

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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: NY-520 - Franklin, Essex Counties 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	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.	CDBG/HOME/ESG Entitlement Jurisdiction	Nonexistent	No	No
3.	Disability Advocates	Yes	Yes	No
4.	Disability Service Organizations	Yes	Yes	No
5.	EMS/Crisis Response Team(s)	Yes	Yes	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	No
7.	Hospital(s)	Yes	No	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	No
9.	Law Enforcement	No	No	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	No
11.	LGBTQ+ Service Organizations	Yes	Yes	No
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	No	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

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

1B-2.	Open Invitation for New Members.	
	NOFO Section V.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 and access for persons with disabilities, including the availability of accessible electronic formats; and
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 the CoC by a) sharing the invitation and New Member Application via the CoC’s website, b) asking listserv recipients to forward invitations, c) announcements at full Membership meetings encouraging current members to invite others, and d) phone conversations with key systems partners focusing on the benefits and responsibilities of CoC membership. The Membership Application is also posted year-round on the CoC’s website and accepted on a rolling basis. Additionally, to solicit new members to join the CoC, the CoC assesses current members and conducts targeted outreach. Specifically, on an annual basis, the CoC Board assesses what agencies participate in CoC Membership, on the Board, and on Committees, and identifies stakeholders missing from the CoC that should be engaged to support the community’s efforts to systematically address homelessness. Following, the Board creates an outreach plan in collaboration with the Collaborative Applicant. 2) The CoC ensures effective communication with and access for individuals with disabilities by sharing invitations/apps in a variety of accessible electronic formats, including the CoC webpage, which is responsive to screen reader software (e.g. accessibility tags to PDF documents) and email listservs. 3) The CoC has invited orgs serving culturally specific communities experiencing homelessness to become members by a) assessing representation at the Membership and Board levels through an annual Diversity Assessment tool and b) conducting targeted personal outreach when representation among orgs serving culturally specific communities experiencing homelessness is lacking. As a result of this targeted outreach, the CoC engages with the Saint Regis Mohawk Tribe and thus has increased its geographic area. Additionally, the Regional Racial Justice Advisory Committee (RRJAC) (on which the CoC participates) created and presented the CoC 101 series which provides a comprehensive overview of the CoC, its benefits and requirements to encourage diverse participation on membership and Board.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.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;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	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 orgs & individuals w/ knowledge of/interest in preventing & ending homelessness. Input is solicited from knowledgeable stakeholders (e.g., persons w/ lived experience, housing providers, physical/mental/behavioral health providers, law enforcement/parole, faith-based organizations, gov't agencies). Strategies to solicit opinions include web-based forums (e.g., interactive webinars/trainings, email listservs, email submission form on CA's website) regular interviews with current program clients & recruiting agencies to join the CoC/CoC Meetings. Specifically, the CoC has developed, presented at CoC Membership, recorded, & stored on its website for public viewing a CoC 101 presentation series to communicate info about the CoC to potential new members. The Collaborative Applicant (CA) leads a workshop series w/expert panelists from the community which is intended to solicit feedback & spark dialogue on topics relevant to the community. These workshops reach interested parties across the community through live streaming/archived video.

2) The CoC communicated info during public meetings &/or other forums year-round through direct community interaction (e.g., CoC Membership meetings held four times/year, web postings, email listservs).

3) The CoC ensures effective communication w/ & access for individuals w/disabilities through online, in-person, & public events and/or meetings by sharing info (invites/apps, workshops, solicitation for public input, etc.) 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), at housing &/or human services public events/venues, & email listservs.

4) Info gathered through all of this outreach is considered by the CoC to develop new approaches to prevent/end homelessness (e.g., engaged St. Regis Mohawk Tribe to apply for CoC funding as a result of direct outreach to engage the tribe as a partner & learning about the lack of housing resources; utilizing input at CoC membership meetings & funding forums to determine priorities for ESG, CoC). Minutes taken at every public meeting provide the CoC Board w/ opinions/topics to consider how further work may be assigned to one of five 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 V.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.	ensured effective communication and access for persons with disabilities, including the availability of accessible 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 public posting on the Collaborative Applicant's (CA's) website & listserv email announcement on 7/24/23. On 7/18/23, a public posting on the CA's website & an invitation via email explicitly targeted non-CoC funded organizations, community stakeholders and the public to participate in an in-depth discussion (via webinar on 7/25/23) about new CoC funding opportunities available this year. The discussion and question & answer were recorded and posted on the CA website on 7/26/23 for agencies/public to reference throughout the application process. The invitation to potential applicants stated that "[agencies] do not have to be currently CoC funded to apply." 2) All communications made clear that proposals must be submitted via email to the CA using the New Project, DV Bonus Project, or HMIS/CE Bonus Projects applications posted on the CA website. The 7/25/23 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/s apps would be submitted to HUD through public posting of the Written Process on the CoC website; announcements via the membership listserv; & by communicating local competition priorities and the Rank & Review (R&R) process during the new project webinar & Membership meetings. The CoC determines whether project/s will be submitted to HUD for funding using a CoC-created and approved R&R process that includes criteria to score all new projects based on local community need and HUD best practices; agency experience; equitable program outcomes; fiscal capacity; etc. The tool makes clear additional points are awarded to non CoC funded agencies. 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, closed captioning).

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 V.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)	Yes
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.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG Program 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 to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1) The CoC actively consulted in the planning and allocation of ESG funds with the New York State Office of Temporary and Disability Assistance (OTDA), the only recipient in the Continuum's geographic area. To determine allocation of ESG funds, OTDA staff utilized information from the CoC (through publicly posted data on the CoC's website). The CoC consulted with OTDA to review and comment on proposals and provided letters of support for those submitted. Several state ESG-funded agencies are actively involved in the CoC and consult with the Coordinated Entry and CoC on their proposed projects. 2) The CoC played a critical role in evaluating and reporting on ESG program performance via virtual program monitoring conducted by the Collaborative Applicant on behalf of the grantee (i.e., and OTDA). Specifically, the CoC assisted in developing ESG performance standards and reviewed project compliance via monitoring. The Collaborative Applicant, with the support of the CoC Operations Committee, developed the monitoring tool, reviewed monitoring results, and in collaboration with Collaborative Applicant Planning, HMIS, and Compliance staff, provided Technical Assistance to agencies needing support during monitoring. Monitoring results were also shared with subrecipients and OTDA. 3) The Collaborative Applicant and the CoC provided Point-in-Time (PIT) count and Housing Inventory Count (HIC), as well as HMIS/DV data to the Consolidated Plan jurisdictions within its geographic area via public posting on the CA website. 4) The CoC also provided HMIS-derived CAPERs and other relevant info to Consolidated Plan Jurisdictions to address homelessness within its geographic area for use in future Consolidated Plan updates and/or amendments. Information was available on the CA website for Consolidation Plan Jurisdictions to access any time.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.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.	Yes
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 questions or requesting technical assistance to resolve noncompliance by service providers.	No

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.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)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.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, State Education Agencies (SEA), Local Education Agencies (LEA), and School Districts by engaging such agencies to: a) fill out CoC Membership and Board applications (a formal agreement); b) participate in the Regional Advisory Board on Youth Homelessness; and c) formally partner during the annual Point- In-Time (PIT) Count. a) The CoC actively engages youth education providers, SEAs, LEAs, and School Districts to join the CoC and fill out formal CoC Membership/Board applications through annual one-on-one outreach by the Collaborative Applicant and CoC Board members. For example, the CoC recruited Adirondack Community Action Housing Assistance Program (ACAP, a local Head Start provider) and Housing Assistance Programs of Essex County (HAPEC, also a local Head Start provider) and Saranac Lake Youth Center (local special education provider) to join the CoC Board. b) The CoC also engages youth education providers, SEA, LEA, and school districts in monthly Regional Advisory Board on Youth Homelessness (RABYH) committee meetings, facilitated by the CoC’s Collaborative Applicant. RABYH is comprised of representatives from CoCs across upstate New York that formally join to work collaboratively to identify the extent of youth homelessness, advocate for additional resources, and address concerns identified regionally in programs and policies related to youth homelessness. Youth education providers, SEA, LEA, school districts, and others interested in ending youth homelessness created a systems map of services available to unaccompanied youth and youth experiencing homelessness regionally to assist in providing services swiftly to youth while minimizing the disruptions or disturbances to their education. Representatives for the Franklin/Essex CoC on the RABYH include youth service providers, such as Franklin Co Community Housing Coalition. c) Finally, the CoC annually formally partners with youth education providers and school districts by asking such agencies to commit in writing to conducting the annual PIT count. Specifically, the CoC collects data from participating youth education providers and school districts (i.e. McKinney-Vento School Liaisons) that report demographics on youth at-risk of or experiencing homelessness. This data, as well as trending data analyzed from the last several years, is used to inform the RABYH action plan for the upcoming year.

