connected to the most appropriate homeless housing services within the CoC. This system takes the pressure off the client to find the right service location for their needs. Clients will only be referred to projects where they meet eligibility requirements and criteria to avoid wasting their time. In addition, having one application for all housing opportunities ensures the client will not be answering the same question multiple times or collecting duplicate documentation. The assessment tool is regularly vetted to eliminate unnecessary questions. The CE committee meets regularly to review the process and ensure it remains as client centered and efficient as possible.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	09/23/2022

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

Describe in the field below:

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

(limit 2,500 characters)

The CoC made a commitment to identify and eradicate racial disparities in the provision and outcome of homeless assistance. 1) NY-503's process for analyzing racial disparities in the provision and outcomes of homeless assistance includes an annual analysis of homeless services within the CoC. This analysis is commissioned by the Regional Racial Justice Advisory Committee (RRJAC); a regional committee comprised of 10 New York State CoCs formed to provide opportunities for community members to get involved in actionable systems change to address racial disparities within the homelessness service sector. The mission of the Committee is to serve local Continuums of Care as a primary resource and catalyst for the work of racial justice within the homeless service system. RRJAC analysis focuses on admission and discharge data from the HMIS per program component type. In collaboration with the HMIS Lead, the RRJAC Data workgroup reviews this data with a racial equity lens and then presents findings to the Board and Membership. Specific data points that indicate the presence of racial disparities are highlighted and discussed with the Board and Membership. 2) In the most recent analysis, the CoC identified the following disparities: Black or African Americans made up 75% of the clients in Emergency shelters and outreach. However Black or African Americans made up 61% of those on the Coordinated Entry Waitlist. Additionally, regarding housing referrals from Coordinated Entry, only 37% of Black or African American clients on the Coordinated Entry waitlist were referred to Permanent Supportive Housing. These results may indicate that Black or African American clients are underrepresented in Coordinated Entry, and that there is racial disparity in Permanent Supportive Housing referrals. The CoC will continue identifying actionable steps to address these disparities.

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes

8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		No

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

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

(limit 2,500 characters)

The CoC & local homeless providers have taken multiple steps to address the disparities found in the provisions & outcomes of homeless assistance, including an analysis of current Coordinated Entry data. The data showed Black & African American clients are underrepresented on the CE priority list compared to the homeless population (sheltered and unsheltered). The data also showed both persons on the CE priority list & the percentage of Permanent Supportive Housing referrals per race reflect disparities again compared to the CoC's homeless population. To address these disparities, the CoC has researched & identified best practices to make self-corrections. Steps taken thus far include: 1) committed two members to lead & participate in the NYS CoC regional racial equity system work, 2) implemented a diversity assessment tool to ensure diversity at all levels of CoC operations, 3) added a questions to the rank & review tool asking how agencies are training staff on Race Equity, Diversity, & Inclusion (REDI) practices, if they have an anti-discrimination policy, & if they are serving clients that reflect the homeless population; 4) conducted an analysis of the Coordinated Entry priority list to identify if racial disparities existed comparing demographics of persons in shelter with persons on CE priority list. The CoC ensured their reps actively participated on the CARES of NY: Regional Racial Justice Advisory Committee (RRJAC) from its inception in August 2020. The RRJAC was formed to provide opportunities for CoCs & community members to engage in actionable systems change to address racial disparities. One such change includes the diversity assessment tool which tracks recruitment of board members that identify as BIPOC, persons w/ lived experience, persons w/disabilities &/or LGB-TGNC. The tool intends to ensure equitable representation of populations served w/in the homeless system. In early 2022, the RRJAC formed a Rank & Review workgroup w/ the purpose of developing questions for the 2022 Rank & Review tool that addressed racial disparities & racial inequities within program provision & outcomes. The CoC adopted these new questions in its ranking process. Lastly, the RRJAC Data workgroup conducted an analysis of NY503's CE priority list data to understand the impact race & ethnicity has for clients who remain on the CE priority list waiting for housing; the analysis revealed that BIPOC populations have longer wait times for housing placement.

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

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

(limit 2,500 characters)

The measures NY-503 has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance are 1) annual review and analysis of program data by race within HMIS 2) annual review of CE intake forms and training practices for points of entry, 3) review and analysis of CE program scoring, priorities, and wait times by race, and 4) implementation of a diversity assessment tool to ensure diversity at all levels of CoC operations. NY-503 has conducted an annual racial disparities analysis of its homeless programs for the last 5 years. Using available HMIS data to identify where disparities exist in the homeless system, the CoC compared racial breakdowns between the general population and homeless system population. Additionally, Regional Racial Justice Advisory Committee (RRJAC) analysis focused on admission and discharge data from the HMIS per program component type. More recently, since the inception of the RRJAC and with its guidance, the CoC has begun to review CE intake and training practices as a measure for tracking progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance. NY-503 is currently considering how they can incorporate geocoding into their assessment tool and scoring. Also, the RRJAC has encouraged CE lead entities to consider updating on-boarding and training protocols for staff who are conducting intakes for CE. Lastly, the RRJAC has begun working directly with CE lead entities of participating CoCs in the RRJAC to conduct an analysis of CE program scoring, priorities, and wait times by race. The diversity assessment tool is intended to ensure equitable representation of populations served w/in the homeless system. Persons with lived experience and who reflect the homeless population in disproportionate numbers are essential in the preventing and eliminating of disparities in the homeless system as they bring a perspective and insight that few others can offer. The tool is currently working toward diversity at the board level but will be used to ensure diversity at the client-facing level in the future.

