

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 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 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 2024 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections 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, 2023 to April 30, 2024:	
	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-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

NY-520 is committed to identifying and enacting system changes to improve how the CoC directly addresses the needs of underserved communities, particularly the substantially overrepresented BIPOC communities. A.1) The CoC ensures organizations led by and serving Black, Brown, Indigenous, and other people of color hold decision making positions within the CoC and that projects focused on serving the underserved BIPOC communities are prioritized through the Ranking and Tiering process. Saint Regis Mohawk Tribe is a participatory member of the CoC with representation on the board and Operations Committee. The CoC identified the importance of prioritizing projects focused on services for underserved communities, which led to two bonus projects being submitted with the FY24 application that will focus services on tribal lands by tribal entities. A.2) Additionally, the CoC continues to work toward successfully advancing racial equity through participation in the Regional Racial Justice Advisory Committee (RRJAC). Through the RRJAC, the CoC identifies needs through quantitative and qualitative analyses and works toward developing and taking actionable steps to eradicate systemic barriers that continue inequity. In collaboration with the Collaborative Applicant staff and the HMIS and CE Lead, the CoC analyzes CE and HMIS data with a new lens focused on identifying inequalities within the local homeless service system. The CoC, will ensure the HMIS and CE leads are focusing data collection and analysis in coordination with those serving BIPOC Communities.

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 your CoC's 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 & New Member app via the CoC’s website, b) asking listserv recipients to forward invitations, c) announcements at full Membership meetings encouraging current members to invite others, & d) phone conversations w/ key systems partners focusing on the benefits & responsibilities of CoC membership. The Membership app is also posted year-round on the CoC’s website & accepted on a rolling basis. Additionally, to solicit new members to join the CoC, the CoC assesses current members & conducts targeted outreach. Annually, the CoC Board assesses what orgs participate in CoC Membership, on the Board, & on Committees, & identifies missing stakeholders to engage to support community efforts to address homelessness. The Board creates an outreach plan in collab w/the Collaborative Applicant. 2) The CoC ensures effective communication w/ individuals w/ disabilities by sharing invitations/apps in a variety of accessible electronic formats, including the CoC webpage, which is responsive to screen reader software & email listservs. 3) The CoC has invited orgs serving culturally specific communities experiencing homelessness to become members by a) assessing representation at the Membership & Board levels through an annual Diversity Assessment tool & 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 has engaged w/ the Saint Regis Mohawk Tribe & they have joined the CoC Membership. Another example is Maximizing Independent Living Choices, a local org, that serves individuals w/ disabilities. Additionally, new members are encouraged to watch the recorded CoC 101 series that was developed with the Regional Racial Justice Advisory Committee with a racial equity lens and is posted to CoC webpage which provides a comprehensive overview of the CoC, its benefits & requirements to encourage diverse participation on the membership & 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, & an email submission form on Collab Applicant's (CA's) website), regular interviews with current program clients, & recruiting agencies to join the CoC. 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 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 videos. 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 with & 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 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 funding). 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 active 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 the local competition was open & accepting project applications (including ones from non-CoC funded organizations) via a public posting on the Collab Applicant's (CA's) website & listserv email announcement. A public posting on the CA's website & an email invitation & notifications to 4 towns Chambers of Commerce & Franklin & Essex County Public Health Departments, explicitly targeted non-CoC funded organizations, community stakeholders and the public to participate in an in-depth discussion (via webinar) about new CoC funding opportunities. The discussion and Q&A were recorded and posted on the CA website 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 webinar detailed the application process, including eligibility, and ensured all parties understood the method for submitting proposals. CA staff were available throughout the process to field questions from the public. 3) The CoC notified the public on how the CoC would determine which project/s would be submitted to HUD, including how the CoC scored apps, minimum requirements for apps to be considered, threshold requirements, & prioritized subpopulations, 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 webinar & Membership meetings. The CoC determines if projects 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, 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 & provides final approval for all New Projects. 4) The CA ensured effective communication with individuals with disabilities by posting content & documents on its website that are responsive to screen-reader software (e.g., accessibility tags to PDF documents).

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section 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.		No

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

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

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 family members are not separated?	Yes
3.	Worked with CoC and 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)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section 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 w/youth ed. providers, Local Ed. Agencies (LEA), & School Districts by engaging such agencies to: fill out CoC Membership & Board applications (formal agreement); participate in the Regional Advisory Board on Youth Homelessness (RABYH); formally partner during the annual PIT Count; & agreeing to partner in the CoC's concept & application for the YHSI grant. The CoC engages youth ed. providers, SEAs, LEA's, & school districts through annual one-on-one outreach by the Collab. Applicant (CA) & CoC Board to join the CoC & fill out formal CoC Membership/Board applications. As a result, the CoC recruited Adirondack Community Action Housing Assistance Program & Housing Assistance Programs of Essex County (Head Start providers) & Saranac Lake Youth Center (special ed. provider) to join the CoC Board. The CoC engages, through invitations to participate, youth ed. providers, LEA, & school districts to attend monthly RABYH committee meetings, facilitated by the CA. RABYH is comprised of CoC reps from upstate NY that work collaboratively to identify the extent of youth homelessness, advocate for resources, & address concerns identified regionally in programs/policies related to youth homelessness. Reps from the CoC on the RABYH include youth ed. providers & school districts, such as: Franklin Co Community Housing Coalition & Ladyhawk Consulting. Youth Ed. providers in collab. with the RABYH created a regional systems map of services available to unaccompanied youth & youth experiencing homelessness to assist in connecting youth to local resources while minimizing the disturbances to their education. The CoC annually partners w/youth ed. providers & school districts by asking these agencies to commit in writing to assist with the annual PIT count. The CoC collects data from participating youth ed. providers & school districts (i.e., McKinney-Vento Liaisons) that report demographics on youth at-risk of/experiencing homelessness. This data & trending data analyzed from the last several years is used to inform the RABYH action plan for the upcoming year. Finally, the CoC further formalized these partnerships for the future through its successful award of the YHSI grant. This award ensures the CA will partner w/ Ladyhawk Consulting to create & staff a Youth Action Board, develop & implement a Coordinated Entry system for youth, & work on housing coord. & comprehensive data analysis to ensure equity.

1C-4b.	Informing Individuals and Families Who Have Recently Begun 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 have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

The CoC has adopted policies & procedures within its Written Standards to ensure all programs consistently & accurately inform individuals & families who have recently begun experiencing homelessness about available education services & related eligibility. This CoC policy requires CoC providers serving households w/children designate a specialized staff person as an educational liaison to inform individuals & families of their eligibility for schooling & to provide direct support to set up services 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 & connected to age-appropriate services in the community (e.g., Head Start, Public Pre-K, Individuals w/Disabilities Education Act Part C: Infant & Toddler Program, McKinney-Vento Education Services as well as county opportunities for High School Equivalency (HSE), job training, & higher education courses). Educational liaisons are expected to connect & work w/homeless individuals, families, schools, & education programs to ensure the most appropriate educational services are made available & barriers to accessing these educational services are removed. For example, CoC agency staff are required to coordinate w/McKinney-Vento Liaisons in families' existing school districts to coordinate transportation services & ongoing enrollment. The Regional Advisory Board on Youth Homelessness regularly conducts a survey of all CoC funded agencies to collect contact information on identifying agency appointed staff serving as the educational liaison. Moving forward, the CoC program monitoring process will incorporate a review of agency connection w/the local schools & corresponding McKinney-Vento representatives & will follow protocols to ensure all children are appropriately served by their school. At the CoC system level, the CoC fosters strong partnerships w/education via the McKinney-Vento homeless liaisons by encouraging liaison participation on the CoC Board & relevant committee work. The CoC attempts to meet annually w McKinney-Vento liaisons to specifically review CoC policies & procedures to ensure full compliance & best practice w/regulations. Lastly, the Department of Social Services links individuals & families to accessible job training, & higher education courses within the county.