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

Describe in the field below written policies and procedures your CoC uses 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. CoC policy requires CoC providers serving households with children designate a specialized staff person as an educational liaison to inform individuals and families of their eligibility for schooling and to provide direct support to set 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 to be enrolled in school and connected to age-appropriate services in the community (e.g., Head Start, Public Pre-K, Individuals with Disabilities Education Act Part C: Infant & Toddler Program, McKinney Vento Education Services as well as county opportunities for High School Equivalency (HSE), job training, and higher education courses). 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, CoC agency staff are required to coordinate with McKinney-Vento Liaisons in families' existing school districts to coordinate transportation services and ongoing enrollment. The Regional Advisory Board on Youth Homelessness regularly conducts 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 a 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 V.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	No
8.	Public Pre-K	No	Yes

9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

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

(limit 2,500 characters)

The CoC regularly collaborates with NYS’s Domestic Violence Coalition, NYS’s Coalition Against Sexual Assault and other organizations that help survivors of DV to update CoC policies. These collaborations ensure that Victim Service Providers (VSPs) are informed and assist in the process of developing and updating CoC-wide policies and ensure that all housing and services provided in the CoC are trauma-informed and meet the needs of survivors who present at mainstream programs within the CoC. 1) Behavioral Health Services North-STOP DV, which is a VSP, CoC funded and part of the NYS DV and Sexual Assault Coalitions, actively participates on the Operations Committee and attends membership meetings. Behavioral Health Services North- STOP-DV has been involved in the process of reviewing and approving the CoC governance charter and Written Standards. Behavioral Health Services North-STOP DV works closely in the implementation of the DV CE with CARES of NY Inc., 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 processes within the CoC. 2) Training provided by state coalitions to domestic violence service providers, such as Behavioral Health Services North STOP-DV, ensures all housing and services provided in the CoC and funded through the CoC are trauma-informed and meet the needs of providers through annual and as-needed training. Past online training focused on victim services through trauma-informed screening and care. The DV Regional Advisory Board, comprised of VSPs across New York State hosts annual safety planning training to all CoC member providers on trauma-informed care & best practices to meet the needs of survivors. Policy adoption of a Housing First approach by all CoC-funded providers ensures that survivors presenting at any location will be served quickly and appropriately. Resources and training provided by state coalitions are shared at CoC membership and CE meetings. Finally, the CoC awards points in its NOFO Rank & Review process to agencies providing proof of trauma-informed care & provision of equitable services for staff.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.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), with participation of CoC members and the Regional DV Advisory Board (DV Board), coordinates with victim service providers (VSP) to offer annual trainings for CoC and Coordinated Entry (CE) staff. Training topics cover Trauma-Informed & Victim-Centered best practice approaches serving survivors of domestic violence, dating violence, sexual assault, and stalking. 1&2) This year, the CA hosted a safety planning training for CoC project and CE staff with a quiz at the end to ensure information retention. The training reinforced the importance of incorporating victim’s rights, voices and perspectives when assessing victims’ individual safety needs. Examples from this training include developing home visit protocol for project staff to ensure victim safety during the visits; information on orders of protection; and risks associated with referring clients to mainstream programs. The CA promoted HUD’s webinar series “Housing Services for Persons Impacted by DV and Sexual Assault” which detailed using a trauma informed approach in delivering all services. Other webinars are regularly posted on the CoC’s website, used by CoC and CE project staff, and publicized at CoC membership and CE meetings. 1) Annually, the CoC collaborates with Behavioral Health North, VSP, to develop trainings on Trauma-Informed care and Victim-Centered approaches. Behavioral Health North participates in the DV Council, comprised of providers across NY, that meets bimonthly. Examples of the DV’s Board’s work include reviewing and informing on the CoC’s Emergency Transfer Plan (ETP) before it is reviewed and adopted by the CoC. For example, the ETPs include eligibility for emergency transfers and outline protocols for confidentiality to ensure safety when rapidly re-housing DV Victims. 2) The CE Lead also hosts annual trainings for mainstream housing providers for protocols to minimize traumatization for survivors when completing the CoC CE assessment. Behavioral Health North’s participation in the CE program development has enhanced the process for victims of domestic violence, making it safer and more client driven. The CE Policies and Procedures Manual includes safety and confidentiality protocols for survivors applying for housing programs ensuring they are built on a trauma-informed, victim-centered lens.

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

(limit 2,500 characters)

The CoC's Coordinated Entry (CE) process includes policies & procedures related to 1) Safety protocols and, 2) 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 and 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) and 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) 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 prioritization index for a client to be completed w/out sensitive information being entered into the mainstream CE database. Additionally, the CoC CE confidentiality protocol requires each client participating within the CE project to complete the HMIS inclusion disclosure form. This document clearly informs clients of their rights surrounding data collection & entry, including the right to refuse entry into the HMIS & instead choose use of the comparable database w/ de-identified data. Another safety protocol that is used is the VAWA compliant informed consent forms; agencies are not allowed to discuss client specific information with a partner agency. 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-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used 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 three sources: a) comparable databases, such as Empower, (Behavioral Health Services North-STOP DV is the VSP that utilizes Empower), b) HMIS for DV clients that are not fleeing and choose to use the mainstream coordinated entry program, and c) data provided by DV and VSP’s who collect de-identified aggregate data outside of the comparable database (such as information from DV hotlines) to assess special needs related to DV, dating violence, sexual assault, & stalking survivors. CARES of NY organized and facilitates a Regional Domestic Violence Advisory Board (DV Board) 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. Currently the DV Board reviews APRs and collects CAPERs quarterly 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 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 DV. Data fields on the assessment include the number of episodes of homelessness, income, employment status, identified disability, & 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. The CoC also uses the de-identified aggregate data from DV agencies provided for the Rank and Review Process to inform Strategic Planning & local needs. 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-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

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

1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals’ and families’ emergency transfer requests.

(limit 2,500 characters)

1) The CoC communicates Emergency Transfer Plan (ETP) policies and procedures for survivors to all households seeking/receiving CoC Program assistance by posting the CoC's policies and procedures (including the ETP) on the CA website; 2) posting the process for individuals and families to request an emergency transfer and; 3) documenting the process the CoC uses to respond to transfer requests. The CoC provides training to CE providers on how to identify households who can benefit from the policy and how to discuss this process with households who request services. 1) The CoC has a Membership/Board approved ETP. The ETP is reviewed by both the CoC Board and Membership annually. During the review, members discuss the Plan including eligibility, documentation required, confidentiality/safety precautions and the transfer process itself. CoC members include private sector, healthcare, housing, faith based and advocacy groups that forward information to all those seeking/receiving CoC program funding assistance. DV providers educate the Board/Membership on the ETP policy and procedures. The ETP is posted on the CoC's website and updated as necessary. 2) To request an emergency transfer, a tenant must notify the housing program's administrator and submit a written request. The CoC's communicate this process to all households seeking/receiving CoC program assistance. The CoC DV-CE and mainstream CE programs are responsible for educating case managers participating in CE on the process to request an emergency transfer and take the lead with clients requesting transfers. Case managers (CM) inform those seeking/receiving CoC Program assistance on the emergency transfer process and work with case managers from the referral agency to ensure safety/confidentiality of the client 3)The CoC responds to a households emergency transfer request by quickly moving a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to the availability/safety of a unit. If the housing program the client currently resides in does not expect to have another unit available shortly, it will contact other housing programs to locate an available unit. De-identifiable information is provided to the referring agency. The CM working with those requesting an emergency transfer communicates with the case manager of the referral agency and initiates a warm hand off. This process will be documented within the Written Standards and reviewed a

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

Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

The CoC ensures survivors of domestic violence, dating violence, sexual assault or stalking are provided the same access to housing and services as all other populations experiencing homelessness within the CoC’s geographic area by operating and monitoring a coordinated DV and mainstream Coordinated Entry Program (CE). The coordination of both CE programs ensures the same access to all housing and services to survivors as all other populations experiencing homelessness—not just assistance from victim service organizations within the CoC’s geographic area. Behavioral Health North, the Victim Service Provider (VSP), and CARES of New York, who is both the DV CE and mainstream CE Lead, jointly host monthly case conferences with participating providers to review all clients placed on both CE priority list. Providers work directly with both CE Leads to ensure safety and confidentiality protocols are in place for all participants with a focus on the unique needs of survivors. 2) The CoC proactively identifies systemic barriers within the homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence sexual assault or stalking by a) ensuring regular assessment of the CE Policy and procedure manual which details safety planning protocol and b) by participating in and requesting feedback specifically regarding systemic barriers to housing from the DV Regional Advisory Board (DV Board). This Committee is comprised of representatives from 12 CoCs across NYS, many of whom are Survivors with Lived Expertise themselves, who work collaboratively w/ local CoC to directly inform CoC policy & program priorities & ensure survivor voices are heard. These proactive measures have allowed the CoC to better identify barriers and allowed mainstream and DV providers to better serve those in need.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC:

1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

The CoC ensures survivors w/ a range of lived expertise (LE) are involved in the development of CoC-wide policy & programs by ensuring safe recruitment & meaningful participation in the development of CoC policies & programs. 1 (1). Currently there are self-identified members with a range of (LE) within the CoC that participate on committees, including but not limited to committees that focus on the local Rank & Review (R&R) process &/or development of governance documents. 1 (2). The CoC safely engages & recruits SWLE through email promotion of board openings & 1-on-1 outreach by existing CoC members to SWLE. With all recruitment efforts, people are encouraged to self-identify as having (LE); disclosure is always voluntary. The CoC has extensive training opportunities to onboard SWLE recruited to participate in CoC activities including webinar series & individual training with board & current members. Currently, the CoC is identifying options for compensation for SWLE time spent on CoC activities (fiscal & non-fiscal) which SWLEs can choose. 1 (3) The CoC intentionally & meaningfully integrates survivors' feedback by participating in & requesting feedback from the DV Regional Advisory Committee (DVRAC). This Committee is comprised of representatives from at least 12 NYS CoCs, many of whom are SWLE themselves, who work collaboratively w/ local CoC to directly inform CoC policy & program priorities & ensure survivor voices are heard. An example of this collaboration is the direct feedback the group provided to the CoC on this years' R&R tool. 2. The CoC ensures the unique & complex needs of survivors are accounted for within program & policy development through recruitment of SWLE & through participation within the DVRAC. The CoC explicitly requests Board & CoC members preferred name & gender (only sharing this information w/ permission, & allows for multiple options for safe communication w/ all who participate (e.g. voice, text, email, fax, & paper mail). Any safety protocols suggested to ensure safety are followed, including name changes, exclusion from public postings, offering flexibility in meetings (i.e. hybrid options), & always ensuring consent from the survivor before SWLE status is disclosed or referenced in CoC work.