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

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

(limit 2,500 characters)

The CoC's outreach efforts to engage persons w/lived experience and expertise of homelessness (PLEEH) in leadership roles & decision-making processes include: a) developing a workgroup of PLEEH to inform gaps in services; b) engaging CoC Board members to promote CoC participation w/clients/prior clients c) keeping CoC meeting info up-to-date on the CoC website; d) regularly assessing the level of participation among PLEEH in the CoC; & e) hosting a training for all providers on best practices & benefits for engaging PLEEH in CoC decision-making. a) The CoC is applying for the Special NOFO for Unsheltered and Rural Homelessness and has formed a committee to formally develop a workgroup of PLEEH to inform the application. The workgroup will be supported by the CoC after that application and tasked with providing feedback on CoC funding and program decision-making. Moving forward, the CoC will also host info sessions at drop-in centers to explain what the CoC is & how PLEEH can be involved in making decisions that will impact CoC funding allocations & project priorities. b) CoC Board members conduct targeted outreach to PLEEH from their own programs/agencies to fill board vacancies. c) The CoC conducts outreach by keeping up to date meeting & committee information on the CoC website & encouraging providers to refer clients to this info. d) To ensure ample participation of PLEEH in all levels of the CoC, this year, the CoC conducted a survey of board and membership demographics & areas of expertise. The Regional Racial Justice Advisory Co uses survey results to determine gaps in representation & provide recommendations to the CoC Board to address those gaps, including additional recruitment of PLEEH into leadership positions w/in the CoC. The CoC's annual membership app also asks for members to indicate if they have lived experience to ensure the CoC has an accurate accounting of who is participating in the CoC. e) Finally, the CA hosted for a training w/the CoC on best practices & benefits for engaging PLEEH in CoC decision-making, including how to appropriately compensate for time, solving barriers to participation, & a plan to start & maintain a robust committee of PLEEH in the CoC.

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

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

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

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

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

(limit 2,500 characters)

The CoC & CoC membership orgs provide professional development & employment opps to individuals w/lived experience (LE) of homelessness by 1) promoting connection between the CoC & employment agencies & 2) creating employment programs for those w/lived experience where there were gaps in such services. 1) The CoC continually reaches out to agencies whose experience/knowledge would promote linkages to employment opps for clients. Through outreach, Albany Community Action Partnership (ACAP), which offers employment training programs, became a member & now holds a seat on the CoC Board & participates in CE. Including agencies that focus on employment & training for their clients in membership & CoC leadership allows CoC providers to share professional development & employment resources w/ their clients/prior clients with LE of homelessness (i.e. those in PH programs or who have graduated from PH programs). 2) CoC member orgs have also created programs that directly connect individuals w/ LE of homelessness to employment. For example, Interfaith Partnership for the Homeless (IPH) hires those w/ LE or who are currently homeless as Albany Ambassadors, which provides hospitality services for local theaters in downtown Albany. The initiative provides an opportunity for people w/ LE (i.e. in IPH's PH programs) to build hard & soft skills, expand their resumes, & gain confidence. IPH also directly hires clients/prior clients within its agency to fulfill duties in the programs, facilities, and kitchens. Additionally, CARES of NY, Inc. (CARES), a PH provider & the Collaborative Applicant, received an American Rescue Plan Act (ARPA) allocation to develop a workforce development program for the community. This project, which will collaborate w/ the City of Albany's Career Central, will directly connect the employment & homeless housing systems to create a pathway for those w/ LE to enter and stay in the workforce. The project aims to build & improve the existing prevention, rapid rehousing, & emergency housing programs by linking all clients to new workforce supports. Participants will have access to one-on-one consults with an Executive Coach who will assist clients in removing barriers to entering & remaining in the workforce & provide scholarships for job related training in high demand occupations. Post pandemic, the CoC will continue promoting engagement w/ employment training orgs & direct development of employment opps. for persons w/ LE of homelessness.

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

Describe in the field below how your CoC:

1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)