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.	Victim Service Provider: Behavioral Health Services North	Yes	No

1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking–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.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Victim Service Provider: Behavioral Health Services North	Yes

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

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to 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, Anti-Trafficking Service Providers 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, anti-trafficking service provider, 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 (which dictates ESG program 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. STOP DV also participates in a Domestic Violence Regional Advisory Board on behalf of 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 (including ESG programs) are trauma-informed and meet the needs of providers through annual and as-needed training. 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 need 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.

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

(limit 2,500 characters)

The CoC’s Coordinated Entry (CE) process includes policies & procedures in place ensuring 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 “No Wrong Door” approach ensures housing assessments are completed at the location survivors present for housing and feel safest at the time. The CoC coordinates housing referrals 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 providing survivors w/ 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 involve gathering only self-reported information from survivors within the HMIS. Clients have the option to skip questions to avoid providing information they are uncomfortable sharing in the system. In addition, the CoC also has an anonymization policy that facilitates the collection of de-identified data during intake. This allows for the Coordinated Entry assessment to be completed for a client without sensitive information being entered into the main CE database. 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 choosing to use the comparable database w/ de-identified data. Another protocol for survivors in place for CE is the VAWA compliant informed consent forms which prohibit agencies from discussing client specific information with another participating provider agency. Victim Service Provider agency staff are trained annually in how to complete client intakes & service referrals.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors’ individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors’ rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.	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.	Yes	Yes

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below:	
1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

1) The CoC has implemented the VAWA -required written Emergency Transfer Plan Policy (the Plan) and included it in both the CoC Written Standards and Coordinated Entry (CE) Policies and Procedures. The Plan 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 responsible for review include private sector, healthcare, housing, faith based and advocacy groups that forward information to all those seeking/receiving CoC program funding assistance. The Plan is posted on the CoC's website and updated as necessary. 2) The CoC communicates the plan for survivors to all households seeking/receiving CoC Program assistance by posting the CoC's policies and procedures (including the Plan) on the CoC's website, posting the process for individuals and families to request an emergency transfer and documenting the process the CoC uses to respond to transfer requests. This Plan identifies households who are eligible for an emergency transfer; the documentation needed to request an emergency transfer; confidentiality protections; and how an emergency transfer may occur. The CoC also provides training to providers on how to identify households who will benefit from the plan and how to discuss this process with households who request services. 3) To request an emergency transfer, a household must verbally notify the housing program's administrator and submit a written request. The CoC DV-CE and mainstream CE programs are responsible for educating case managers and clients involved in CE on how to request an emergency transfer. Once informed about the emergency transfer process, clients and case managers from referral agencies collaborate to ensure the client's safety and confidentiality. 4) The CoC responds to a household's emergency transfer request by quickly moving the survivor of domestic violence, dating violence, sexual assault, or stalking to a new unit, subject to the availability/safety of the unit. If the current housing program 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 partnering agency. The case manager working with those requesting an emergency transfer communicates with the case manager of the referral agency and initiates a warm hand off.

1C-5e.	Facilitating Safe Access to Housing and Services 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 ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

The CoC ensures survivors of domestic violence, dating violence, sexual assault or stalking are provided safe access to the same housing and services as all other populations experiencing homelessness within the CoC's geographic area by operating and monitoring a mainstream Coordinated Entry Program (CE). The coordination between the CE Lead, Behavioral Health Services North-STOP DV, the Victim Service Provider (VSP) ensures survivors are offered access to all housing and services through CE. The CE Lead organizes a warm hand off with the VSP and housing program seeking a referral from CE. This provides survivors with the option to pursue all available housing options within the CoC and CE participating agencies. The CoC's CE assessment tool was developed with CE participating providers including VSPs to ensure it is trauma informed. Questions are framed sensitively to avoid re-traumatization, ensuring clients feel safe and supported. The tool is client driven and focuses on a client's experiences and service needs as opposed to vulnerabilities. The CoC's policies and procedures ensure that in cases when immediate safety is a concern, there are established emergency protocols to expedite referrals to safe housing options. The CE process ensures all client information is kept confidential, with strict policies in place to protect participants' identities. This process includes safe data management practices and confidential communication methods. By incorporating these safety measures into the CE process, the CoC effectively establishes a safe environment for households facing trauma or insecurity, enabling them to access the housing and services they require.

1C-5f.	Identifying and Removing Barriers 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 ensures survivors receive safe housing and services by:

1.	identifying barriers specific to survivors; and
2.	working to remove those barriers.

(limit 2,500 characters)

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. 1) Barriers specific to survivors include financial limitations as many survivors have limited access to financial resources making it difficult to afford rent, security deposits and utilities. In addition, poor credit history, often brought on by financial abuse, can make it difficult for survivors to secure rental agreements. Survivors also face the challenge of landlord discrimination based on history of evictions and/or poor rental history due to violent episodes or police involvement. Additionally, many survivors face legal challenges such as custody issues and protective orders which can complicate housing stability. 2) The CoC works to remove those barriers by ensuring regular assessment of the CE Policy and procedure manual, which details safety planning protocol, and by participating in and requesting feedback specifically regarding systemic barriers to housing from the DV Regional Advisory Board (DVRAB). This Committee is comprised of representatives from 12 NYS CoCs across the state, many of whom are Survivors with Lived Expertise themselves, who work collaboratively w/ local CoCs 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-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Equal Access Trainings.	
	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 collabs. w/ LGBTQ+ & other orgs to update its CoC-wide anti-discrimination policy (embedded in the CoC 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+ indivs. & families. Specifically, the Collab. Applicant (CA) annually reviews & recommends updates to the anti-discrimination policy to the Governance, Board & Membership Committees. The committees make edits & vote to implement the revised policy, ensuring a comprehensive review by multiple agencies. 2)The CoC assisted housing & service 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 & implementation of the anti-discrimination policies. The CoC also assists agencies during its project monitoring which includes a review of agency-level policies, including anti-discrimination to ensure alignment w/ CoC policies, HUD regs, & best practices.3) The CoC evaluates compliance w/anti-discrimination policies during annual program monitoring, the Rank & Review (R&R) process, & CoC offered trainings. The annual monitoring process ensures agency level anti-discrimination policies exist (& clearly detail who to contact if a client’s civil rights are violated), are implemented & are shared w/all clients & staff. The R&R process provides further verification by requiring renewal project applicants to submit an up-to-date anti-discrimination policy w/ their app. Points are awarded to projects that have policies ensuring LGBTQ+ households will receive services & housing free from discrimination. Finally, CoC & ESG-funded agencies participate in annual, mandatory anti-discrimination trainings 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 TA provided by the CA during which time a corrective action plan is developed, implemented & reviewed after 30 days. Non-compliance is indirectly addressed through the R&R process when a renewal project app receives lower scores if the agency does not have an up-to-date policy to incentivize best practices.