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

Describe in the field below:

1. how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;

2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
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)

1)The CoC regularly collaborates w/ LGBTQ+ & other orgs to update its CoC-wide anti-discrimination policy as included w/in the Written Standards by gathering stakeholder input throughout the year & during the annual review of the Written Standards, conducted by the Governance Committee. This process ensures all housing & services provided in the CoC are trauma-informed & able to meet the needs of the LGBTQ+ individuals & families. Specifically, the Collaborative Applicant (CA) reviews & recommends updates to the anti-discrimination policy to the Governance, Board, & Membership Committees annually. The committees make edits & vote to implement the policy, ensuring a comprehensive review by a myriad of agencies. 2) The CoC assisted providers in developing & implementing project-level anti-discrimination policies consistent w/ the CoC-wide policy by providing an agency-level policy template & offering providers TA during the development & implementing of the anti-discrimination policies. The CoC also assists agencies during project monitoring which includes a review of agency-level policies, including anti-discrimination to ensure alignment w/ CoC policies, HUD regulations, & best practices. 3) The CoC evaluates compliance w/ anti-discrimination policies during annual program monitoring, Rank & Review process, & CoC offered trainings. The annual monitoring process ensures agency-level anti-discrimination policies exist (& clearly detail information on who to contact if a client's civil rights are violated). The Rank & Review process provides further verification by requiring renewal project applicants to submit an up-to-date anti-discrimination policy w/ their application. Points are awarded to projects that have policies that affirm LGBTQ+ households will receive services & housing free from discrimination. Finally, CoC & ESG-funded agencies participate in annual, mandatory anti-discrimination training during which the CoC gauges if any concerns w/compliance exist. 4) The CoC's process for addressing non-compliance w/ the anti-discrimination policy as outlined in the Written Standards includes notifying the agency & scheduling technical assistance provided by the CA during which a corrective action plan is developed, implemented, & reviewed after 30 days. Non-compliance is indirectly addressed through the Rank & Review process, whereby renewal project apps will receive lower scores if up-to-date anti-discrimination policy are not in place.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.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 current 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 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
NYS Homes & Community Renewal	30%	Yes-HCV	No
Harrietstown Housing Authority	7%	Yes-Both	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.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)

1) The CoC has taken the following steps to strengthen existing relationships with the Harrietstown Housing Authority (HHA) & NYS Homes & Community Renewal (HCR), a Housing Choice Voucher administrator, which resulted in the adoption of a homeless preference in their admission policies: a) focus on relationship building to ensure PHA participation & collaboration with the CoC; & b) provide advocacy & education on homeless needs through data sharing. The CoC, through one-on-one meetings & email communication, encouraged PHA/HCV staff to participate in the CoC's Systems Mapping process. Data collected during the Systems Mapping process & collaboration between the CoC & PHA/HCV staff highlighted for PHA/HCV staff the current needs of the homeless population & the need for & benefits of creating & sustaining a homeless preference. Local Housing Choice Voucher administrators who are also CoC members were instrumental in advocating to HCR which resulted in the addition of a homeless preference to HCR's administrative plan in 2020. The addition of this preference resulted in an increase in the availability of PHA resources for those exiting homelessness (5% set aside) or exiting Rapid Rehousing projects (5% set aside) statewide. This collaborative relationship with HCR also enabled the development of the Emergency Housing Voucher Program in 2021 & subsequent implementation. Additionally, the CoC shares Point-in-Time & Homeless Management Information Systems (HMIS) data with the PHAs to a) review preference criteria to ensure they reflect local community needs; & b) educate administrators on the need of such policies. As a result of these efforts, the CoC has a robust pool of PHA resources (i.e. PHA preferences, EHV) 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.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section V.B.1.g.	
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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)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section V.B.1.g.	
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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)?	No
		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.	

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

PHA
NYS Housing Trust...

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

Name of PHA: NYS Housing Trust Fund Corporation

1D. Coordination and Engagement Cont'd

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.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 V.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 2023 CoC Program Competition.	6
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 2023 CoC Program Competition that have adopted the Housing First approach.	5
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 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	83%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are 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 your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1&3) The CoC regularly evaluates every project to ensure those checking Housing First on project applications carry out its core principles through Coordinated Entry (CE), training & Technical Assistance (TA), the local CoC Competition, and Project Monitoring. The CoC continually evaluates Housing First (HF) practices outside the local competition through monthly CE [i.e., Single Point of Access (SPOA) or CE case review] meetings which allow members to assess in real time (peer-to-peer) if projects consistently adhere to the HF approach. When necessary, after meetings, the CE Lead [in collaboration with the Collaborative Applicant (CA)] follows up with any agencies/projects struggling to consistently apply HF practices to provide individualized training/TA to ensure project-based and system-wide adherence. The CoC’s annual Renewal & New/Bonus Rank & Review tools include point-bearing questions regarding applicants’ commitment to implementing Housing First (e.g., not requiring service participation or preconditions of program participants). Additionally, annual CoC project monitoring includes an initial review of HF practices (based on HUD’s HF Checklist) and, in alternating years, a more in-depth evaluation using HUD’s HF Assessment Tool. Projects out of compliance are issued concerns/findings and provided individualized training/TA. 2) The list of factors and performance indicators used by the CoC to evaluate the extent to which local programs implement HF include ensuring a) program access and continuation is not contingent on current or past substance use, treatment completion, service participation, income requirements, criminal record, or history of victimization (e.g., domestic violence, childhood abuse); 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 (though not required) and grounded in the harm-reduction model; d) programs provide tenants flexibility to pay their portion of rent (on time), offering payment plans and/or financial management assistance as needed; and e) every effort is made to avoid returns to homelessness through program discharge (i.e., coordinating transfers to new housing/services through referrals & CE).

1D-3.	Street Outreach—Scope.	
	NOFO Section V.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 and engage all persons experiencing unsheltered homelessness include A) street canvassing within local cities and) coordinating with providers businesses, police, and hospitals across the CoC to ensure there is coordination for services with the outreach teams when persons experiencing unsheltered homelessness are identified. The CoC connects with the VA Outreach Program and Health Care for Homeless Veterans (HCHV). These outreach teams identify and engage unsheltered homeless veterans and connect them to veteran services and housing. The CoC also maintains a strong relationship with County Mental Health which administers an Assertive Community Treatment program (ACT), a multidisciplinary team that engages unsheltered persons experiencing mental health crises. Finally, the Department of Social Services in each county has a 24/7 call line that is promoted to businesses, hospitals, etc. to call should they encounter someone experiencing unsheltered homeless. The DSSs then immediately work with police to transport the individual/household to an available hotel/motel for sheltering and provides basic necessity items and ongoing support with temporary assistance applications and connection to services. 2) The CoC provides street outreach throughout 60% of its geographic area (Franklin and Essex Counties), focusing services primarily w/in the densely populated villages, towns, and surrounding areas. 40% of the CoC’s geographic area is inaccessible to street outreach workers because it is mountainous terrain (Adirondack Mountains), rivers, and lakes. Thus, the CoC provides outreach to 100% of the accessible geographic area of the CoC. 3) Large scale outreach methods are conducted at least annually through the Unsheltered Point-In-Time Count, but daily for specific populations (e.g., veterans and persons living with mental illness or substance use). 4) The CoC targets its street outreach to persons least likely to request assistance by utilizing client-centered, trauma-informed approaches in engagement, including a) hiring staff with lived experience to conduct outreach; b) identifying locations most visited by the unsheltered (i.e. public libraries, laundromats, convenience stores, outside churches, parks); c) building trust over time through consistent engagement; and d) providing translation services and other accommodations (i.e. braille, sign-language interpreters) as needed to effectively communicate.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.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:

	Your CoC’s Strategies	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)		

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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

	HIC Longitudinal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	Longitudinal HMIS Data	170	249

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.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:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.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, SSDI, 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 information on mainstream resources available for programs/participants during quarterly Membership meetings. Agencies including non CoC members, are invited to provide updates, thus increasing the breadth of knowledge of resources available. Examples include Depts of Social Services (SNAP, TANF, Medicaid, Employment, etc.); food pantries; Behavioral Health Services North-mental health (MH); Stop DV- DV, youth; Soldier On- veteran providers; Mental Health Assn in Essex County- MH & St. Joseph’s Addiction Treatment & Recovery Center (St. Joe’s)- substance use disorder (SUD) programs; & Adirondack Health Institute- Health Homes/Medicaid Case Mgmt programs. The CoC also updates its members on changes in accessing/utilizing mainstream resources via email. If a change in referral or access to resources requires additional TA for agencies to enact, the CA provides webinars as needed. 2)The CoC collaborates with healthcare orgs to assist program participants with receiving healthcare services (i.e. SUD & MH treatment) by engaging healthcare partners, both CoC/non CoC members, to present at membership meetings. The CoC engages local Medicaid/Medicare administrators, Managed Care Orgs (MCOs), & Healthcare Navigators to educate providers on eligibility criteria, plan options, preventative practices (i.e., smoking cessation support), health literacy, accessing enrollment/plan support, & accessing healthcare (medical transportation). The CoC also hosts healthcare providers (i.e., St. Joe’s; local Co. Depts of Mental Health) at Membership meetings, to present on available services. This info is communicated directly to program staff, who then connect clients w/appropriate healthcare services. 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. On an annual basis, the CA provides TA to new project applicants on how to coordinate with healthcare providers to ensure program participants can receive necessary healthcare services. 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 V.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 advocated to 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, the only non-congregate shelters in the CoC's geographic area focus on serving victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking. 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 Collaborative Applicant organized a meeting between several CoCs in Upstate NY and NYS Homes & Community Renewal (HCR) to discuss how to best allocate these funds to address homelessness and housing instability, including advocating for non-congregate shelter. This advocacy resulted in NYS allocating \$7 million of its HOME-ARP allocated funds to development of non-congregate shelter. 2) Additionally, as a right to shelter state, if shelter beds are not available, the Counties Departments 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. As a result, 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 V.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 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 edited its Coordinated Entry Policies and Procedures and Prioritization Index to prioritize persons who are sick/quarantined or economically impacted by infectious diseases such as COVID-19. Additionally, the Collaborative Applicant is the lead agency on a statewide project in partnership with the Department of Health (DOH) and the University of Rochester to develop health policies, distribute PPE and cleaning supplies, and disseminate information on preventing outbreaks and the spread of infectious diseases in emergency shelters. Results and policies that have been created through this partnership will be shared with the CoC and incorporated into applicable CoC practices. The CoC will continue to collaborate w/state & local public health agencies to craft responsive CoC-wide Policies and Procedures that prioritize care through the lens of infectious disease prevention (i.e. safety measures, quarantine protocols), ensuring the CoC has a coordinated response to future infectious disease outbreaks. 2) The CoC effectively collaborates with state & local public health agencies to prevent infectious disease outbreaks among people experiencing homelessness primarily through sharing info/resources at CoC Membership meetings & ensuring representation from state and local public health officials at meetings. For example, a) the Dept. of Health and local Dept. of Social Services for both counties share info at Membership meetings and via email on health services available (i.e. info related to reducing the spread of COVID, flu); b) agencies that work primarily w/clients w/disabling conditions present resources at CoC membership meetings on supporting immunocompromised clients; & c) the CA shares updates related to the DOH statewide project that prevents infections in emergency shelters project. Together, development of infectious disease procedures & resource sharing has resulted in a community of providers that are well-informed & prepared to respond to ongoing/future public health crises.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases. NOFO Section V.B.1.o.	
Describe in the field below how your CoC:		
1.	shared information related to public health measures and homelessness, and	
2.	facilitated 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)