1)The CoC routinely gathers feedback from persons w/ lived experience and expertise of homelessness (PLEEH) who have received assistance through CoC or ESG programs on their experience by: a) hosting client surveys & interviews to assess gaps in homeless services & areas for system improvement; & b) developing a committee of PLEEH to provide insights into the provision of homeless services in the CoC from the client perspective. a) The CoC Systems Committee (SC) regularly surveys & interviews clients accessing services at provider agencies to inform gaps in services, resource allocation (i.e. CoC Bonus, ARPA funds), & the CoC's foci to best address homelessness. Specifically, the SC collaboratively develops interview tools & engages shelter & PH providers to implement the tools onsite. This feedback is formally presented to the Board, informing the focus of CoC work & resource allocation. The CoC also annually (w/the exception of the last two pandemic years) assesses the CE system for accessibility, responsiveness, & effectiveness by surveying clients who are currently or were previously engaged in the CE priority list. b) The CoC is codifying this feedback process into a formal committee of PLEEH, which will be tasked w/ reviewing CoC funding priorities, leadership, & needed projects & making recs to the board to incorporate the perspectives of PLEEH. 2) The CoC has taken steps to address challenges raised by PLEEH by a) advocating for funding to directly address identified needs, b) developing &/or charging CoC committees w/actions to address identified needs, & c) updating CoC processes to reduce barriers to housing & services. To increase the amount of affordable housing & prev. financial assistance in the community, an issue identified by PLEEH through surveys & focus groups, the CoC advocated for City of Albany & NYS HOME-ARP funds to be allocated to such projects, & continually supports affordable housing development applicants w/ letters of support for NYS & federal funding. In response to PLEEH feedback that affordable housing units are challenging to find even w/ rental assistance in hand, the CoC created a Landlord Engagement workgroup to build relationships w/ landlords, creating a larger pool of available units. The CoC incorporates PLEEH feedback to update policies to reduce barriers to housing & services. Feedback from CE client surveys is discussed at CE Advisory Committee meetings & used to improve CE accessibility & intake processes.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1&2) The CoC has collaborated & provided feedback on actionable steps to reform zoning & land use policies to permit more housing & reducing regulatory barriers to housing development by a) advocating to local govts, b) advocating for zoning changes when developing housing, & c) providing data on housing needs. a) CoC members have engaged local govt officials & planning boards to advocate for the creation of new affordable housing by rezoning & reducing barriers to housing development. For example, the CoC member agency, United Tenants of Albany, engaged city council members on the effort to “ReZone Albany”. The CoC supported the city’s efforts to draft the most significant updates to the city’s zoning map in 40 years. As a result, overlay districts were approved resulting in development of new rental housing. b) Additionally, CoC agencies advocate for zoning changes & reduction of regulatory barriers when developing housing projects. Specifically, CoC member agencies partner with and/or develop affordable housing & work with local planning bodies to attain permits & approvals which include zoning variances. For example, IPH, a CoC-funded agency, successfully secured zoning variances to build additional units onto their Community Connections Center, a repurposed school that required zoning approvals from City Council. Similarly, CARES, the Collab App, educated both the Council & the public to get approvals for the Elm Street Project (15 units of PSH in a highly resourced community). The CoC as a whole collaborates with local coalitions to advocate for specific housing projects by providing support letters, attending public hearings, & providing written comments. Several affordable housing proposals in the CoC geographic area prompted CoC member orgs to become more involved in local efforts for zoning/regulatory changes or approval of projects. c) Using data & best practice research, the CoC also conducts outreach to educate localities & the public on the need for & value of additional affordable rental units. The CoC provides data from the Housing Inventory (HIC) & Point in Time (PIT) counts for housing needs assessments & Consolidated Plans. This HIC/PIT data & CoC system performance data (i.e. average length of time homeless & first-time homeless) demonstrate a need to create new affordable units & provides demographic information to ensure new housing units will fit the needs of the homeless & very low-income populations.

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

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

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

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

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/15/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

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

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

1.	What were the maximum number of points available for the renewal project form(s)?	166
2.	How many renewal projects did your CoC submit?	27
3.	What renewal project type did most applicants use?	PH-PSH

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

- Describe in the field below:
1. how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;
 2. how your CoC analyzed data regarding how long it takes to house people in permanent housing;
 3. how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
 4. considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1) The CoC collected & analyzed data on projects that successfully housed program participants in permanent housing (PH) using HMIS/CE project data (or a comparable database) to answer objective questions in the local Rank & Review (R&R) tool. Specifically, the tool scores on utilization, the number of chronically homeless (CH) persons served, positive outcomes, returns to homelessness, & income growth. The NOFA Committee updates the R&R tool, including data to assess project performance. The tool is approved by the Board, and HMIS pulls data or collects aggregate data from a VSP (a comparable database) & sends it to applicants to utilize when completing the local R&R tool. 2) This year, due to low vacancy rate as a result of the pandemic, the CoC did not include a specific question on the scoring tool regarding length of time between program entry and housing placement. However, CoC monitoring assessed each project's average length of time from clients' entry to housing placement, and such monitoring findings were scored as part of the local R&R tool. 3) The CoC considered the specific severity of needs when ranking projects by including quantitative (i.e. prioritizing specific populations) & qualitative questions within the R&R application process (including the application tools & interviews). Specifically, the R&R tool prioritized projects serving the chronically homeless, youth, veterans, or victims of DV. Through the narrative & interview portions of the R&R application, agencies explain and are able to recoup points based on unique client needs and vulnerabilities that may have impacted project performance. The CoC considers these factors to ensure effective prioritization & allocation of resources to serve those with the most severe service needs within the CoC's geographic area. The CoC also specifically included bonus questions on the local R&R tool for DV & Youth providers to explain positive outcomes that don't meet HUD's traditional definitions of positive outcomes. Att. 1E-2: Summary of Selection Criteria for R&R of Projects documents these practices. 4) The CoC considered the following severity of needs & vulnerabilities when ranking projects: CH, Veteran status, history of DV, severe mental illness, youth populations, low/no income, substance abuse and/or criminal history.