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 or Housing Choice Voucher Program During FY 2023 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?
Harriestown Housing Authority	25%	Yes-Both	Yes
NYS Housing Trust Fund Corporation	10%	Yes-HCV	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)

The CoC has taken robust steps to strengthen existing relationships with the Harrietstown Housing Authority (HHA) & NYS Homes & Community Renewal (HCR), a local Housing Choice Voucher (HCV) administrator, which resulted in the adoption of a homeless preference in their admission policies. These steps include: focusing on relationship building to ensure PHA participation & collaboration with the CoC; & providing advocacy & education on the unhoused community's needs through data sharing. The CoC, through email communication, one-on-one, & community meetings, encourage PHA/HCV staff to engage in the CoC's Systems Mapping process, meant to identify gaps in local services, & share resources at committee meetings. In 2020, local HCV administrators and CoC members were instrumental in advocating to HCR, resulting in the addition of a homeless preference to HCR's administrative plan. The addition of this preference resulted in an increased availability of PHA resources for those exiting homelessness statewide. This collaborative relationship with HCR also enabled the development of the Emergency Housing Voucher (EHV) Program in 2021 & subsequent implementation. The CoC also shares data collected from Systems Mapping, the Point-in-Time (PIT) count, & Homeless Management Information Systems (HMIS) data with the PHAs. Data sharing & collaboration between the CoC & PHA/HCV staff highlights the current need for a homeless preference in their admission policies & the community benefits of sustaining this preference. Additionally, access to PIT & HMIS data from the CoC supports PHAs with: reviewing preference criteria to ensure it reflects the community's needs; & educating administrators on the continued benefit 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 transitioning to stable housing opportunities.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes

Other (limit 150 characters)	
5.	No

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

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

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	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.
--------	--

	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
--	--	-----

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems 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.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	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 2024 CoC Program Competition.	5
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 2024 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 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section 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;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

1) The CoC evaluates every project where the applicant checks Housing First (HF) on their project application by: carefully reviewing the project description on the local rank and review tool; by reviewing APR project performance data; and by coordinating with the Coordinated Entry (CE) Lead to review HF adherence. This process ensures 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); programs do not deny access based on credit/financial history, poor/lack of rental history, or behaviors perceived as lacking “housing readiness”. 2) Specific factors and performance indicators used during evaluation include but are not limited to APR questions: Q17- Income at Entry, Q22-Length of Stay, Q24b-Moving on Assistance provided to households and Q23-Exit Destination. If any concern is raised regarding alignment with HF during this time the Collaborative Applicant promptly monitors for compliance. 3) The CoC regularly evaluates projects outside of the local CoC competition through regular coordination with the CE Lead to ensure HF adherence, on-going agency specific HF TA, and Project Monitoring. 4) In order to ensure fidelity to HF, when necessary, the CE Lead [with the Collaborative Applicant (CA)] follows up with projects struggling to consistently apply HF practices to provide individualized training/TA to ensure project-based and system-wide adherence.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

The CoC has developed effective street outreach strategies tailored to address the needs of people experiencing homelessness who are least likely to request assistance. The implemented strategy acknowledges challenges faced when combating rural homelessness and focuses on collaborating and coordinating with partners including human services organizations, public library staff (Belden Noble Memorial Library), hospitals (Elizabethtown Community Hospital), and law enforcement (Franklin and Essex County Sheriff's Departments). 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. It should be noted the CoC does not report System Performance Measure indicator for Metric 7a.1, however, outcomes for those moving from outreach to permanent housing placements are tracked at the agency level. The CoC has subpopulation specific street outreach teams that coordinate services including outreach programs administered by the VA and Solider On. The CoC connects with the VA Outreach Program, Soldier On, and Health Care for Homeless Veterans (HCHV) who identify and engage unsheltered homeless veterans and connect them to veteran services and housing. At membership meetings the CoC informs key stakeholders, about new resources including street outreach programs. Additionally, the CoC maintains a relationship with the County Mental Health Departments who administer an Assertive Community Treatment program (ACT), a multidisciplinary team that engages unsheltered persons experiencing mental health crises. Large scale outreach methods are conducted at least annually through the Unsheltered Point-In-Time Count, but are administered daily for specific populations (e.g., veterans, those with serious mental illness and substance use disorders). All outreach programs utilize client-centered & trauma-informed approaches, hiring staff w/lived experience to conduct outreach and ensure client connection to services without requiring adherence to service or treatment.

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

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

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4.	Other:(limit 500 characters)		

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	2023	2024
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.	HIC	27	40

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. | works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and |
| 2. | promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff. |

(limit 2,500 characters)

1)The CoC works w/ projects to collaborate w/ healthcare orgs to assist program participants w/ receiving healthcare services (i.e. SUD & MH treatment) by: engaging healthcare partners, both CoC & non-CoC members, to present at membership meetings; and the CoC partners w/ Managed Care Organizations (MCO)& 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 MH) at Membership meetings, to present on available services. This info is communicated directly to program staff, who then connect clients w/ appropriate healthcare services. The CoC systematically provides up-to-date information on mainstream healthcare 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 (Medicaid); Behavioral Health Services North (MH); Mental Health Assn in Essex County (MH); St. Joseph's Addiction Treatment & Recovery CTR (SUD); & 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/access to resources requires additional TA for agencies to enact, the CA provides webinars as needed. 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 Collaborative Applicant (CA) provides TA to new project applicants on how to coordinate w/ healthcare providers to ensure program participants can receive necessary healthcare services. 2) The CoC actively promotes SOAR certification of the CoC Member program staff by providing training information during membership meetings. There are currently 2 SOAR trained agencies the CoC can refer participants to.

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

The CoC effectively collaborates w/ New York State & Franklin and Essex counties' local public health agencies to develop and review CoC-wide policies and procedures to ensure that CoC policies include 1) a rapid system response to infectious disease outbreaks among people experiencing homelessness & 2) an effective policy to prevent infectious disease outbreaks among people experiencing homelessness

1) The CoC edited its Coordinated Entry Policies and Procedures and Vulnerability Index to prioritize persons who are sick/quarantined or economically impacted by infectious diseases such as COVID-19, Mpox, Hepatitis A, The Collaborative Applicant (CA) 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 created through this partnership have been shared with the CoC and integrated into relevant 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, the Dept. of Health and local DSSs for both counties share info at Membership meetings and via email on health services available (i.e. info related to reducing the spread of Mpox, COVID, flu, Tuberculosis and Hepatitis A); agencies that work primarily w/clients w/disabling conditions present resources at CoC membership meetings on supporting immunocompromised clients; & the CA shares updates related to the DOH statewide preventing 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-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively 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)