1) The CoC shares info related to public health measures & homelessness by promoting best practices collected through a) Collaborative Applicant (CA) partnership w/ the Dept. of Health (DOH); & b) sharing timely public health information through regular emails to membership. 1) The CA supports direct service providers by processing & filtering all the updated public health/safety guidance/restrictions provided by the CDC, HUD, & state/local health depts through regular email communication and website updates. The CA also shares new public health measures related to homelessness through a partnership with the state DOH to disseminate supplies and research health measures to mitigate infectious disease for both sheltered & unsheltered populations. Through this partnership, the CA will develop policies and procedures w/ the University of Rochester to equip outreach programs, shelters & housing providers w/ strategies and best practices to limit and prevent infectious disease outbreaks. The CA will continue sharing necessary public health measures through emails and its up-to-date website. For pressing updates (i.e., vaccine availability, infectious disease protocols, COVID waves), 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 hosting online dialogues w/public health experts at Board & Membership meetings. At membership meetings, outreach providers have the opportunity to share best practices, trends they are seeing in the community, and concerns related to street homelessness & the rise of infectious diseases (i.e. COVID, flu season, and the return of Code Blue temps). The CoC brainstorms resources, strategies that have worked in other areas of the state, & possible next steps to address these concerns. The CoC hosts virtual/hybrid Board & Membership meetings that include presentations by public health agencies. Emergency shelter & housing providers share best practices/resources on ensuring staff & client safety compliance, reducing vaccine hesitancy, etc. The CA will continue hosting workshops and meetings that include public health officials to educate the community & prevent infectious disease outbreaks.

1D-9.	Centralized or Coordinated Entry System—Assessment Process.	
	NOFO Section V.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 Franklin/Essex Coordinated Entry system (CES) is a “No Wrong Door” system reaching homeless households covering 100 percent of the CoC’s accessible geographic area. Agencies serving as Points of Entry (POE) for the system include outreach services, emergency shelters, housing providers and local departments of social services. The breadth of the system is captured by the CE 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 exists and areas without access to emergency shelter. 2)The CoC uses a standardized assessment process and tool. The CoC updates the tool and process to ensure consistency with HUD requirements and meet local needs. The assessment process prioritizes people in greatest need of assistance via a prioritization score, including homeless chronicity, disability, and legal system involvement. Participant prioritization is verified by the CE Committee which reviews the list at monthly case conferences to ensure prioritization is given to those with the most severe service needs. 3) The CoC assesses the CES using feedback from participating providers/households participating in CE and reviews data from the CE/HMIS programs. During these meetings the process is discussed, and the tool is reviewed. The committee looks at current needs 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 obtain housing, ensure equity and informs necessary changes to the process/tool. In addition, the CoC Board acts as the CES Evaluation Entity. They are tasked with using participant/provider data to measure the functioning of the CES. To measure functioning and effectiveness, they developed a survey to evaluate the CES. This survey tool is completed by participating providers/households that have participated in CE to gauge the effectiveness/efficiency of the CE process and the results are used to inform changes.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.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 peer referrals. 2) The CoC prioritizes those 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, mental/physical health barriers and prior legal system involvement to ensure persons with the greatest service need, most barriers or highest needs 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/contact quickly shares the person’s intake information for housing services with the CE Lead and referral agencies. The 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 NY 520 CoC has reduced the burdens of those using the CES by adopting a “No Wrong Door” system which allows individuals 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 Departments of Social Services. The no wrong door system 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 alleviates the burden on 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, utilizing one application for all housing opportunities ensures the client will not be answering the same question multiple times or collecting duplicate documentation. The CE committee meets regularly to review the process, exclude invasive questions and ensure it remains client centered and efficient as possible.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1) Through its Coordinated Entry System (CES) the NY 520 CoC affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness by employing marketing strategies that are designed to be inclusive and considerate of the diverse population of individuals experiencing homelessness. The CoC partners with community agencies including translation and disability service providers to ensure that marketing materials are available in commonly spoken languages within the community and accessible to individuals with disabilities. The CoC also uses a variety of outreach channels to maximize its reach. This includes online platforms, social media, community events, and collaboration with local service providers specifically those outreaching to the BIPOC and LGBTQ+ communities. 2) All marketing materials explicitly state the CoC’s commitment to fair housing and non-discrimination, as well as clearly communicate the eligibility criteria for accessing housing and services within the CoC. The CoC also collaborates with community organizations, advocacy groups, and service providers including Legal Aid that educate CES providers and program participants of their rights and remedies available to them under federal, state, and local fair housing and civil rights laws. Legal Aid also conducts an annual training session open to the entire CoC, focusing on educating participants about fair housing principles, laws, and available courses of action. 3) The CoCs strategy for reporting observed conditions or actions that impede fair housing includes actively monitoring its coordinated entry system and participating programs to identify any conditions or actions that could potentially impede fair housing choice for program participants. This includes discriminatory practices, barriers to access, or any actions that hinder equal opportunity and the housing first principle. If the CES identifies such conditions or actions, it would be documented and communicated to the CoC as well as the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan. The CoC will continue to monitor its coordinated entry system and programs to ensure that fair housing principles are upheld.

1D-10.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.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–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.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 has made a commitment to identify and eradicate racial disparities in the provision and outcome of homeless assistance. 1) NY-520's process for analyzing racial disparities in the provision and outcomes of homeless assistance includes an analysis of homeless services within the CoC. This analysis is commissioned by the Regional Racial Justice Advisory Committee (RRJAC); a regional committee comprised of 11 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 RRJAC is to serve local CoCs 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 and CE Leads, the RRJAC Data workgroup reviews this data with a racial equity lens and then presents findings to the Board and Membership. Findings are made accessible online via a PowerPoint for full community transparency. Specific data points that indicate the presence of racial disparities are highlighted and discussed with the Board and Membership. The HMIS data analysis was modeled after the data sources and analysis of HUD's recommended Racial Equity Analysis Tool, in collaboration with RRJAC members. In the most recent analysis, the RRJAC focused most heavily on Coordinated Entry data, including destinations by race.) 2) The analysis, identified the following disparities: Black or African Americans made up 12% of the clients in Emergency shelters and outreach. However Black or African Americans made up 3% of those on the Coordinated Entry Waitlist. Additionally, regarding housing referrals from Coordinated Entry, a relatively low proportion of Black or African American clients on the Coordinated Entry priority list were referred to Permanent Supportive Housing, as white clients accounted for 98% of all Permanent Supportive Housing admissions. These results can indicate that Black or African American clients are underrepresented in Coordinated Entry, and that there is racial disparity in Permanent Supportive Housing referrals.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.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.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

CE data indicates disparities in the provision/outcomes of homeless assistance. Analysis indicates Black & African American clients are underrepresented on the CE priority list compared to the homeless population (sheltered & unsheltered), & that persons on the CE priority list & the percentage of Permanent Supportive Housing referrals per race reflect disparity compared to the CoC's homeless population. The CoC & local homeless providers have taken the following steps to address these disparities, 1) conducted an analysis of CoC governing documents & Board composition. 2) updated the Rank & Review (R&R) tool to focus on racial equity and 2) conducted an analysis of Coordinated Entry data. 1) The CoC participated in a regional Summit which produced racial equity related policy recommendations. CoC bylaws & written standards were updated to include a commitment to center client voices in the creation of CoC policies with the goal of creating more racially equitable service provider practices. These changes to the CoC mission informed updates made to the CE written standards, intended to directly increase equity in housing outcomes. As part of the actions resulting from the Summit, the Regional Racial Justice Advisory Committee (RRJAC) & NY-520 also analyzed the demographic composition of the CoC Board by distributing the diversity assessment tool which tracks recruitment of Board members that identify as BIPOC & persons w/ lived experience. The tool intends to ensure equitable representation on the Board of pops served w/in the homeless system, which will also lead to more racially equitable homeless service provision through changes to CoC policy & provider practices. 2) The RRJAC reviewed the R&R tool for its level of emphasis on racial equity within agencies. The Committee provided edits regarding agencies' racial equity statement that requires agencies to have an anti-discrimination policy that is transparent, public, & enforced within CoC agencies. The CoC took the RRJAC's edits into account when updating their tool. 3) The RRJAC Data workgroup conducted further analysis of NY-520'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 pops have longer wait times for housing placement. These results will be used to inform updates to the CE intake tool to address the causes of the racial disparities identified within the next six months.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC uses.	