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

(limit 2,500 characters)

1) The CoC obtained & included input from persons of different races, particularly those over-represented in the local homeless pop, when determining rating factors used to review project apps by engaging the Regional Racial Justice Advisory Committee (RRJAC) in creating/editing Rank & Review (R&R) tool questions. As part of the RRJAC, the CoC works to identify & implement strategic initiatives that promote racial equity within the CoC & homeless services system. This year, the CoC worked w/the RRJAC to create/edit/review app questions from a Racial, Equity, Diversity & Inclusion (REDI) perspective. 2) Input from persons of different races affected how the CoC determined rating factors used to review project apps resulting in R&R tools that rated projects on their agency practices to a) increase racial equity & b) address existing racial disparities in the system. For example, the R&R tool asked agencies to attach anti-discrimination policies & if staff participated in DEI training. 3) The CoC included persons of different races, particularly those over-represented in the local homeless pop, in the review, selection, & ranking process by working with the RRJAC to engage a diverse CoC Membership, Board, & committees. The Committee promotes diversification & recruitment/inclusion of non-traditional agencies in local CoC bodies through regular assessment of current CoC member demographics and creation of CoC outreach/education materials. The CoC prioritized ensuring diversity within the NOFA Committee to ensure persons of different races were included in the review, selection & ranking process. This Committee is responsible for updating the renewal, new, & DV & HMIS/CE bonus apps for the NOFO competition. The committee, in turn, publicly posts all elements of the review, selection, & ranking process (i.e. R&R Written Process, tools, scores) to the CA's website & solicits feedback from the CoC's multifaceted Membership. 4) The CoC rated & ranked projects based on the degree to which projects have identified barriers to participation & have taken steps to eliminate those barriers by asking projects in the R&R tools a) to identify the degree to which program participants mirrored the homeless population; b) how they achieved equitable mirroring or how they plan to improve outreach & assess policies that may contribute to current racial disparity; c) to attach their agency's anti-discrimination policy; & d) if project staff participated in DEI training.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	
	Describe in the field below:	
	1. your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any projects through this process during your local competition this year;	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

The CoC considers candidates for reallocation due to low performance or less needed projects to make strategic improvements to the homeless system & reviews project performance to see if reallocation addresses community need. 1) The reallocation process starts with UFA Fiscal monitoring. The UFA Standard Operating Procedure (SOP) mandates annual fiscal monitoring. The Fiscal Committee (FC) identifies projects that have a history of inadequate financial mgmt. or recaptured funds & recommends reallocation of poor performing projects to the Board. The FC reviews expenditure percentages and SOP benchmarks to ensure all funds will be spent. If projects don't meet SOP benchmarks, agencies are required to explain. Additionally, the Rank & Review (R&R) tool is annually updated to assess projects on performance & local HUD priorities, including utilization, serving the chronically homeless, returns to homelessness, positive outcomes, client income growth, & serving local priority populations. The R&R Team flags projects that a) demonstrate ongoing poor project performance outcomes and b) consistently score low on the R&R tool. From R&R & monitoring, recommendations are made regarding reallocation to the Board. The Board makes the final decision to reallocate funding to create a new high performing project by reviewing the project's performance outcomes, populations served & the need for the project & shares its decision with CoC Membership. If a project is considered needed in the community (i.e. uniquely serves a hard-to-serve population), the Board works with the Collaborative Applicant to provide TA to the agency to address underperformance. If it is decided reallocation would be a better use of CoC funds to best serve homeless clients, funding is made available through the new project R&R process. 2&3) Using the process listed above, no projects were identified for reallocation this year. Between 2017-2022, a cumulative total of \$75,897 has been reallocated, equaling 1.5% of the CoC's 2017 ARD. This low percentage is a direct result of the CoC being a UFA. The UFA Redirect process ensures funds are seamlessly moved between projects as needed. 4) Through the local competition it was determined that all projects are high performing & address community needs. The need for each project is demonstrated by the fact that all current CoC projects actively accept the most vulnerable clients from the CE program.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes

3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/09/2022
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1E-5a.	Projects Accepted–Notification Outside of e-snaps. NOFO Section VII.B.2.g. You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/09/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects. NOFO Section VII.B.2.g. You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	
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	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application. NOFO Section VII.B.2.g. You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	
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	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/23/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website. NOFO Section VII.B.2.g. You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/23/2022
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	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 2022 HIC data into HDX.	04/26/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

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

(limit 2,500 characters)

The CoC and HMIS lead ensure DV housing and service providers in the CoC collect data in databases that meet HUD’s comparable database requirements by creating a regional DV Committee focused on this goal.

1) Specifically, the Collaborative Applicant, CARES of NY, Inc, engaged DV providers from a variety of CoC’s to form a Regional DV Committee. One of the main tasks of this Regional DV Committee was to ensure compliance within the comparable database and with the 2022 HMIS Data Standards. In order to meet this goal, CARES requested HUD TA for the Regional DV Committee, and was provided guidance on the requirements of a comparable DV database to meet 2022 HMIS data standards. This resulted in clarification of comparable database requirements and discussion on how as a CoC we can ensure compliance. All providers have completed an annual survey, which included questions regarding the name of their current comparable database and its reporting abilities. CARES of NY, Inc. (the HMIS Lead) vetted each identified software vendor to ensure each database is compliant. 2) With the guidance from HUD TA, our CoC DV providers are compliant with the 2022 HMIS Data Standards. At this time, the CoC’s DV Comparable database is Empower. Examples of compliance include submitting de-identified aggregate data to the CoC for inclusion in the Housing Inventory Chart and Point In Time Count ; and utilizing their data outcomes from DV providers in the Rank and Review tool. Additionally, CoC DV providers regularly perform CSV uploads for ESG-CV funding reporting as well as uploads to Sage for APRs.