The CoC effectively shares info related to public health measures & homelessness through Collaborative Applicant (CA) partnership w/ the Dept. of Health (DOH) on shelter best practices related to infectious disease & sharing timely public health information through regular emails to membership. 1) The CA supports direct service providers by sharing necessary public health information provided by the CDC, HUD, & state/local health depts via email and website on an as needed basis. 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 developed 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 website as needed. 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. There are concerted efforts to provide PPE materials and supplies as part of street outreach for the PIT count included in PIT training. The CoC also hosts online dialogues w/public health experts at Board & Membership meetings. At membership meetings, outreach providers can 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 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-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC's coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC's geographic area;
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1) The NY 520 CES can serve everybody regardless of location due to its No Wrong Door approach. Agencies serving as CES Points of Entry (POE) include shelters, housing providers, and local departments of social services. Coordinated efforts with participating programs have enhanced connectivity to CE and additional interventions for individuals experiencing unsheltered homelessness have increased. The CE priority list documents client location at intake. The CE Committee reviews POE data to ensure accessible CE sites. The Committee engages providers to ensure CE access and address barriers for engagement and considers areas with a reported homeless population, but limited access to shelter. 2) The CoC uses a standardized assessment to achieve fair, equitable and equal access to CoC services. The CoC updates the process to ensure consistency with HUD requirements and local needs. The CES prioritizes people in greatest need of assistance via an assessment which considers homeless chronicity, service needs, and justice system involvement. Participant prioritization is verified by the CE Committee which reviews the by-name list at monthly meetings to ensure prioritization is determined by service need. 3) CE collects personal information in a trauma informed way by allowing individuals full control of decision making throughout the process. The tool collects essential information and allows participants to access CE through several POE sharing their story one time and receiving access to multiple service options. 4) The assessment is updated using feedback from participating projects and households. Annually the CoC uses feedback from providers and reviews data from the CE program. On an on-going basis during the CE meetings the process/tool is discussed and reviewed. The committee reviews current priorities within the CoC and compares them to criteria used to develop the priority list tool. CE data reviews length of time on CE; extent of engagement while on the list; and time between referral and placement. This data review identifies barriers to obtaining housing, ensures equity, and informs changes to the CES. The CoC Board is the CES Evaluation Entity tasked with using participant/provider data to measure the CES. To measure this a survey was developed and is completed by participating providers/households to gauge the effectiveness of the CES process the results inform changes.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	

	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 needs and preferences; and
4.	takes steps to reduce burdens on people seeking assistance.

(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 people most in need by utilizing the standardized CE assessment tool. This tool uses a set of community-wide prioritization criteria such as length of time homeless, mental/physical health barriers and prior justice system involvement to ensure persons with the greatest need and/or most barriers 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 persons intake information for housing services with the CE Lead and referral agencies. The assessment documents persons' needs, including conditions reported 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 adopted a No Wrong Door approach to reduce the burden of those using the coordinated entry system. This approach 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 department 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 unnecessary delays. 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 and ensure it remains client centered and efficient as possible.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC through its 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 to ensure that marketing materials are available in requested languages 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 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 CoC’s 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 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-9.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.B.1.p.	

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.	06/13/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC’s Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:	
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC’s provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC’s provision or outcomes of CoC Program-funded homeless assistance.

(limit 2,500 characters)

The Continuum of Care (COC) uses a variety of local quantitative data to determine if racial disparities are present in the provision or outcomes of its CoC program-funded homeless response system 1) NY-520 utilizes HMIS/Stella P and American Community Survey for its quantitative analysis. 2) CoC relies on the work of the Regional Racial Justice Advisory Committee (RRJAC), its analysis of both quantitative and qualitative data sources, to determine if racial disparities exist in the CoC's provision or outcomes of CoC Program-funded homeless assistance. The RRJAC, a regional committee comprised of 11 New York State CoCs, was created with the mission to serve local CoCs as a primary resource and catalyst for the work of racial justice within the homeless service system and therefore the ideal committee to take on this important analytical work. The Committee reviews all available HMIS and CE data with a racial equity lens and then presents its findings to the Board and Membership along with recommendations. For example, the most recent analysis of the CE data focused on the program outcomes tracking from ES to CE, to PSH destination of persons' destinations by race. The analysis identified the following disparities: Black or African Americans made up 6% of the clients in Emergency shelters and outreach and 4% of those on the Coordinated Entry list. However, regarding housing referrals from Coordinated Entry during the reporting window, no Black/African American clients were referred to Permanent Supportive Housing. These results can indicate that Black/African American clients are underrepresented in Coordinated Entry, and that there is racial disparity in Permanent Supportive Housing referrals. Findings are made accessible online for full community transparency.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC 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.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes

10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

NY-520's plan to evaluate its CoC-level processes, policy & procedures & implement ongoing evaluation to prevent or eliminate racial disparities in the provision or outcomes of CoC funding begins w/ & is centered on annual analysis of the CoC's Coordinated Entry (CE) program. CE is key to the CoC's monitoring process. Annual evaluation of CE aids in the creation of actionable steps to improve processes, policies & procedures. Analysis of race/ethnicity of clients enrolled in/exiting out of CE reveals the level of equity w/in the system. Analysis of CE data indicated Black & African American clients are underrepresented on the CE list compared to the homeless population, & that persons on CE & the percentage of PSH referrals by race reflect disparity compared to the CoC's homeless population. As a result, the CoC & providers examined current processes & policies to determine needed changes. The CoC took the following steps to address these disparities: CoC's Regional Racial Justice Committee (RRJAC) provided edits to CoC's Rank & Review tool question about agencies racial equity statement that requires agencies to have an anti-discrimination policy that is transparent, public, & enforced w/in CoC agencies. Participated in RRJAC & took steps to update the CoC bylaws to include a commitment to center client voices in the creation of CoC policies w/ the goal of creating more racially equitable service provider practices. The CoC updated CE program's process & tool to directly increase equity in housing outcomes. The CoC analyzed demographic composition of its CoC Board by distributing a 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 populations served w/in the homeless system, which will lead to more racially equitable service provision through changes to CoC policy & provider practices. The CoC will continue to make system improvements to eliminate racial disparities, focusing on an annual evaluation of its CE Program through data analysis & interviews w/ clients on the CE priority list & clients who were placed into PH/PSH. Analysis will monitor if the system is improving w/ racial equity by tracking the demographics of those referred to the CE program for housing placement, the wait time of those on the CE priority list by race & the demographics of those successfully placed in PH/PSH.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

NY-520 has developed a plan for using data to track progress on preventing or eliminating racial disparities. 1) The measures the Continuum of Care (CoC) has and plans to continuously use to track progress on preventing or eliminating racial disparity are tracking successful placements within the Coordinated Entry (CE) program by race, tracking the number of positive PSH program placements by race, and 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 within the homeless population. The CoC participates in 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 committee’s mission is to serve local CoCs as a primary resource and catalyst for the work of racial justice within the homeless service system. The RRJAC, in partnership with the CoC, will collect and analyze, annually, the above three measures for NY-520. 2) The tools the CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance are locally derived analysis reports/dashboards from HMIS/CE data, HUD HDX 2.0 Stella P, and US Census data. Reports are built using Tableau and are modeled after the data sources and versions of analysis of HUD’s recommended Racial Equity Analysis Tool. By federating the datasets through Tableau, the CoC can highlight racial disparities through visualizations at each of the measures highlighted above and compare them yearly.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section V.B.1.q.	
	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 decisionmaking processes.	

(limit 2,500 characters)

The CoC's outreach efforts to engage persons w/ lived experience and expertise of homelessness (PLEEH) in leadership roles & decision-making processes was prioritized this past year and includes: continuing the process of developing of a Persons with Lived Experience (PWLE) Advisory Committee; promotion of open board positions to those with lived experience via direct client outreach; and ensuring transparent and publicly posted Membership and Committee information for full public participation. In collaboration with the Regional Racial Justice Advisory Committee (RRJAC), the CoC has taken the first steps to develop a Persons with Lived Experience (PWLE) Advisory Committee, which is intended to provide policy recommendations to the Board in order to make CoC policies reflect the experience of its clients. The CoC has advertised the Committee via the dissemination of a flyer and written survey to clients and employees within CoC agencies. The survey asked clients general questions about their experience with CoC services and if they are interested in joining the Advisory Committee. The PWLE Advisory Committee will analyze specific CoC policies for improvement areas, which will be used to inform board decisions. CoC members were encouraged to promote the open board seats throughout their networks to those with lived experience. CoC Board members conduct targeted outreach to PLEEH within their own programs/agencies to fill board vacancies. 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 info. Open Committee meetings are publicized, and important Committee information is featured on the CoC website.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter 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.	Routinely 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-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

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 & its membership orgs provide professional development & employment opportunities to persons w/lived experience of homelessness (PWLE) by 1) maintaining connections with employment and workforce agencies/services, and 2) creating employment programs for PWLE where service gaps exist. 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 clients/prior clients with lived experience of homelessness (i.e. CCFC through a contract with FC-DSS 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 & increase 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 on believing everyone can be trained to utilize their lived experiences to help others in the community. Finally, the Regional Racial Justice Advisory Committee, which NY-520 participates in, has developed professional training for PWLE: CoC Board 101 sessions and Facilitation/Chairperson 101 series to encourage PWLE leadership and participation.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
1.	how your CoC gathers feedback from people experiencing homelessness;	
2.	how often your CoC gathers feedback from people experiencing homelessness;	
3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;	
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and	
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.	