(limit 2,500 characters)

Analysis completed by NY-520 indicates disparities in the provision/outcomes of homeless assistance. Analysis indicates Black & African American clients are underrepresented on the CE priority list compared to the homeless population (sheltered and unsheltered), and that persons on the CE priority list & the percentage of PSH referrals per race reflect disparity compared to the CoC's homeless population. 1) Measures currently being used to track progress on preventing or eliminating disparity are a) tracking successful placements within the CE program by race, b) tracking the number of positive PSH program connections by race, and c) tracking the average length of stay on the CE list by race. These measures are used to illustrate whether positive and efficient housing outcomes on the CE list are proportional to the population size of each racial group. The CoC participates in the Regional Racial Justice Advisory Committee (RRJAC), a regional committee comprised of 11 New York State CoC 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 CoCs as a primary resource and catalyst for the work of racial justice within the homeless service system. The collection of these measures was requested by the RRJAC to be analyzed per each participating community. The RRJAC plans to conduct this data collection annually for each community, including NY-520. 2) The tools the CoC uses to measure and track progress are locally derived analysis platforms that utilize HMIS and CE data. The data analysis was modeled after the data sources and analysis of HUD's recommended Racial Equity Analysis Tool. The data analysis of NY-520 and all RRJAC communities are collected into a shared Excel sheet, which includes data visualizations. The RRJAC disseminates the results of this tool yearly to its members. The RRJAC references this tool to measure the effectiveness of the systems change put into effect to eradicate racial disparities within service and outcomes.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.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 making processes was prioritized this pass year and includes: a) the development of a Persons with Lived Experience Advisory Committee; b) promotion of open board positions to those with lived experience via direct client outreach c) ensuring transparent and publicly posted Membership and Committee information for full public participation a) In collaboration with the Regional Racial Justice Advisory Committee (RRJAC), the CoC has taken the first steps to develop a Persons with Lived Experience Advisory Committee, which is intended to provide policy recommendations to the Board, that make CoC policies reflect the experience of its clients. The PLEEH Advisory Committee will be advertised via the dissemination of a written survey to clients within CoC agencies. The survey will ask clients general questions about their experience with CoC services, as well as if they are interested in joining the Advisory Committee. The PLEEH Advisory Committee will be tasked with analyzing specific CoC policies for areas of improvement, which will be used to inform board decisions. b) The CoC Board promoted open seats via Board and Membership meetings and emphasized the recruitment of those with lived experience for the board. CoC members were also encouraged to promote the open board seats throughout their networks to those with lived experience. CoC Board members conduct targeted outreach to PLEEH from their own programs/agencies to fill board vacancies. c) The CoC also conducts outreach by keeping up to date membership meetings & committee information on the CoC website & encouraging providers to refer clients to this information. Open Committee meetings are publicized, and important Committee information is featured on the Collaborative Applicant website.

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

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
 Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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 in the decisionmaking processes related to addressing homelessness.	0	0
2.	Participate on CoC committees, subcommittees, or workgroups.	0	0
3.	Included in the development or revision of your CoC's local competition rating factors.	0	0
4.	Included in the development or revision of your CoC's coordinated entry process.	0	0

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.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 organizations provide professional development & employment opportunities to individuals with lived experience of homelessness by 1) promoting connection between the CoC & employment agencies and; 2) creating employment programs for those with 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 opportunities for clients. For example, through outreach, Community Connections of Franklin County (CCFC), which offers employment training programs, became a member. Including agencies that foster employment opportunities for people with lived experience and CoC leadership allows CoC providers to share professional development and employment resources with their clients/prior clients with lived experience of homelessness (i.e. CCFC through a contract with Franklin County-Dept. of Social Services offers employment classes to the homeless population such as but not limited to how to complete an application, interviewing skills, dress for success and more). 2) CoC member organizations have also created programs that directly connect individuals with lived experience of homelessness to employment. For example, Community Connections of Franklin County hires those with lived experience of homelessness or who are currently homeless as Peer Specialists. These positions assist others in the community who are experiencing homelessness. The initiative provides an opportunity for people with lived experience to build hard & soft skills, & gain confidence. Community Connections has several positions available for people with lived experience such as but not limited to, Peer Advocate Specialist, Peer Mutual Support Specialist, Family Support Advocate, Peer Warm Line Specialist, Peer Homeless Specialist, and Peer CORE Specialist. Community Connections is a peer run, peer driven agency with a focus of believing everyone can be trained to utilize their lived experiences to help others in the community.

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

Describe in the field below:	
1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1 & 2) The CoC routinely gathers feedback from persons with lived experience of homelessness (PWLE) who received assistance through CoC/ESG programs by: a) administering client surveys & hosting interviews to assess gaps in homeless services & areas for system improvement; & b) developing a committee of PWLE to provide insights into the provision of homeless services in the CoC from the client perspective. a) CoC member agencies conducted focus groups & surveyed clients accessing services at provider agencies to identify gaps in services, how funds should be spent, (i.e. CoC Bonus), & the CoC's strategies to best address homelessness. The CoC also included a question on the local Rank & Review tool about how agencies collect & implement feedback from their clients as a means to encourage agency participation in client engagement. Information from this data collection was formally presented to the Board, informing the focus of CoC work & resource allocation. The CoC also annually assesses the CE system for accessibility, responsiveness, & effectiveness by surveying clients who are/were previously on the CE priority list. b) The CoC encourages PWLE of homelessness to join the Board through targeted outreach. Moving forward, the CoC is developing a formal system to gather feedback from PWLE that will help inform CoC funding priorities, who should be included in leadership, & what projects are needed to have an impact. 3) The CoC has taken steps to address challenges raised by PWLE by a) advocating for funding to 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 & prevention assistance in the community, an issue identified by PWLE through surveys & focus groups, the CoC advocated for NYS HOME-ARP funds to be allocated to fund prevention & support affordable housing dev. In response to PWLE feedback that affordable housing units are challenging to find even w/ rental assistance in hand, the CoC Systems Committee has been working to cultivate new relationships w/ landlords and create a larger pool of readily available units. In terms of updating processes, 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 V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to 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 engaged local governments, meeting with elected/non-elected officials within the last 12 months to reform zoning and land use policies to permit more housing and reduce regulatory barriers to housing development by taking the following steps: a) advocating to local governments and Boards for zoning changes when developing housing, & b) providing data on housing needs. a) In the last 12 months, CoC members have engaged local government officials to advocate for the creation of new affordable housing by rezoning and reducing barriers to housing development in local jurisdictions. Additionally, CoC agencies advocate for zoning changes and reduction of regulatory barriers when developing housing projects. Specifically, CoC member agencies partner with local planning bodies and/or develop affordable housing to attain permits and approvals which include zoning variances. For example, Citizens Advocates & the CoC successfully advocated & supported the redevelopment of a 30-unit building located on Mainstreet in the Town of Malone. The 30 unit project attained required municipal approvals to create new affordable rental housing with the CoC advocacy & support. Similarly, HAPEC, also a CoC member, has been advocating to local officials to gain approval to demolish and dispose of sub-standard owner occupied mobile homes and replace them with new manufactured single family homes utilizing CDBG funds. Additionally, the CoC as a whole collaborates and partners with local coalitions to advocate for specific housing projects by providing support letters, attending public hearings, and providing written comments. Specifically, several affordable housing proposals in the CoC geographic area prompted CoC member organizations to become more involved in local efforts for zoning/regulatory changes or approval of projects. b) 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) and Point in Time (PIT) counts for housing needs assessments and Consolidated Plans. This HIC/PIT data and CoC system performance data (i.e. average length of time homeless and first-time homeless) demonstrate a need to create new affordable units and provides demographic information to ensure new housing units will fit the needs of the homeless and very low-income population.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	07/24/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	06/07/2023

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 V.B.2.a., 2.b., 2.c., 2.d., and 2.e. 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:	
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1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	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
6.	Provided points for projects based on the degree the projects 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.	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 V.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)?	212
2.	How many renewal projects did your CoC submit?	6
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 V.B.2.d.	

Describe in the field below:

1.	how your CoC 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, & income growth. The Operations Committee updates the R&R tool, including data to assess project performance. The tool is approved by the Board & the HMIS Lead 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) The CoC assessed the length of time between program entry & housing placement using APR data & narrative to explain how projects move clients quickly into housing. 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, victims of DV, and those with severe barriers to accessing services. Through the narrative & interview portions of the R&R application, agencies explain and can recoup points based on unique client needs & vulnerabilities that may have impacted project performance, such as preventing rapid placement in permanent housing & housing stability. 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. The corresponding attachment, 1E-2 documents these practices. 4) The CoC considered the following severity of needs & vulnerabilities when ranking projects: CH, Veteran status, history of DV, youth, and client's severe service needs. The local R&R interview process also allowed for agencies to explain how serving those with the most severe service needs impacted their performance levels & could recoup points through that explanation.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
NOFO Section V.B.2.e.		
Describe in the field below:		
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	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. Currently, Black or African American individuals are overrepresented in the CoC’s HMIS at 4%, compared to 1.6% of the general population. 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 increase racial equity & address existing racial disparities in the system. The CoC included persons of different races, particularly those identified as over-represented in the local homelessness pop, in the review, selection & ranking process by working w/ the RRJAC to ensure a diverse CoC Membership, Board & committees. The Committee promotes diversification through regular assessment of current CoC member demographics & creation of CoC outreach/education materials. The CoC prioritized ensuring diversity within the review team to ensure persons of different races were included in the review, selection & ranking process. This team is responsible for scoring the renewal, new, DV & HMIS/CE bonus apps for the NOFO competition. The CoC does not currently survey for the percentage of BIPOC individuals involved in the R&R process, but it intends to do so next year. 3)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. It should be noted that 9% of the CoC’s R&R tool questions focus on steps agencies are taking to eliminate barriers to racial equity.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC’s 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 determines candidates for reallocation due to low performance or less needed projects as a tool to make strategic improvements to the homeless system. 1) The reallocation process is outlined in the Rank & Review (R&R) Written Process, which is reviewed, updated, posted for public comment, and approved by Operations Committee and CoC Board on an annual basis. The process starts with UFA fiscal monitoring as mandated by the UFA Standard Operating Procedures (SOP). The Fiscal Committee (FC) regularly reviews expenditure percentages & SOP benchmarks to ensure all funds will be spent, identifies projects that have a history of inadequate financial management or recaptured funds, and recommends reallocation of poor performing projects to the Board. The Operations Committee flag projects that demonstrate inadequate financial management, a history of expending funds on ineligible activities, a history of returning funds that could have been utilized, ongoing poor project performance outcomes, and consistently low scores on the R&R tool. From R&R and 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 and the need for the project and 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) The CoC did not identify any low performing or less needed projects through this process this year. High project performance was demonstrated through R&R and monitoring, and the need for each project is demonstrated by CoC projects actively accepting clients w/ severe service needs from the CE priority list. 3) As such, no projects were identified for reallocation during the local competition. Between 2018-2023, no CoC funding has been reallocated. This is a direct result of the CoC being a UFA, which ensures funds are seamlessly moved between projects as needed. 4) Through the local competition it was determined not only that all projects are high performing, but that they are also fulfilling needs within the community.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/01/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/21/2023
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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 V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/21/2023
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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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 Technology
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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 V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/26/2023
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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 V.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 HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 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 attending a Regional Domestic Violence Advisory Board (DV Board). This DV Board's priority is to ensure this compliance and offer technical assistance if needed. 1) Specifically, the Collaborative Applicant, CARES of NY, Inc, engaged DV providers from a variety of CoC's that they work with to form a Regional DV Committee. One task of this Regional DV Committee was to ensure compliance within the comparable database and with the 2022 HMIS Data Standards. To meet this goal, CARES requested HUD TA for the Regional DV Committee, and was provided such guidance. This TA resulted in clarification of comparable database requirements and discussion on how CoCs can ensure compliance. All providers completed an annual survey, asking 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&3) With the guidance from HUD TA and CoC oversight, our CoC DV providers are compliant with the 2022 HMIS Data Standards. Currently, the CoC's DV Comparable database is Netsmart's Avatar. 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 the data 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 V.B.3.c. and V.B.7.