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

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

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	328	30	174	58.39%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	166	0	71	42.77%
4. Rapid Re-Housing (RRH) beds	283	73	210	100.00%
5. Permanent Supportive Housing	813	0	813	100.00%
6. Other Permanent Housing (OPH)	7	0	0	0.00%

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

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

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

(limit 2,500 characters)

1) Over the next 12 months the CoC, Collaborative Applicant and HMIS lead will take the following steps to increase the bed coverage rate to at least 85% for the ES & TH project type by engaging the Capital City Rescue Mission to participate in HMIS. The Capital City Rescue Mission is a faith-based organization with large ES and TH programs, whose lack of participation in HMIS has resulted in the low bed coverage rates for these components. 2) Specifically, the HMIS Lead will continue working with the Department of Social Services (DSS) to retrieve data regarding persons referred to the Capital City Rescue Mission by DSS. It is believed that through this method a significant (60-80%) of the bed data from the Capital City Rescue Mission will be captured within the HMIS. The Collaborative Applicant, Board, and Operations Committee will simultaneously continue working with the Capital City Rescue Mission directly to 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 faith-based organization data into HMIS in order to collaborate with the Capital City Rescue Mission. Additionally, beds designated as OPH are Emergency Housing Voucher beds and are not required to be entered into the HMIS, however the Collaborative Applicant, Board, and HMIS Lead will work with the Housing Authority to come to a data entry agreement that includes data integration or direct data entry.

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

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

	Enter the date your CoC conducted its 2022 PIT count.	02/24/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/26/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

Describe in the field below how during the planning process for the 2022 PIT count your CoC:

1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

The CoC implemented measures in the planning process for the 2022 PIT Count to 1) engage RHY-funded/youth focused agencies, 2) engage homeless/formerly homeless youth to participate in the count, and 3) connect with stakeholders to identify hotspots or locations where homeless youth are most likely to be identified.

1) During the planning process for the 2022 PIT Count the Collaborative Applicant facilitated meetings with The Regional Advisory Board on Youth Homelessness, a group of key youth providers (i.e. McKinney-Vento liaisons, youth homeless providers, governmental bodies serving youth), to discuss ways to engage additional RHY funded/youth focused agencies to assist with the count and expand the geographic reach. The CoC has been successful in engaging Equinox, St. Anne's Institute, and St. Catherine's Center for Children, the primary youth homeless providers in the CoC, in the PIT Count. 2) The CoC involved homeless youth in the 2022 PIT count by: a) having providers survey clients at their youth agency drop-in centers to identify hot spots or locations where youth are likely to congregate and b) providing gift cards to youth as an incentive for participating and completing the survey on the day of the count. 3) The Lead Agency, Joseph's House engaged/trained in advance a wider range of community stake holders who encounter unsheltered homeless youth, such as law enforcement, faith-based organizations, soup kitchens/pantries, public libraries, and other human service providers to increase the identification of locations where unsheltered youth congregate. Additionally, the McKinney Vento Homeless liaisons assisted in identifying homeless youth within the school system.

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

(limit 2,500 characters)

1) From 2021-2022 the CoC implemented data quality actions to improve the validity of the sheltered PIT count; no methodology changes were made. Data quality changes included a) tailored technical assistance w/non-HMIS providers (i.e., Dept of Social Services (DSS) & DV providers) and b) improved HMIS training w/participating agencies. These data quality activities improved the validity of the count & played a role in confirming a reduction in shelter stays. Tailored technical assistance w/non-HMIS agencies improved data quality by confirming numbers submitted. 2) Similarly for the unsheltered PIT count, the CoC implemented data quality actions to improve the validity but made no methodology changes. The unsheltered PIT count was improved through a) increased/improved PIT count training, b) additional volunteers in 2022, & c) expanded coverage area. The expanded training/additional volunteers allowed the CoC to canvass additional areas, including hospital emergency rooms & rural communities in Albany County, resulting in identifying additional persons experiencing unsheltered homelessness. 1&2) The CoC has strengthened relationships w/non-HMIS agencies through their participation in CE, allowing for better collaboration during the PIT Count. Specifically, the CE Lead & Collaborative Applicant (CA) worked w/agencies who provide Code Blue (extreme weather) services, faith-based shelters, DSS, & DV shelters. Training focused on understanding that 100% data completeness for this vulnerable population, although important, was not necessary when reporting for the PIT count. Similarly, improved data quality training w/HMIS-participating agencies supported improved data collection & timely data submission. The CA, in coordination w/the HMIS Lead, organized/analyzed PIT data reports from HMIS, focusing on data quality/completeness, & had one-on-one phone calls w/providers to ensure timely data entry & data accuracy. Review of intake dates noted w/in HMIS ensured a proper count of those utilizing shelter services on the night of the count. This review & subsequent data correction by agencies resulted in a more accurate census count. 3) As the result of these improvements in data quality, the sheltered PIT count decreased from 674 in 2021 to 667 in 2022. As a result of the increased canvassing/training of volunteers in 2022, the unsheltered PIT count increased from 49 in 2021 to 67 in 2022.