(limit 2,500 characters)

The CoC routinely and frequently gathers feedback from and addresses challenges of individuals with Lived Experience of Homelessness. 1) The CoC will gather feedback through the development of a PWLE Advisory Committee or PWLE focus groups. 2)PWLE feedback will be gathered from the new PWLE committee bimonthly and through focus groups held quarterly. 3) The CoC routinely gathers feedback from persons experiencing homelessness (PWLE) who received assistance through CoC/ESG programs on their experiences by administering client surveys & hosting interviews to assess gaps in homeless services & areas for system improvement. The 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, ARPA funds), & the CoC's strategies to best address homelessness. The CoC assesses the CE system for accessibility, responsiveness, & effectiveness by surveying clients who are/were previously on the CE priority list. 4) The CoC gathers feedback from people who have received assistance through CoC programs annually. 5) The CoC has taken steps to address challenges raised by PWLE by advocating for funding to address identified needs, developing &/or assigning CoC committees w/actions to address identified needs, & updating CoC processes to reduce barriers to housing & services. To increase the amount of affordable housing & prevention assistance in the community, issues identified by PWLE through surveys & focus groups, the CoC advocated for NYS HOME-ARP funds to be allocated to fund prevention & support affordable housing development. In response to PWLE feedback that affordable housing units are challenging to find even w/ rental assistance in hand, the CoC Systems Committee began 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-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two 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 govts., meeting w/ elected/non-elected officials w/in the last 12 mos. to reform zoning & land use policies to permit more housing & reduce regulatory barriers to housing development by taking the following steps: 1) advocating to local govts., by meeting w/ elected officials, for zoning changes when developing housing, & 2) providing data on housing needs to influence decision making in support of reducing barriers to development. Examples are as follows. 1a) In the last 12 mos., CoC members have engaged local gov. officials to advocate for the creation of new affordable housing by rezoning & reducing barriers to housing development in local jurisdictions. 1b) Additionally, CoC agencies advocate for zoning changes & reduction of regulatory barriers when developing housing projects. CoC member agencies partner w/ &/or develop affordable housing & work w/ local planning bodies to attain permits & 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. This 30-unit project required municipal approvals to create new affordable rental housing & because of the CoC advocacy & support the approvals were obtained. HAPEC, a CoC member, is advocating to local officials to gain approval to demolish & dispose of sub-standard owner-occupied mobile homes & replace them w/ new manufactured single-family homes utilizing CDBG funds. 1c) The CoC collaborates & partners w/ local coalitions to advocate for specific housing projects by providing support letters, attending public hearings, & 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. 2) Using data & best practice research, the CoC also conducts outreach to educate localities & the public on the need for & value of additional affordable rental units. The CoC provides data from the Housing Inventory (HIC) & Point in Time (PIT) counts for housing needs assessments & Consolidated Plans. This HIC/PIT data & CoC system performance data (i.e. average length of time homeless & first-time homeless) shows the need to create new affordable units & provides demographic information to ensure new housing units will fit the needs of the homeless & 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC’s Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	08/22/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC’s local competition.	06/04/2024

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:

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)?	226
2.	How many renewal projects did your CoC submit?	5
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.	the severe barriers your CoC considered.

(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 and providing points to those projects that can house clients quickly. 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. Specifically, the R&R tool prioritized Chronically Homeless, youth, veteran, and DV survivor populations. The tools this year also included questions regarding clients entering projects with zero income and clients with 2 or more disabling conditions, giving points to those projects that serve populations with severe service needs. The CoC considers these factors to ensure effective prioritization & allocation of resources to serve those with the most severe service needs within the CoC's geographic area. The CoC also specifically included bonus questions on the local R&R tool for DV & Youth providers to explain positive outcomes that don't meet HUD's traditional definitions of positive outcomes. Att. 1E-2: Summary of Selection Criteria for R&R of Projects documents these practices. 4) The CoC considered the following severity of needs & vulnerabilities when ranking projects: Veteran Status, CH, history of DV, disability, severe mental illness, youth populations, low/no income, & substance abuse. The narrative portion of the R&R process also allowed for agencies to explain how serving those w/ the most severe service needs impacted their performance levels for specific system performance measures, such as preventing rapid placement in permanent housing & housing stability & 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 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 that proposed 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 steps the projects took or will take 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. 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 perspective. According to HUD's CoC Analysis Tool for Race & Ethnicity, Indigenous individuals are experiencing homelessness in the CoC at a rate of 21%, compared to 4% of the general pop. 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 RRJAC promotes diversification through annual assessments of current CoC member demographics & creation of CoC outreach/education materials. The CoC prioritized ensuring diversity w/in the Operations Committee to ensure persons of different races were included in the review, selection, & ranking process. This Committee is responsible for updating the renewal, new, & DV & HMIS/CE bonus apps for the NOFO competition. 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 via the R&R tools a) to identify structural inequities within their projects & how they are eliminating them; b) how the agency participates in committee & systems work to promote racial equity & engage professional organizations w/ this expertise; c) what barriers related to race/ethnicity exist in the CoC's CE process; d) how agencies demonstrate inclusive hiring practices; & e) if project staff participate in DEI trainings. It should be noted that 6.6% of the CoC's R&R tool questions focus on steps agencies are taking to eliminate barriers based on race.

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 identified any projects for reallocation. St. Joseph's Solace House decided to voluntarily reallocate project funding due to underspending. 3) As such, \$13,703 is being reallocated through the CoC competition and will be included in the bonus funds available to be applied for through the CoC's stated process. Collaborative decisions to reallocate funding to serve the community are a direct result of the CoC being a UFA, which ensures funds are seamlessly moved between projects as needed. 4) The CoC did reallocate funds through the above stated process for reallocation.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No
--	--	----

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?	

	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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	
--	--	--

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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	09/24/2024
--	--	------------

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 Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/--.	Yes
--	--	-----

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.	10/21/2024
--	--	------------

	1E-5d. Notification to Community Members and Key Stakeholders by Email 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.	10/21/2024
--	---	------------

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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
--	--	---------------------

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

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
--	--	---------------

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/08/2024
--	---	------------

2A-4.	Comparable Databases 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; and	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.	