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	17	5	0	0.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	0	0	0	
4. Rapid Re-Housing (RRH) beds	27	0	27	100.00%
5. Permanent Supportive Housing (PSH) beds	22	0	22	100.00%
6. Other Permanent Housing (OPH) beds	2	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 V.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 step to increase the bed coverage rate to at least 85% for the ES project type. The Collaborative Applicant and HMIS Lead, in coordination with the CoC Board and Operations Committee, will engage Mohawk Indian Housing’s McGee Road Apartments (12 ES beds) to add their Emergency Shelter beds to HMIS.

2) Specifically, the Collaborative Applicant, Board, and Operations Committee will continue to work with Mohawk Indian housing directly to 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 tribal organization data into HMIS in order to collaborate with Mohawk Indian Housing.

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 participate in some way with the HMIS.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC’s FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/26/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/26/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

Describe in the field below how your CoC:

- | | |
|----|---|
| 1. | engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process; |
| 2. | worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and |
| 3. | included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count. |

(limit 2,500 characters)

The CoC implemented measures in the planning process for the 2023 PIT Count to 1) engage unaccompanied youth and RHY-funded/youth focused agencies, 2) connect with unaccompanied youth and youth serving organizations to identify hotspots or locations where homeless youth are most likely to be identified, and 3) engage youth experiencing homelessness as counters during the unsheltered Point in Time (PIT) Count. 1) During the planning process for the 2023 PIT Count, the Collaborative Applicant facilitated meetings with the Unsheltered PIT Lead and the Regional Advisory Board on Youth Homelessness (RABYH), a group of key RHY-funded agencies, McKinney-Vento Homeless Liaisons, and youth-focused service providers to discuss ways to engage additional RHY funded/youth focused agencies to expand the geographic reach and recruit volunteers focused on surveying youth during the count. As a result of this collaborative planning effort between mainstream housing providers, youth serving agencies, and the RABYH, a list of best practices was created and integrated into the CoC PIT Lead training. 2) This collaborative planning effort between the unsheltered PIT Lead and youth serving organizations also resulted in selecting locations where homeless youth are most likely to be identified during the PIT count. Specifically, youth serving organizations reported hotspots that were collected by surveying youth & unaccompanied youth during outreach shifts, at schools, or at agency drop-in centers. Youth serving agencies relayed these identified hotspots reported by youth/unaccompanied youth when planning for the annual PIT count. 3) The Collaborative Applicant & Lead Agency engaged/trained in advance a wide range of community stakeholders who encounter unsheltered homeless youth, such as law enforcement, faith-based organizations, soup kitchens/pantries, public libraries, and other human service providers to encourage youth experiencing homelessness to participate as counters during the unsheltered Point in Time Count. Additionally, the McKinney-Vento Homeless liaisons assisted in identifying homeless youth within the school system to participate.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.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 2022 and 2023, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, 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 2023.	

(limit 2,500 characters)

1) From 2022 to 2023 the CoC implemented data quality actions to improve the validity of the sheltered PIT count; no methodology changes were made. The data quality changes included a) tailored technical assistance w/ non-HMIS providers (i.e., DV providers) & b) improved HMIS training w/ participating HMIS agencies. These data quality activities improved the validity of the count & played a role in accurately identifying the increase in shelter stays on the night of the count. Specifically, tailored technical assistance w/ non-HMIS agencies improved data quality by confirming numbers submitted. The CoC has strengthened relationships w/ non-HMIS agencies through their participation in Coordinated Entry, allowing for better collaboration during the PIT Count. Specifically, the CE Lead & Collaborative Applicant worked w/ agencies who provide Code Blue (extreme weather) services, faith-based shelters, Department of Social Services (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 Collaborative Applicant, in coordination w/ the HMIS Lead, organized & analyzed PIT data reports from the HMIS, focusing on data quality & completeness, & had one-on-one phone calls w/ each provider to ensure timely data entry & data accuracy. Review of intake dates noted within 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. 2) Similarly for the unsheltered PIT count, the CoC implemented data quality actions to improve the validity of the unsheltered PIT count & no methodology changes were made. The unsheltered PIT count was improved between 2022 & 2023 through increased/improved PIT count training to ensure de-duplication & effective interview techniques. 3) As a result of these improvements in data quality, the sheltered PIT count increased from 43 in 2022 to 60 in 2023. As a result of the increased/improved training of volunteers in 2023, the unsheltered PIT count increased from zero in 2022 to 3 in 2023.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

The CoC continues to develop its process to determine risk factors used to identify persons that become homeless for the first time, with the goal to decrease the number of first time homeless from year to year. 1) The process includes analyzing HMIS & LSA (Stella, SPMs, & CE) data & hosting community discussions 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. 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. These strategies include a) to educate community providers who serve populations w/ the most severe service needs (i.e. prevention providers, food pantries, health clinics) about risk factors & newly developed CE prevention referral protocols to support those households; b) to communicate risk factors for first time homelessness identified through data analysis with CE. The CE committee utilizes this info to continually update the CE prioritization index w/characteristics associated with first time homelessness; c) to increase the amount of prevention funding available in the community on an ongoing basis (i.e. HOME-ARP), an essential component of increasing the number of households able to remain stably housed, preventing new episodes of homelessness; & d)to increase the amount of affordable housing options for those at risk, such as through partnering with NYS to access Emergency Housing Vouchers (which serves those at risk of homelessness) & advocating to NYS for affordable housing development through HOME-ARP funds. 3) The Operations Committee, which reports to the CoC Board, oversees these strategies.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	No

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.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;	
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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 & families remain homeless includes: a) increase the number of appropriate housing options by advocating for additional affordable housing development, engaging systems of care that provide housing (DV, Mental Health, PHAs, etc.) & engaging landlords in the two-county region; b) ensure CoC & program policies remove barriers to rapid housing & c) coordinate housing opportunities through the Coordinated Entry (CE) system. The CoC routinely advocates for & supports the increase of permanent housing options. For example, the CoC supported NYS Empire State Supportive Housing Initiative (ESSHI) apps for PSH; is partnering w/ the State to implement HUD's Emergency Housing Voucher (EHV); & strategically coordinated new funding sources (NYS Rental Supplement Program) to provide new tenant based rental assistance to homeless households. Additionally, the CoC's System Committee has worked to educate landlords on housing subsidy programs & code enforcement regulations to increase the number of landlords w/ quality units willing to prioritize households w/ rental assistance. The CoC also provides letters of support to local projects that increase affordable housing options. To implement policies to remove barriers to housing, the CoC encourages Housing First HF policies w/i all programs & prioritizes HF projects through the Rank and Review process and provides one-on-one TA w/ housing providers on implementing HF. The CE system works to reduce LOT homeless by including LOT as a prioritizing criterion w/i the CE's prioritization process. These strategies result in an increase in immediate housing opportunities for homeless households. 2) The CoC identifies, prioritizes, & houses individuals & families w/ the longest LOT homeless through the CE system. During bi-weekly CE case conferencing, staff discuss barriers to housing those who have remained homeless the longest. The CE Committee develops creative/alternative solutions to finding the most immediate/appropriate housing for these households. The CoC also engages non-CoC-funded housing providers (e.g. OMH Housing) to increase the number of appropriate housing options to those coming through CE. The CoC also collabs w/ affordable housing developers who then work w/ support services agencies in the CoC to provide PSH. 3) The Operations and CE 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 V.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 developed strategies to increase the rate at which households in ES, SH, TH and RRH exit to permanent housing destinations. Current strategies include a) connecting unsheltered persons and those with the most severe service needs in ES to PH through an efficient and effective Coordinated Entry (CE) System; b) expanding housing opportunities through CE by forging partnerships with non-CoC-funded entities (e.g., affordable housing providers); c) connecting households to housing subsidies (e.g., PHA, EHV); d) connecting households to wrap-around services and benefits (e.g., Social Security, DSS rental allowance, substance use disorder or mental health treatment); and e) connecting households to education/employment training opportunities to improve earned income (e.g., One Work Source). These combined strategies ensure households are linked to affordable housing options, have the necessary income to access that housing, and have support services w/i the community to ensure ongoing housing stability. Additionally, CoC agencies have aggressively applied for NYS ESSHI & Rental Supplement Program funds that provide ongoing funding for rental assistance/support for homeless persons w/disabilities. 2) The CoC increases the rate households residing in PH retain housing or exit to PH through several successful strategies, including a) engaging with clients to ensure they are meeting their individualized goals and remain stably housed; b) implementing the CoC Moving On Strategy by providing pre-transition services to ensure a successful transition (e.g., life skills training, employment, community integration supports, strong aftercare supports); and c) partnering with affordable housing providers, such as Malone Housing Authority and cultivating relationships with local landlords to maintain an active list of apartment vacancies. Specifically, the Systems Committee is working to identify landlords with available, quality, and affordable housing, which leads to more efficient housing placement and can allow clients to transition from PH to privately sustained housing. These strategies ensure clients in PSH programs are supported to maintain housing while fostering opportunities for greater independence w/i the community. 3) The Systems Committee is responsible for overseeing the CoC's strategies to increase the rate that individuals and families exit to or retain permanent housing.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.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)