2C. System Performance

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

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

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

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

(limit 2,500 characters)

The CoC continues to develop its process to determine risk factors used to identify persons that may become homeless for the first time, which has resulted in a decrease in the number of first time homeless between 2020 & 2021. 1) The process includes analyzing HMIS (Stella, SPMs, & CE) data & hosting community discussion to identify risk factors for becoming homeless for the first time. The Operations Committee is responsible for reviewing HMIS data (Stella, SPMs, CE) to identify & consider characteristics of those who are first-time homeless, including demographics, cause of homelessness, & disabling conditions as potential factors. Race & ethnicity of those who are first time homeless is assessed as the CoC/Regional Racial Justice Advisory Committee continues to identify ways to address the role structural racism plays in housing & eviction. The CoC also identifies factors contributing to first-time homelessness through community conversations & CE case conferencing with prevention providers, emergency shelters, Dept. of Social Services, & faith-based leaders. This qualitative info supplements HMIS data to create a holistic picture of local causes of first-time homelessness. 2) The CoC has developed four 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 & newly developed CE prevention referral protocols to support those households. The second strategy is to communicate risk factors for first time homelessness identified through data analysis w/CE. The CE committee utilizes this info to continually update the CE vulnerability index w/characteristics associated w/first time homelessness. The third strategy is to increase the amount of prevention funding available in the community on an ongoing basis (i.e. ESG-CV, ERAP, HOME-ARP), an essential component of increasing the number of households able to remain stably housed, preventing new episodes of homelessness. The final strategy is to increase the amount of affordable housing options for those at risk, such as through partnering with Albany Housing Authority to access Emergency Housing Vouchers (which served those at risk of homelessness) & advocating to the City of Albany for affordable housing dev through HOME-ARP funds. 3) The Operations Committee, which reports to the CoC Board, oversees these strategies.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

1) The CoC’s strategy to reduce the length of time (LOT) individuals and families remain homeless is three-fold: 1) increase the number of appropriate housing options through engagement with landlords, jurisdiction leaders, and other local stakeholders to communicate the need for affordable housing in Albany County and outline potential steps local leaders can take to increase affordable housing options 2) ensure CoC and program policies remove barriers to rapid housing and 3) efficiently coordinate housing opportunities through the CE system. To increase the number of appropriate housing options, the CoC creates more units within the system when funding is available and advocates for increasing permanent housing (PH) options. For example, the CoC advocated to the City of Albany to increase rental housing stock through HOME-ARP funding, supported Albany Housing Authority’s application for HUD’s Emergency Housing Vouchers, and prioritized ESG-CV funds for RRH programs. The CoC also supported members applying for State funding for construction and operation of PH units through letters of support. The CoC ensures private units are accessible in conjunction with rental assistance by building partnerships with landlords. Specifically, the CoC’s Landlord Engagement workgroup has worked to create a consolidated list of landlords with quality, affordable units available to streamline placement. The CoC then ensures households can rapidly access such housing by removing barriers to housing for the most vulnerable persons with the longest LOT homeless. To remove barriers to access housing, the CoC encourages Housing First (HF) policies within all programs; prioritizes HF projects through the Rank & Review process; and provides 1-on-1 technical assistance to hesitant providers on implementing HF. 2) The CoC identifies, prioritizes, and houses individuals and families with the longest LOT homeless through the CE system. During bi-weekly CE case conferencing, SO, ES, and PH staff discuss barriers to housing those who have remained homeless the longest. The CE Committee develops solutions to find the most immediately available appropriate housing for these individuals/families. These combined strategies of increased supply and prioritizing LOT on the CE list have lowered the average LOT homeless in the CoC. 3) The Operations and Systems Committees, which report to the CoC Board, oversee these strategies.

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

(limit 2,500 characters)

1) The CoC works to increase the rate that households in ES, SH, TH, & RRH exit to permanent housing destinations through several strategies, including a) connecting unsheltered persons w/ the most severe needs in ES to PH through an efficient & effective Coordinated Entry (CE) System; b) expanding housing opportunities through CE by partnering w/ non-CoC-funded agencies such as mental health housing (e.g., County Mental Health Dept.), substance disorder recovery housing (e.g., Office of Addiction Services), non-profit affordable housing (e.g., DePaul) & PHAs for project-based Housing Choice Vouchers & Emergency Housing Vouchers; c) connecting households to wrap-around services & benefits (e.g., Social Security, DSS rental allowance, substance abuse or mental health treatment); & d) connecting households to education/training/employment opportunities to increase earned income. These strategies ensure households are rapidly housed from ES, TH, SH and RRH, linked to affordable housing/supportive housing options & have the necessary income to pay rent and access support services w/in the community to ensure ongoing housing stability. 2) The CoC increases the rate households residing in PH retain housing or exit to PH (96% in FY21) through several successful strategies, including a) engaging w/ clients to ensure they are meeting individualized goals (e.g., physical/mental health appts, securing/maintaining employment) to remain stably housed; b) requesting & implementing HUD waivers to allow RRH households to receive RRH support for longer than 24 months when essential, c) implementing the CoC Moving On Strategy by providing pre-transition services (e.g., living skills training, employment, community integration supports) & strong aftercare supports to ensure successful transition from supportive housing; & d) partnering w/ affordable housing providers (e.g., working with PHA to prioritize those moving on for EHV) & cultivating relationships w/ local landlords to maintain an active list of apartment vacancies. The CoC Systems Committee has created a landlord engagement workgroup to identify landlords w/ available, quality, affordable housing. The workgroup is consolidating this information into a resource, which leads to more efficient housing placement & can allow clients to transition from PH to privately sustained housing. The Systems & CE committees, which report to the Board, oversee these strategies.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