(limit 2,500 characters)

The CoC and HMIS leads ensure DV housing and service providers in the CoC collect data in databases that meet HUD’s comparable database requirements by creating a Regional Domestic Violence Committee. This committee meets monthly to discuss the data collection and submission requirements with the group. This Committee’s stated priority is to ensure this compliance and offer HMIS and CoC technical assistance if needed to be and remain in compliance. 1) CARES of NY, Inc, the CoC Collaborative Applicant (CA), engaged Domestic Violence providers from this CoC and the others it works with, to form a Regional DV Committee. A priority goal of this Regional DV Committee is to ensure compliance within the comparable database and with the 2024 HMIS Data Standards. To meet this goal, CARES requested HUD TA for the Committee and received guidance resulting in clarification of comparable database requirements and instructions on how CoCs can ensure compliance. Based on the guidance received, CARES requested all providers complete an annual survey indicating the name of their current comparable database and it’s reporting capabilities. CARES of NY, Inc (the HMIS Lead) vetted each identified software vendor to ensure the database is compliant. 2) With the guidance from HUD TA and CoC oversight, Franklin/Essex CoC DV provider, Behavioral Health Services North is compliant with the FY 2024 HMIS Data Standards. Currently, Behavioral Health Services North’s comparable database is Empower Db. 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, Behavioral Health Services North regularly performs CSV uploads for ESG 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.	

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	12	0	5	41.67%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	0	0	0	0.00%
4. Rapid Re-Housing (RRH) beds	40	0	39	97.50%
5. Permanent Supportive Housing (PSH) beds	7	0	7	100.00%
6. Other Permanent Housing (OPH) beds	0	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 leads will take the following steps to increase the bed coverage rate to at least 85% for the ES project type. The Collaborative Applicant and HMIS Leads, in coordination with the CoC Board and Operations Committee, will engage Mohawk Indian Housing’s McGee Road Apartments (12 ES beds) to add its Emergency Shelter beds to HMIS. 2) If the Mohawk Indian tribe agrees to participate, the HMIS Lead will draft a data agreement that outlines either data integration or direct data entry.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC’s FY 2024 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 January 24, 2024, 11:59 p.m. EST?	Yes
--	-----

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 2024 PIT count.	01/25/2024
--	---	------------

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/09/2024
--	---	------------

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 to engage unaccompanied youth and agencies serving youth & young adults (YYA) as part of the planning process for the CoC’s 2024 unsheltered PIT Count. To encourage participation from youth providers the CoC 1) engaged youth focused agencies in the unsheltered PIT planning process, 2) connected with organizations that conduct street outreach or are serving unaccompanied youth and young adults to identify hotspots or locations where homeless youth are most likely to be identified, and 3) engaged youth and young adult staff that may have experienced homelessness as counters during the unsheltered Point in Time (PIT) Count. 1) During the planning process for the 2024 PIT Count, the Collaborative Applicant facilitated meetings with the CoC unsheltered PIT Leads and the Regional Advisory Board on Youth Homelessness (RABYH) comprised of youth-funded agencies and McKinney-Vento Homeless Liaisons. These meetings discussed strategies to increase geographical coverage when surveying & to recruit volunteers specifically focused on surveying youth during the count. The collaborative planning effort between mainstream housing providers, youth serving agencies, and the RABYH, resulted in the development of a youth survey that was integrated into the unsheltered PIT Survey. 2) The collaborative planning effort between the unsheltered PIT Lead and youth serving organizations also resulted in collecting locations where homeless youth are most likely to be identified during the PIT count. Specifically, outreach and/or agencies serving youth (St Joseph’s Addiction CTR, and Adirondack Comm. Action Programs) reported hotspots that were identified by surveying youth & unaccompanied youth during outreach shifts. Youth serving agencies relayed identified hotspots reported by youth when planning the annual PIT count. 3) The Collaborative Applicant & Lead Agency engaged/trained community stakeholders including agencies serving youth with previous lived experience that participated in the unsheltered PIT Count. The 2024 PIT counters included peer outreach workers, some that were youth and young adults, who may have experienced homelessness or that had previous lived experience.

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 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC’s PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs’ geographic; and
4.	describe how the changes affected your CoC’s PIT count results; or
5.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

4) Changes in data quality implemented between 2023 and 2024 positively affected the CoC's sheltered and unsheltered PIT count results by improving accuracy and validity. There were no changes made to methodology. 1) As the result of improvements in data quality, the CoC was able to administer a more accurate sheltered PIT count which indicated a decrease from 60 in 2023 to 56 in 2024. Data quality changes included tailored TA w/non-HMIS providers (i.e., DSS & DV providers) & improved HMIS training w/participating HMIS agencies. Tailored TA w/non-HMIS agencies improved data quality by confirming numbers submitted. The CoC has strengthened relationships w/non-HMIS agencies through their participation in CE, allowing for better collaboration during the Count. The CE & HMIS Leads worked w/agencies who provide Code Blue services, DSS, faith-based & DV shelters. Training focused on understanding that 100% data completeness for this population was not necessary when reporting for the PIT count. Similarly, improved data quality training w/HMIS-participating agencies supported improved data collection and timely data submission. The HMIS Lead, organized and analyzed PIT data reports from HMIS, focusing on data quality and completeness, and had calls w/each provider to ensure timely data entry and 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 and subsequent data correction resulted in a more accurate census count. 2) The CoC implemented data quality actions, including increased training of volunteers to improve the validity of the unsheltered PIT count. No methodology changes were made. The unsheltered PIT count was improved through increased/improved training to ensure de-duplication and effective interview techniques. As a result of the increased/improved training in 2024, the CoC was able to administer a more accurate unsheltered PIT count which indicated a decrease from 3 in 2023 to 0 in 2024. 3) The CoC does not have any data that would indicate that PIT Count numbers were impacted by people displaced from a natural disaster or who recently arrived in the geographic area seeking shelter.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reducing 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 may become homeless for the first time, which has resulted in a decrease in the number of first-time homeless between 2023 & 2024. 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. 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 individuals & families at risk of becoming homeless for the first time. These strategies include a) to educate community providers who serve priority populations (i.e. prevention providers, food pantries, health clinics) about risk factors & newly developed CE prevention referral protocols to support those individuals & families; 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 tool 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 individuals & families able to remain stably housed, preventing new episodes of homelessness; & d) 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 CoC's geographic area?	No

2C-2.	Reducing Length of Time Homeless—CoC's Strategy.	
	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;	
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) households remain homeless includes: increasing the number of affordable housing options through advocacy for affordable housing development and engaging systems of care to provide and increase units of homeless and affordable housing (DV, Mental Health, PHAs, etc.); engaging landlords in the two-county region to rent to tenants using subsidies; ensuring CoC and program policies remove systemic barriers to rapid housing; & coordinating housing opportunities through the Coordinated Entry (CE) program. The CoC routinely advocates for and supports the increase of permanent housing options with letters of support and data demonstrating need. For example, the CoC supported NYS Empire State Supportive Housing Initiative (ESSHI) applications for PSH; is partnering with the State to implement HUD’s Emergency Housing Voucher (EHV); and is implementing its Moving On Strategy to ensure PSH units are available for the most vulnerable and hardest to serve. Additionally, the CoC’s System Committee has worked to educate landlords on housing subsidy programs and code enforcement regulations to increase the number of landlords with quality units willing to prioritize households with rental assistance. The CoC also encourages Housing First policies within all programs and provides one-on-one TA with housing providers on implementing Housing First. 2) The CoC identifies, prioritizes, and houses individuals and families with the longest LOT homeless through the CE program. During bi-weekly CE case conferencing, staff discuss barriers to housing persons who have remained homeless the longest. The CE Committee develops creative/alternative solutions to finding the most immediate/appropriate housing for these households. The CE system works to reduce LOT homeless by including LOT as a prioritizing criterion within the CE’s prioritization process. The CoC also engages non-CoC-funded housing providers (e.g. OMH Housing) to increase the number of appropriate housing options for those coming through CE. The CoC also collaborates with affordable housing developers who then work with support services agencies in the CoC to provide PSH. Together, these strategies result in an increase in immediate housing opportunities for those who are homeless. 3) The Operations and CE Committees, which report to the CoC Board, oversee these strategies.