1) The CoC identifies individuals and families who return to homelessness by analyzing quantitative data [i.e., HMIS and Coordinated Entry (CE)] and qualitative information (i.e., through CE). Specifically, System Performance Measures (SPM, Stella, CE) are reviewed with the Operations Committee, identifying trends related to returns to homelessness. The Operations Committee utilizes this data to assess potential causes for increases/decreases in returns to homelessness. 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, cause of homelessness, and race. The CoC also identifies persons who return to homelessness through the CE assessment and case conferencing. Specifically, the CE assessment form asks about prior episodes of homelessness. During CE case conferencing, case managers discuss common barriers to remaining housed. This conferencing supports subsequent successful placement of households. Trends/common factors related to returns to homelessness will be reported bi-monthly from the CE & HMIS Leads to the Board and Membership and will be used to influence edits to the CE tool to better prioritize housing and assistance. 2) The CoC's strategy to reduce the rate of returns to homelessness is to continue fostering strong collaborations with systems partners including eviction prevention providers, education and workforce development agencies, the local Department of Social Services, health/behavioral healthcare agencies, and DV providers. These collaborations focus on developing linkages and resources to provide uninterrupted necessary support to households who are identified as at risk of returning to homelessness. 3) Overseeing these strategies are the Operations, Systems and Coordinated Entry Committees, which report to the Board.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.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 employment 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 local Departments of Social Service and CoC providers on benefits regulations. This increases provider, and in turn client understanding of opportunities to maintain necessary benefits (e.g., TANF, SNAP, Medicaid, SSI/SSDI) while increasing employment. 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: Community Connections, Career Visions, ACCES-VR, and One Work Source. These referrals are creating a pipeline to newly available career pathways due to local and national economic shifts. Additionally, there is an MOU in place with several local workforce agencies (codified in 2019) that will be implemented when CoC resources permit. Through the partnerships with the agencies mentioned above, the CoC will identify characteristics/qualifications of persons with lived experience 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. Moving forward, the CoC and workforce agency will assess progress on increased income on an annual basis; utilizing this information to make programmatic improvements. 3) The Systems Committee, which reports to the Board, is responsible for overseeing these strategies to increase income from employment.

2C-5a.	Increasing Non-employment Cash Income–CoC’s Strategy	
	NOFO Section V.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 foster systems level engagement with non-employment cash income providers; promote benefits info to all shelter and housing providers; and increase access to NECI through sharing of resources and inclusion of partners from healthcare, the legal system, and other providers that intersect with homeless services, so they have the resources and knowledge to refer clients to appropriate sources for NECI. The CoC developed systems-level coordination between the counties Departments of Social Services (DSSs) and shelter and housing providers. DSSs connect clients with necessary benefits (e.g., TANF, SNAP, rental & utilities assistance). Shelter/housing providers advocate on households’ behalf to access all the available non-employment cash income through DSS. At CoC Membership and Board meetings, DSS provides regular updates on changes to benefits regulations or staffing structure, allowing for shelter and housing providers to efficiently work with clients to increase non-employment cash income. The CoC promotes resources for accessing benefits, regulatory updates, and agency updates on the Collaborative Applicant website and at CoC Membership meetings, providing shelter and housing providers with necessary updates on qualifications and steps for accessing benefits, which is in turn shared with clients. The CoC’s strategy to increase access to non-employment cash sources includes promoting access to non-employment cash income providers and training on best practices (e.g., SOAR). The CoC promotes access to income providers (e.g., DSS) by promoting materials that walk both providers and clients through accessing benefits at DSS, as well as clients’ rights in accessing those benefits. DSS staff actively participate in committees, allowing for direct communication about any changes impacting access to DSS services. The CoC encourages agencies during Membership meetings to access trainings hosted by the regional SOAR TA provider. 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 Systems Committee is responsible for overseeing the CoC’s strategies to increase non-employment cash income.

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.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 V.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 V.B.6.a. and V.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 520 Bonus New...	PH-RRH	8	Both

3A-3. List of Projects.

1. What is the name of the new project? UFA 520 Bonus New Days Housing Initiative
2023

2. Enter the Unique Entity Identifier (UEI): LXNGE7LJSNM1

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 8

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.F.	

	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 V.F.	

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 for New DV Bonus Funding

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

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 2023 Priority Listing.

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

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

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

1.	Enter the number of survivors that need housing or services:	149
2.	Enter the number of survivors your CoC is currently serving:	11
3.	Unmet Need:	138

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	
	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1) The CoC calculated the number of survivors needing housing and/or services in the question above to be 138 by aggregating data from multiple programs captured in an HMIS comparable database. 2) STOP Domestic Violence/Behavioral Health Services North, Inc. is the primary Domestic Violence (DV) and Victim Service Provider covering the CoC's entire geographic area and is the administrator of the CoC's entire HMIS comparable database. Data was also collected from the CoC's HMIS Coordinated Entry project which indicates clients who report DV while seeking housing and services through the CoC. 2) STOP DV utilizes Netsmart's Avatar database which ensures deduplication of data. Programs included in these calculations include a) Support Services (individual DV counseling, case management, support groups); b) Addiction and Recovery Services; c) Court Advocacy; d) Emergency Shelter; and e) CoC and non-CoC permanent housing. The CoC Coordinated Entry project is housed within the HMIS and identifies individuals who disclose domestic violence and are seeking housing and services but are not presently engaged with a domestic violence service provider or they opt to participate in the standard Coordinated Entry system 3) The CoC is unable to meet the needs of all DV survivors due to insufficient funding for rental assistance, which this proposed project will solve. Furthermore, a significant barrier to addressing the needs of all DV survivors in this region is the scarcity of affordable housing, a problem that was intensified by the pandemic and NYS' eviction moratorium and has not seen any improvement. Additionally, there are few apartments with safe, adequate living conditions at Fair Market Rent (FMR) available in the community. Increased funding will provide extra housing options for clients and bridge the current gap in funding to support dedicated staff who can advocate for clients and devote their full time to assisting with housing searches. The above factors, in addition to the challenges survivors already experience when searching for housing because of their abuse (e.g., lack of/poor credit, rental/employment histories) have made securing safe, affordable housing extremely difficult.

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

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

Applicant Name
CARES of NY, Inc.

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

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

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	CARES of NY, Inc.
2.	Project Name	UFA 520 Bonus New Days Housing Initiative 2023
3.	Project Rank on the Priority Listing	8DE
4.	Unique Entity Identifier (UEI)	LXNGE7LJSNM1
5.	Amount Requested	\$47,362
6.	Rate of Housing Placement of DV Survivors–Percentage	67%
7.	Rate of Housing Retention of DV Survivors–Percentage	100%

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

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

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

(limit 1,500 characters)

1)The rate of housing placement was calculated by comparing the number of persons who reported being homeless or living in unstable or temporary housing with the number of persons who relocated to safe housing placements. The rate of housing retention was calculated by comparing the number of persons in DV housing projects to the number of persons who remained in those projects or exited to a safe housing destination 2) The rates reported are reflective of clients who exited to what is considered a safe housing destination (separate from that of their abuser). 3)All information was pulled from Netsmart's Avatar database.

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

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

(limit 2,500 characters)

1) STOP DV ensures survivors experiencing homelessness are quickly placed into safe affordable housing by conducting the DV Coordinated Entry (CE) Assessment for appropriate placement. The Assessment evaluates vulnerability, and screens for support/ rapid re-housing needs. 2) The CE tool prioritizes survivors for housing assistance and guarantees survivors with the most severe needs are housed first. The agency also implements the CoC's approved Emergency Transfer Plan. The Plan defines household eligibility; describes confidentiality protections; and details how a transfer occurs. The Plan ensures survivors are prioritized for mainstream housing options within the CoC. Transfers can also be made outside the CoC if in the best interest of the client. 3) Staff ensure that during intake, and throughout all counseling/ case management meetings, that survivor requests for support and/or advocacy are documented, scheduled, and provided as needed to meet their goals. Survivors work with staff to set goals for themselves and their children, and advocates provide resources, information, and referrals to ensure that goals are met within a reasonable time frame. During intake and at regularly scheduled follow-up meetings, staff provide survivors with a full scope of services available to them. 4) Staff connect survivors to supportive services through the DV Hotline; Non-residential DV Services; Court Advocacy; and DV Shelter. The hotline connects clients to services and provides referrals. Staff also support survivors during court proceedings to seek orders of protection, temporary custody, and supervised visitation. The DV Shelter focuses services on safety planning, behavioral health, and housing search/placement. Additional services include developing safety/service plans and connecting to appropriate supportive services. 5) STOP DV moves clients from assisted housing to permanent housing they can maintain by securing wraparound services/income for households. At intake, staff develop a plan with survivors to maintain their housing after termination of the rent subsidy. This affordability plan includes getting on public housing waitlists, establishing services at the local one stop career center, establishing/ increasing earned income, connecting with DSS for rental assistance/childcare subsidies, and other means to afford housing. Staff also ensure survivors are connected to all medical and behavioral supports to help with housing stability after discharge.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1) STOP DV ensures DV survivors' safety by setting up office space to ensure maximum privacy and confidentiality. All intakes are conducted by phone or in person in private spaces using white noise machines and/or physical barriers between interview areas. In addition, intakes/interviews are conducted with the client alone, because sometimes survivors present for services with their abusive partners; this creates conditions that allow for safe disclosure of domestic/sexual violence; and allow for the development of safety plans to include specific interventions based on individual circumstances. 2) Staff work with survivors to identify potential safety concerns in scattered sites by identifying locations a) not known by abuser; and b) where survivors have a nearby social support network. 3) Additionally, staff ensure safety plans are modified for new situations (e.g., new job, abuser released from custody). In addition, STOP DV uses nondisclosure agreements with landlords and other providers to keep the home (or shelter) address off all documents. Mail for clients can be sent directly to the agency for forwarding to the client or the clients may utilize the NYS Address Confidentiality Program which ensures survivors' physical addresses are not revealed and provides an anonymous address for survivors to use for all mail which increases their safety. 4) STOP DV guarantees survivor safety by mandating staff training in safety planning. Staff members undergo quarterly training sessions, which are conducted by both the agency and external community organizations, focusing on best practices including confidentiality policies and procedures. Additionally, the collaborative applicant offers an accessible training resource on its website for the entire CoC. 5) Staff work with survivors to identify barriers to feeling safe in scattered site housing by discussing how to quickly reach emergency exits, use of appropriate lighting, and utilization of locked doors and windows. If any barriers are identified, STOP DV staff work with the survivor and landlord to ensure all physical safety issues are addressed. In addition, staff work with survivors to identify various forms of communication in the event of safety emergencies.