The CoC identifies individuals & families who return to homelessness by analyzing quantitative data [i.e., HMIS and Coordinated Entry (CE)] & qualitative information (i.e., through CE case conferencing). System Performance Measures (Stella, CE) identify trends related to returns to homelessness, w/ a specific emphasis on assessing racial disparities in this data. The Regional Racial Justice Advisory Committee and CE Committee utilizes this data to assess potential variables influencing returns to homelessness and reports their analysis to the Board. The Operations Committee will continue to work with the HMIS Lead to conduct deeper dives into SPM and CE data, assessing commonalities 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 CE assessment and case conferencing. The CE assessment form asks about prior episodes of homelessness. During CE case conferencing, case managers discuss common barriers to remaining housed. This conferencing supports subsequent successful placement of households by addressing common needs among those who return to homelessness & specific needs of the individual households being rehoused. Trends/common factors related to returns to homelessness will be reported in quarterly reports from the CE Lead to the Board and Membership and will be used to influence edits to the CE tool to better prioritize housing & assistance.

2) The CoC’s strategy to reduce the rate of returns to homelessness is to continue fostering strong collaborations w/ systems partners, including eviction prevention providers, education and workforce development agencies, the local Dept. of Social Services, health/behavioral healthcare agencies, & DV providers. For example, outreach & shelter programs work to link clients to resources & create ongoing service plans and supports that will continue once clients are stably housed. These collaborations focus on developing linkages & resources to provide uninterrupted supports to households that are identified as at risk of returning to homelessness. Specific needs of households that have returned to homelessness are addressed through CE case conferencing, allowing for provider collaboration around the most effective housing & service plan to propose to the household.

3) Overseeing these strategies are the Operations, Systems, and CE Advisory Committees, which report to the Board.

2C-5.	Increasing Employment Cash Income–CoC’s Strategy.	
	NOFO Section VII.B.5.f.	
	In the field below:	
1.	describe your CoC’s strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.	

(limit 2,500 characters)

1) The CoC’s strategy to increase employment income is to a) educate providers on NYS benefits regulations relative to earned employment cash income through ongoing dialogue with local Departments of Social Services; and b) foster systems-level engagement with employers and mainstream employment organizations. Specifically, the CoC educates providers on NYS benefits by fostering regular dialogue between County Departments of Social Services and CoC providers on benefits regulations. This increases provider and client understanding of opportunities to maintain necessary benefits (e.g., TANF, SNAP, Medicaid, SSI/SSDI) while increasing employment. 2) The CoC also increases access to employment by partnering with mainstream employment agencies. The CoC makes direct referrals to the following agencies that provide free employment/education training: Albany Community Action Program (ACAP) and Albany County Career Central and One Stop Employment Center, all of which are creating pipelines to newly available career pathways due to pandemic-related economic shifts. Additionally, a local shelter and housing provider (IPH) offers employment opportunities through the Albany Ambassadors employment initiative, partnering with local theaters and business improvement districts where Ambassadors are paid to provide hospitality services to theater patrons and visitors to the downtown area. While the pandemic has slowed progress on collaboration between the CoC and workforce agencies, there is an MOU in place with several local workforce agencies (codified in 2019) that will be implemented when CoC resources permit. Through partnerships with the agencies mentioned above, the CoC will identify characteristics/qualifications of clients in CoC programs which seem to indicate the likelihood of their being successful in workforce agencies’ programs (including self-identification of readiness/desire for educational/employment training 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 agencies will assess progress on increased income on an annual basis; utilizing this information to make programmatic improvements. 3) The Operations and Systems Committees, which report to the Board, are responsible for overseeing these strategies to increase income from employment.

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

(limit 2,500 characters)

1) The CoC's strategy to increase access to non-employment cash income (NECI) for project participants is to a) build partnerships on clients' behalf with NECI providers; b) promote stimulus benefits (e.g., stimulus tax credits, increased SNAP benefits) info to all shelter and housing providers; and c) promote best practices in connecting clients to non-employment cash income (i.e. SOAR). The CoC also increases access to NECI through sharing of resources and inclusion of partners from healthcare, criminal justice, and other providers that intersect with homeless services to refer clients. a) The CoC developed systems-level coordination between the County Department of Social Services (DSS) and shelter and housing providers. DSS connect clients with necessary benefits (e.g., TANF, SNAP, rental and utilities assistance) and shelter/housing providers support clients in accessing such resources. At CoC Membership and Board meetings, DSS provides regular updates on any changes to benefits regulations or staffing structure, allowing for shelter and housing providers to efficiently support clients to increase non-employment cash income. The CoC also promotes materials that walk both providers and clients through how to access benefits at DSS, as well as clients' rights in accessing those benefits. b) The CoC also 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. c) Additionally, the CoC also encourages agencies during Membership meetings to access trainings hosted by the regional SOAR TA provider. The resulting increase in case managers attending SOAR training has ensured that clients throughout the community have access to SOAR trained case managers who work to increase access to SSI/SSDI. 2) The Operations and Systems Committees, which report to the Board, oversee these strategies to increase access to NECI.