2C-3.	Successful Permanent Housing Placement or Retention –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: connecting unsheltered persons and those with the most severe service needs in ES to PH through an efficient and effective Coordinated Entry (CE) System; expanding housing opportunities through CE by forging partnerships with non-CoC-funded entities (e.g., affordable housing providers); connecting households to housing subsidies (e.g., PHA, HCV, EHV); connecting households to wrap-around services (substance and mental health treatment) and non-employment income benefits (e.g., Social Security, DSS rental allowance); and 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 within the community to ensure ongoing housing stability. 2) The CoC works to increase the rate households residing in PH retain housing or exit to PH through several successful strategies, including: engaging with clients to ensure they are meeting their individualized goals and remain stably housed; implementing the CoC Moving On Strategy by providing pre-transition services to ensure a successful transition (e.g., living skills training, employment, community integration supports, strong aftercare supports); and partnering with affordable housing providers, such as Malone Housing Authority (HA), Harriestown HA, and Tupper Lake HA, and cultivating relationships with local landlords to maintain an active list of apartment vacancies. Additionally, through insights gained from Systems Mapping, the Systems Committee has identified a goal for the next year, and will begin to identify landlords with available, quality, and affordable housing, which will lead 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 within 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.	Reducing Returns to Homelessness—CoC's Strategy.	
	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 that individuals and families return 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, in part 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, and cause of homelessness. The CoC also identifies persons who return to homelessness through the CE assessment and case conferencing. Specifically, the CE assessment form asks about prior episodes of homelessness. 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) As a resource hub, the CoC’s strategy to increase employment income is to educate providers on NYS benefits regulations relative to earned employment cash income through ongoing dialogue with local Departments of Social Services, and 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 ensures provider, and in turn client understanding of opportunities to maintain necessary benefits (e.g., TANF, SNAP, Medicaid, SSI/SSDI) while increasing employment-based income. 2) The CoC fosters relationships with employment programs and mainstream employment agencies. 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. Through the partnerships with the agencies mentioned above, the CoC is better prepared to encourage and assist CoC Program participants to engage and be successful in workforce agencies’ programs (including self-identification of readiness/desire for educational/employment training programs). The CoC developed a formal, direct referral process to workforce programs and will create a communication mechanism between PSH case managers and workforce agency staff regarding client progress and to support client employment/program retention. 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 access and increase non-employment cash income (NECI) for project participants focuses on building and strengthening relationships with key community stakeholders to break down barriers participants and programs currently face in accessing and increasing NECI. The CoC identified and formed relationships with NECI providers in the community and collaborated to educate homeless service providers on available benefits, qualifying factors, and the referral process. The CoC actively engages the local County Departments of Social Services (DSSs) to participate in the CoC and fosters a relationship between DSS & emergency shelter and housing providers. DSS is a vital partner in the community because it enrolls clients in TANF, SNAP, rent and utilities assistance. At CoC Membership and Board meetings, DSS, is encouraged to provide regular updates on benefit changes to ensure agency staff are prepared to support clients in accessing and increasing NECI. Additionally, the CoC actively collaborates with the local SOAR provider and coordinates trainings for agency staff to help enroll clients and/or children in SSD which serves as a vital benefit for rent share and living expenses. Providers also connect clients to community agencies which provide prepared meals, Food Pantries, clothing, Medicaid, and other non-cash benefits to support the household. 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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
--	--	-----

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
--	--	-----

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
CARES of NY, Inc....	PH-RRH	9	Both
CARES of NY, Inc....	PH-RRH	7	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? CARES of NY, Inc. New Days Housing Expansion
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: 9
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? CARES of NY, Inc. Mohawk Indian Housing Corp. McGee Road Rapid Rehousing
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: 7
5. Select the type of leverage: Healthcare

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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.r.	

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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)

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 Serve 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
--	--	----

3C-2.	Cost Effectiveness of 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)

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	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.j.	

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 2024 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.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	73
2.	Enter the number of survivors your CoC is currently serving:	4
3.	Unmet Need:	69

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(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 questions above by adding data from the HMIS Comparable DV database. Data was also collected from the CoC’s HMIS Coordinated Entry (CE) project which indicates participants who report DV while seeking housing and services through the CoC. 2) STOP DV, the CoC’s primary VSP, utilizes Netsmart’s Avatar database which ensures deduplication of data. Programs included in these calculations include a) support services (individual supportive engagement, case management, and support groups); b) addiction and recovery services; c) court advocacy; d) emergency shelter; and e) CoC and non-CoC permanent housing. The CoC CE 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 mainstream CE system. 3) The CoC has data to support the unmet need, per no barriers need to be identified.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(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
Behavioral Health...

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Behavioral Health Services North
2.	Rate of Housing Placement of DV Survivors–Percentage	75%
3.	Rate of Housing Retention of DV Survivors–Percentage	100%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(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 the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	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 for DV survivors was calculated by comparing the number of survivors who reported being unhoused or living in unstable or temporary housing with the number of survivors who relocated to safe housing placements. 2) The placement rates reported are reflective of participants who exited to what is considered a safe housing destination (separate from that of their abuser). 3) The rate of housing retention was calculated by comparing the number of survivors in DV housing projects to the number of survivors who remained in those projects or exited to a safe housing destination. 4) All information was pulled from the project's HMIS comparable database, Netsmart's Avatar.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(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;

3.	determined survivors' supportive services needs;
4.	connected survivors to supportive services; and
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1) STOP DV works to quickly transition survivors experiencing homelessness into safe, affordable housing after a comprehensive assessment is conducted. This assessment includes the completion of the Coordinated Entry (CE) tool, which helps prioritize clients within the housing process. 2) STOP DV participates in the CoC's CE process, using the mainstream CE tool to identify individuals with the most severe needs and prioritize their housing. The CE Lead utilizes the DV CE tool that prioritizes assistance (RRH/CoC funded housing) to ensure survivors with the most severe needs are housed first. In addition, STOP DV implements the CoC's approved Emergency Transfer Plan. This Plan defines household eligibility. 3) STOP DV staff work with the client to determine supportive service needs and housing preferences. Staff work to ensure clients have all documentation to qualify for client determined needed resources and connect them to both in-house and community support as needed. Staff case manage the client through all aspects of referral and enrollment in community supports 4) Agency program advocates assist survivors with all offsite services requested such as- job search and placement, vocational training, and with income supports such as SSID, SSI, SNAP, veteran benefits, Temporary Assistance, and more), and ensuring clients have access to childcare, early childhood education, and healthcare benefits. 5) The main objective for all survivors is to attain housing stability and develop the life skills needed to maintain permanent housing. The individualized case management plans focus on securing safe, affordable housing once subsidies end. All services are designed to support this goal, and the agency conducts follow up with clients after they exit to Permanent Supportive Housing (PSH). STOP DV continues to assist survivors after housing is secured, helping to address potential issues that could lead to housing instability.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(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 survivors' 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 prioritizes the safety of survivors by meeting in confidential locations. Staff members offer secure office spaces equipped with white noise machines and physical barriers between interview areas. Intakes and interviews are conducted only when the survivor indicates a safe time to proceed. Additionally, staff encourage survivors to complete these processes privately, as there may be instances where the person causing harm is present. This approach fosters a safe environment for survivors to share information about domestic and sexual violence and allows for tailored safety planning based on their unique circumstances. 2) Project staff work with survivors to identify potential safety concerns in scattered site housing programs by identifying locations a) not known by abuser and b) where survivors have a nearby social support network. Staff work with the survivor to ensure that placement is appropriate, and all safety measures are met. 3) To maintain confidential and secured information of survivors, staff ensure safety plans continue to be modified to fit each new circumstance (e.g., new employment, abuser released from custody, or a new apartment). In addition, the STOP DSV Program utilizes nondisclosure agreements with landlords and other providers to keep the home (or shelter) address off all documents. Mail for clients can be forwarded 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 enhances their safety. 4) Staff undergo quarterly training sessions, which are conducted by the agency and external community organizations, focusing on best practices including confidentiality policies and procedures. The Collaborative Applicant offers an accessible safety and confidentiality policies training resource on its website that staff are required to view. 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's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