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

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

(limit 2,500 characters)

STOP DV evaluated its ability to ensure the safety of DV survivors by developing and operating a program delivery system built on quality control and regulatory compliance with its project. The agency has experience providing DV-dedicated housing and services and will build on this resume of experience for the new project. STOP DV maintains policies and procedures that set clear guidelines for client confidentiality and site safety. Using these documented guidelines, STOP DV program Director evaluates regulatory compliance with VAWA, VOCA, FFVPSA and HUD statutes. The Team Leader is also responsible for training staff on safety planning and providing oversight of these same staff to ensure regulatory compliance in providing services to survivors. The agency ensures physical safety measures by complying with state and federal regulations for site-based programs. The New York State Office of Family and Children Services conducts annual inspections of the agency shelter to ensure it meets all safety and security measures. For scattered site programs, the agency will maintain survivor safety by keeping locations confidential and utilizing the CoC Emergency Transfer Plan, when units are available, if a survivor's safety is threatened. If in the best interest of the client (and through collaboration with partner CoC agencies), survivors can also be placed in other CoC geographies. Safety planning is a tool critical to protecting survivors, and staff help develop and regularly reassess the safety plan with each survivor to ensure it is up to date and addresses any new safety concerns.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

STOP DV Staff have extensive experience using trauma-informed, victim-centered approaches to meet the needs of DV survivors. 1) The agency prioritizes survivor housing preferences for placement through the DV Coordinated Entry (CE) process and the mainstream CE process which supports stabilization by ensuring survivors are involved in making their housing choice leading to a greater chance of stability. Survivors can voice their wishes and needs for both housing and services when completing the CE tool to inform the housing match. Clients choose where they want their housing and services to be managed – DV CE or mainstream CE and regardless of their decision, both DV and mainstream housing options are available. 2) To maintain an environment of agency and mutual respect the agency utilizes the Housing First model which builds trust between participants and staff. Housing First programs start where the clients want to begin and do so without punitive measures. Tenant-staff interactions are based on equality and staff minimize the power differential by focusing on participant strengths. For example, staff inform survivors at intake they will be offered housing without preconditions or barriers to entry (e.g., sobriety, treatment, service participation). 3) STOP DV staff discuss w/survivors the impact of trauma on their lives and provide access to information on trauma at time of intake and as part of ongoing case management. Staff provide survivors with support group options related to trauma and encourage attendance in addition to arranging and paying for transportation to meetings. 4) STOP DV uses strength-based coaching in its work and incorporates assessment tools which focus on survivors’ strengths and aspirations. Staff assist survivors to develop their own individualized living plans that highlight survivors’ goals and aspirations. These service plans are reviewed regularly and updated to show progress and encourage the pursuit and attainment of participant-driven goals. 5) STOP DV requires cultural competency training for staff and emphasizes cultural inclusivity across all its programs. The agency adjusted its intake and assessment tool to include choices for gender identity, choice of pronouns, as well as options for clients to decline answering. 6) Clients are offered opportunities to connect with local nonprofit agencies that provide mentorship and peer-to-peer opportunities. Participants are provided information in multiple forms (e.g., verbal, written/pamphlets, email) to encourage community connections when they feel ready. A specific example of this is the direct referral to mentorship and employment training programs. 7) STOP DV employs a dedicated educational liaison who provides information in multiple forms offering parenting support (e.g., parenting classes and childcare). Staff also provide warm hand offs with community partner programs for children and/or referrals to additional community resources supporting family stabilization.

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

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

(limit 5,000 characters)

During Funding year 2022 The STOP DV Project provided the following supportive services to DV survivors while transitioning them to permanent housing and addressing their safety needs:

Case Management – Case management included initial intake and assessment, safety planning, completing the Coordinated Entry (CE) vulnerability assessment (if appropriate), creating an individualized service plan with client focused goals, ongoing support and referrals to treatment and other community services. Case managers also assisted with basic life skills development, including personal hygiene, nutrition, and housekeeping.

Court Advocacy- STOP DV staff provided court advocacy services to ensure survivors’ safety needs are addressed (e.g., maintaining confidentiality, using harm reduction utilizing court interventions).

Financial Literacy – STOP DV case managers assisted DV survivors with monthly budgeting, bill paying, and reviewing credit reports. Repairing credit is critical for obtaining employment and housing.

Housing Search and Counseling – STOP DV Housing Navigators assisted survivors in housing search and placement. Navigators identify local landlords and apartments, assist in leasing up units, and advocate for clients. Because Housing Navigators understand the local rental market, they can place survivors in safe affordable housing.

Education Services – Agency staff assisted in increasing access to training and education through local community colleges, where survivors can access support while they start or resume their education. In addition, staff also offer connections to local GED classes.

Mentoring Programs- STOP DV staff provided ongoing opportunities for program participants to connect with local nonprofit agencies offering mentorships and peer-to-peer opportunities. Participants are provided information in multiple forms (e.g., verbal, written/pamphlets, email) to encourage community connections when they feel ready.

Parenting Skill Development – Case management staff provided parents and children support with school enrollment, tutoring, role modeling, healthy communication, and case management.

Counseling - A mental health clinician and domestic violence counselors were on staff and available to both current participants in programs as well as survivors on the agency’s wait list for housing.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
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	NOFO Section I.B.3.I.(1)(e)	
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	Describe in the field below examples of how the new project(s) will:	
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	1. prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;	
	2. establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
	3. provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
	4. emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;	
	5. center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	

6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

This proposed project will meet the needs of survivors by 1) Continuing to prioritize survivor housing preferences for placement through the DV Coordinated Entry (CE) process and the mainstream CE process which supports stabilization because the survivors make their housing choice leading to a greater chance of stability. Survivors will be able to voice their wishes and needs for both housing and services to the CE staff completing the tool to inform the housing match. Clients will choose where they want their housing and services to be managed – DV CE or mainstream CE and regardless of their decision, both DV and mainstream housing options will be available. 2) To maintain an environment of agency and mutual respect the agency will continue to utilize the Housing First model which builds trust between participants and staff. Staff will continue to train on this model and ensure they are following the Housing First philosophy, meaning starting at a point where the client chooses and doing so without punitive measures. For example, staff will inform survivors at intake that they will be offered housing without preconditions or barriers to entry (e.g., sobriety, treatment, service participation). Tenant-staff interactions will be based on equality with staff minimizing the power differential by focusing on participant strengths. 3) STOP DV staff will discuss w/survivors the impact of trauma on their lives and provide access to information on trauma at time of intake and as part of ongoing case management. Staff will provide survivors with support group options related to trauma and encourage attendance in addition to arranging and paying for transportation to meetings. 4) STOP DV will use strength-based coaching in its work with clients and incorporate assessment tools which focus on survivors’ strengths and aspirations. Staff will assist survivors to develop their own individualized living plans that highlight survivors’ goals and aspirations. These service plans will be reviewed regularly and updated to show progress and encourage pursuit and attainment of participant-driven goals. 5) STOP DV currently requires cultural competency training for staff, and it will continue to invest in more current training if funded. The agency will embody cultural inclusivity across all its programs including administration. The agency already has adjusted its intake and assessment tool to include choices for gender identity, choice of pronouns, and options for clients to not answer and with this new project, the agency will speak with survivors to review the tool and make changes based on their feedback. 6) Current offerings to connect survivors with local nonprofit agencies that provide mentorship and peer-to-peer opportunities will be expanded and if needed, STOP DV will work to create new related opportunities if outside resources are lacking or not meeting the survivors’ identified needs. Participants will continue to receive information in multiple forms (e.g., verbal, written/pamphlets, email) and languages to encourage community connections when they feel ready. 7) STOP DV currently employs a dedicated educational liaison who provides parenting support (e.g., parenting classes and childcare). With this new project funding, this service will be expanded to meet the need.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

(limit 2,500 characters)

STOP Domestic Violence will involve survivors with lived experience in its policy and program development throughout the new project's operations. The agency will administer a project evaluation process in writing and with focus groups that will gather feedback on survivors' experiences and opinions on the project – at all stages from beginning to end. This critical feedback will inform program development, implementation, and establish meaningful performance indicators. Information gathered from program participants with a range of lived experience will help the project measure areas where services are functioning effectively, and pinpoints areas where a more robust service provision is needed. The evaluation process will involve using electronically collected data, gathered from participant satisfaction surveys, and qualitative data from focus groups. Staff input and collaboration, as well as the use of the evidence-based approach that involves an ongoing, critical review of research literature to determine what information is credible, and what policies and practices would be most effective given the best available evidence will be used. This continuous improvement process will allow the agency to track participant satisfaction and progress as well as identify barriers and opportunities for correction, with survivor input at the forefront of the process. The agency will continue to invite all participants with lived experience to be involved in the development and implementation of this new project. In addition, the NY 520 CoC is in the initial stages of developing a process that will involve persons with lived expertise to influence the written standards of CoC-funded projects/programs. This process will include individuals with lived experience of homelessness as well as past and ongoing instances of domestic violence.

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: Web Posting–CoC-Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: HUD's Homeless Data Exchange (HDX) Competition Report

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	08/09/2023
1B. Inclusive Structure	09/20/2023
1C. Coordination and Engagement	09/20/2023
1D. Coordination and Engagement Cont'd	09/20/2023
1E. Project Review/Ranking	09/20/2023
2A. HMIS Implementation	09/20/2023
2B. Point-in-Time (PIT) Count	09/20/2023
2C. System Performance	09/20/2023
3A. Coordination with Housing and Healthcare	09/18/2023
3B. Rehabilitation/New Construction Costs	08/23/2023
3C. Serving Homeless Under Other Federal Statutes	09/15/2023

4A. DV Bonus Project Applicants	09/19/2023
4B. Attachments Screen	09/26/2023
Submission Summary	No Input Required