3A. Coordination with Housing and Healthcare

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
UFA: Damien Cente...	PH-PSH	29	Both
UFA: IOV TH RH fo...	Joint TH-RRH	28	Both

3A-3. List of Projects.

1. What is the name of the new project? UFA: Damien Center Program 2022 Expansion (2022)
2. Enter the Unique Entity Identifier (UEI): LXNGE7LJSNM1
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 29
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? UFA: IOV TH RH for LGBTGNC (2022)
2. Enter the Unique Entity Identifier (UEI): LXNGE7LJSNM1
3. Select the new project type: Joint TH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 28
5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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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 2,500 characters)
 N/A

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

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

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

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

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

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

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

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

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants

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

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

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.e.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2022 Priority Listing.

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

You must click "Save" after selecting Yes for element 2 PH-RRH or Joint TH/RRH Component to view questions 4A-3b. through 4A-3h.

4A-2.	Information About the Project Applicant for the New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project.	
	NOFO Section II.B.11.(e)(2)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1.	Applicant Name	CARES of NY, Inc.
2.	Project Name	UFA: Equinox DV Coordinated Entry Project (2022)
3.	Project Ranking on Priority Listing	30
4.	Unique Entity Identifier (UEI)	LXNGE7LJNSM1
5.	Amount Requested	\$168,010

4A-2a.	Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.	
	NOFO Section II.B.11.(e)(2)(c)	

Describe in the field below:

1.	the inadequacies of your CoC's current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and
2.	how the proposed project addresses inadequacies identified in element 1 of this question.

(limit 2,500 characters)

1)The current Coordinated Entry (CE) system has inadequacies, specifically lack of funding for staffing, that limit its ability to best meet the needs of survivors of domestic violence, dating violence, sexual assault, and stalking. The Current CE project lacks the funding to hire additional staff /staff-time to complete the increased number of coordinated entry assessments in a timely manner resulting from the increase of survivors currently experiencing homelessness. Lack of staff impacts the current project's ability to give the attention and time needed to provide services to survivors waiting for housing on the CE list. Maintaining the necessary constant contact with those on the waitlist is critical to avoid clients being lost to service and ensure assessments are up to date and reflect the clients' current priorities. Staffing is also needed to maintain the DV CE priority list in the comparable database. This priority list must be well-managed with attention to detail ensure housing referrals to DV and mainstream housing agencies are made immediately and convey the survivors' priority needs. Finally, staffing is necessary to close the gap in training for mainstream providers on 1) completing CE assessments safely and with a trauma informed approach, 2) safety precautions and confidentiality requirements within the data base, and 3) how to develop and adhere to safety planning. 2) With the additional funding the CE DV project will be able to hire additional staff to address the gaps listed above. Additional staff will enable the project to provide targeted outreach to complete CE assessments, support the client through the entire CE journey from assessment to securing housing, track client's eligibility on the priority list and maintain the comparable database and train mainstream providers on best practices when working with DV survivors. Additional staffing for the new project will lead to reduced time for homeless survivors with better services focused on securing and maintaining permanent housing.

4A-2b.	Plan to Involve Survivors in Policy and Program Development in the New SSO-CE DV Bonus Project.	
	NOFO Section II.B.11.(e)(2)(d)	

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

(limit 2,500 characters)

Survivors with a range of lived experiences will be included in all phases in the development and operation of the new project. The CE Advisory Committee is required to conduct at minimum an annual evaluation of the current Coordinated Entry (CE) project and it will take on the evaluation responsibility of the new DV/CE project. The new project evaluation will mirror the CE evaluation process in place. The new evaluation will be based on survivor feedback via an anonymous feedback survey on their experiences navigating the CE process. Survivors will be asked about barriers and/or gaps in service they experienced that delayed or impeded their connection to housing and/or other services available to them while in the CE project. Survivors will be asked to make recommendations for additional support programs, improved methods of communication, changes to current rules and policies. Project staff along with CoC Board support will be held accountable to create opportunities to collaborate with survivors to secure the feedback listed above and create a meaningful role for their involvement in program development, respecting their lenses of experience.

Applicant Name
This list contains no items

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Renewal Project Application

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description: Web Posting–CoC-Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/16/2022
1B. Inclusive Structure	09/28/2022
1C. Coordination and Engagement	09/28/2022
1D. Coordination and Engagement Cont'd	09/28/2022
1E. Project Review/Ranking	09/28/2022
2A. HMIS Implementation	09/28/2022
2B. Point-in-Time (PIT) Count	09/28/2022
2C. System Performance	09/28/2022
3A. Coordination with Housing and Healthcare	09/28/2022
3B. Rehabilitation/New Construction Costs	09/28/2022
3C. Serving Homeless Under Other Federal Statutes	09/28/2022

4A. DV Bonus Project Applicants	09/28/2022
4B. Attachments Screen	09/28/2022
Submission Summary	No Input Required