STOP DV evaluates 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, the 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's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below the project applicant's experience in:	
1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

STOP DV has years of experience in placing and stabilizing survivors in permanent housing using trauma-informed, survivor-centered approaches. 1) STOP DV prioritizes survivors for placement into permanent housing by utilizing the CoC's Coordinated Entry (CE) process. This process prioritizes based on length of time homeless, as well as severe service needs with an additional priority status given for persons fleeing DV. Survivors facing immediate safety threats, including those in dangerous situations with their abuser, receive urgent attention. Vulnerability factors, such as having children, disabilities, or health concerns, also influence prioritization. 2) Case managers connect with housing providers to identify available units and assist survivors to submit required documentation to screen for eligibility. STOP DV has successfully placed survivors in HUD-funded Permanent Housing. Case managers assist survivors in accessing essential wraparound services to help ensure long-term housing stability. 3) To assure survivors are housed in locations and housing of their choice, they will be encouraged and empowered to participate in the process from the beginning to feel ownership of the process and their choice. For walkthroughs of apartments, survivors will participate and attend such activities from the application to the walkthrough, and then the lease signing. By including the survivor in their journey to safe housing, they will feel the ownership and autonomy of having secured long term housing of their choice and receiving support to do so. 4) Staff collaborate with clients to create personalized case management plans that address all relevant factors, aiming to find housing that not only meets the survivor's indicated needs, but also fosters long-term stability and self-sufficiency.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(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.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
4.	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;
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

STOP DV has extensive experience using trauma-informed, survivor-centered approaches to meet the needs of survivors. 1) To maintain an environment of agency and mutual respect, the agency utilizes the Housing First model which builds trust between participants and agency staff. Housing First meets clients where they are without punitive measures. Client and staff interactions are based on equality and minimize power differentials by focusing on identifying and developing participant strengths without support service or treatment requirements. For example, agency staff inform survivors at intake that they will be offered housing without preconditions or barriers to entry (e.g., sobriety, treatment, and service participation). 2) 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. 3) 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. 4) STOP DV requires cultural competency training for staff and emphasizes cultural inclusivity across all programs. The agency has adjusted its intake and assessment tool to include choices for gender identity, choice of pronouns, as well as options for clients to not answer. 5) 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, and email) to encourage community connections when they feel ready. A specific example of this is the direct referral to mentorship and employment training programs. 6) 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. Survivors are also offered referrals for legal services to area legal projects/clinics.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(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)

Currently STOP DV provides the following supportive services to DV survivors while transitioning them to permanent housing and addressing 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 and 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. Advocates identify local landlords and apartments, assist in leasing up units, and advocate for clients. Because Advocates 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, and 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 are on staff and available to both current participants in programs as well as survivors on the agency’s wait list for housing.

4A-3h.	Applicant’s Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below how the project(s) will:	
1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

Stop DV plans to place and stabilize survivors in permanent housing using trauma-informed, survivor-centered approaches. 1) STOP DV will prioritize survivors for placement into permanent housing by utilizing the CoC’s Coordinated Entry process. This process prioritizes based on length of time homeless, as well as severe service needs with additional priority for persons fleeing DV. Advocates will work diligently to assess housing needs, and those emergent will be prioritized. 2) Once a proposed client is stabilized within the bonus project, Case managers will begin working with proposed client to ensure eligibility into long-term housing units by connecting with housing providers to identify any available units and assist survivors to submit required documentation to screen for eligibility. STOP DV has successfully placed survivors in HUD-funded Permanent Housing and will continue to do so with the new project. Case managers will assist survivors in accessing essential wraparound services to help ensure long-term housing stability. 3) To ensure survivors are housed in locations and housing of their choice, they will be encouraged and empowered to participate in the process from the beginning to feel ownership of the process and their choice. For walkthroughs of apartments, survivors will participate and attend such activities from the application to the walkthrough, and then the lease signing. By including the survivors in their journey to safe housing, they will feel the ownership and autonomy of having secured long term housing of their choice and receiving support from STOP to do so. 4) During and throughout the housing needs assessment, Advocates will work with survivors to identify their stated needs, outside of housing, (medical/transportation/etc.) as it pertains to their location. The purpose of this plan is to ensure individuals have access to support and services needed to meet and exceed their basic needs. This enhances the opportunity for survivors to sustain long-term housing of their preferences that meets their needs holistically.

4A-3i.	Applicant’s Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below examples of how the new project(s) will:	
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	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;
4.	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;
5.	provide a variety of opportunities for program participants’ connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

When implementing the new project, STOP DV will use trauma-informed, survivor-centered approaches to meet the needs of survivors. 1) To maintain an environment of agency and mutual respect, the agency will utilize the Housing First model which builds trust between participants and agency staff. Housing First meets clients where they are without punitive measures. Client and staff interactions will be based on equality and minimize power differentials by focusing on identifying and developing participant strengths without support service or treatment requirements. 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) 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. 3) 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. 4) STOP DV will require cultural competency training for staff and will continue to invest in additional and more current training if funded. The agency will embody cultural inclusivity across all its programs including administration. The agency has adjusted its intake and assessment tool to include choices for gender identity, choice of pronouns, and options to not answer. 5) STOP DV will work to create new opportunities to meet the survivors’ identified needs. STOP DV will offer survivors opportunities to connect with local nonprofit agencies that provide mentorship and peer-to-peer opportunities. Participants will be given referrals upon request. Participants will continue to receive information in multiple forms (e.g., verbal, written/pamphlets, and email) and languages to encourage community connections when they feel ready. 6) STOP DV Advocates will work diligently to provide parenting support (e.g., parenting classes and childcare). Advocates will provide community-based resources and connections with partnered organizations to enhance and expand social capital and support for survivors and their children. With this new project funding, this service will be expanded to meet the need.

4A-3j.	Applicant’s Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(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)

1) Throughout the new project's operations, the expansion project will provide more availability to empower and support survivors as advocates in a peer setting. Survivors can become potential peer mentors as their lived experience and resilience is powerful. Survivors with lived experience will also be active in the development of program policy and procedure and will be instrumental in the development of this new project. 2) Staff and clients will continue to work together to create program development, objectives, strategy, and measurable outcomes relying on clients' lenses of experience. 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. STOP DV will solicit input from clients through surveys and internal discussion. The agency will also develop a Survivor Advisory Council, which will be made up of survivors with a range of lived experiences, staff, and management to address and discuss programmatic development needs, support needs, and policy implementation with regard to overall DV Supports and the need of housing supports.