

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: FL-508 - Gainesville/Alachua, Putnam Counties CoC

1A-2. Collaborative Applicant Name: TaskForce Fore Ending Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: TaskForce Fore Ending Homelessness

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:

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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	Yes	Yes	No
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	No	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	No
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	No	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	No	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
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	No
26.	Victim Service Providers	Yes	Yes	No
27.	Domestic Violence Advocates	Yes	Yes	No
28.	Other Victim Service Organizations	Yes	Yes	No
29.	State Domestic Violence Coalition	Yes	Yes	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	No	Yes
32.	Youth Homeless Organizations	Yes	No	Yes
33.	Youth Service Providers	Yes	No	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

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)

We have made intentional efforts to diversify our CoC Board and leadership, providing opportunities for representatives from Black and Brown communities to hold decision-making positions. This representation helps ensure that the unique challenges faced by these communities are understood and prioritized at every level of our operations. Furthermore, our CoC actively involves underserved communities, especially Black and Brown communities, in the design and operation of programs through a series of inclusive initiatives. We conduct focus groups and listening sessions to ensure that the voices of these communities are heard directly, ensuring their needs and perspectives shape our services. Community leaders and advocates from these groups are invited to participate in CoC meetings and working groups, where they can share insights and co-create solutions. Additionally, our outreach efforts prioritize engagement with Black and Brown community organizations, faith-based groups, and cultural institutions to build trust and ensure our programs are culturally relevant and accessible. These collaborative efforts lead to more effective service delivery that equitably benefits these communities.

Advancing Racial Equity: Our CoC has taken several steps to successfully advance racial equity across our programs. We have implemented a racial equity framework that guides our decision-making, ensuring that all programs are evaluated through a lens of equity. This includes disaggregating data by race and ethnicity to identify disparities and address them proactively. Our staff undergoes regular training on implicit bias and cultural competency, which helps to create a more inclusive environment for our community.

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. Our CoC conducts an open, transparent, and ongoing invitation process to solicit new members. We promote membership through our website, social media, newsletters, and local media, providing clear instructions on how to join and the benefits of membership. New members can join year-round via our website or email, and CoC staff actively promote membership at meetings, trainings, and community events, distributing brochures and collecting contact information. Regular announcements are also sent to hundreds of individuals and organizations via the CoC's listserv.

2. Accessibility is central to our communication strategy. We ensure all electronic materials are available in accessible formats (e.g., screen reader-compatible PDFs, audio formats, captions). Our website meets WCAG standards, and we offer accommodations like sign language interpreters and assistive listening devices at meetings, with information on how to request services.

3. We actively recruit and engage organizations focused on addressing disparities, including disability rights, LGBTQ+, and faith-based groups serving BIPOC communities, as well as organizations assisting formerly incarcerated individuals and immigrants. These efforts ensure our programs are equitable and inclusive. We invite and encourage these groups to participate in CoC meetings, workgroups, and strategic planning, ensuring their voices are heard. Our partnerships with culturally specific organizations foster awareness, build networks, and create tailored solutions for these communities.

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 solicits and considers opinions through monthly board and committee meetings, and bi-monthly general membership meetings open to the public. CoC staff and members further solicit input those unable to attend meetings through direct outreach. We participate in community meetings and workshops pertaining to housing and homelessness. The CoC attends/holds events throughout the year in partnership with local organizations and advocates, inviting public involvement. The CoC PIT Count engages individuals with lived experience, service providers, advocates, and community volunteers to determine means by which the CoC can better provide services to the community.

2. The CoC solicits public information through the above-described processes. The CoC also shares this same information – including notice of all CoC events through a CoC listserv, social media, & CoC website. CoC Leadership also attend public city and county commission meetings and have spoken publicly to the entire community offering invitations to participate in development of plans to prevent and ending homelessness.

3. Our CoC ensures effective communication and accessibility for persons with disabilities by providing materials in accessible electronic formats, including screen reader-compatible files, alt-text for images, and captioning for videos, as well as offering alternative formats upon request. We choose ADA-compliant venues for in-person events and provide virtual meetings with closed captioning and assistive technology compatibility. To gather input on preventing and ending homelessness, we use a multi-faceted approach: online solicitation through surveys and public comment platforms, in-person and virtual forums to engage diverse community members, and collaborations at public events and partner venues to broaden outreach.

4. Feedback has shaped processes such as disaster preparedness, outreach strategies, emergency shelter protocols, and coordinated entry. CoC meetings involve frontline staff who relay input from participants and communicate the feedback to committees. Input from outreach workers and individuals with lived experience led to the development of a more comprehensive street outreach strategy. Feedback also highlighted the need for enhanced access to housing resources, which led to changes in CE, revised prioritization processes, and expanded training to ensure consistent assessments across agencies.

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's NOFO announcement was shared publicly on the CoC website and social media, as well as through the CoC listserv to over 200 recipients announcing the funding opportunity. Leading up to the NOFO, CoC staff engaged with dozens of new community organizations and service providers to further develop our ability to engage new partners in our CoC functions. An announcement was made at the CoC General and Board Meetings. Emails were also sent to the community through news media and individual members requesting solicitation from currently funded partners, and organizations not previously funded. With this strategy, the CoC did receive applications from organizations that had not been previously funded, proving our efforts to be successful.

2. The NOFO announcement included detailed instructions on how to apply and the deadlines for application, which was September 23, 2024. Applicants attended a mandatory workshop where the process and timeline were further detailed. The CoC provided technical assistance to potential applicants via phone and email to confirm clear understanding of the application process.

3. The CoC posted the application process, scoring tools, and review and rank process on the CoC website, followed up with emails to the listserv and direct outreach to those who had indicated an intent to apply. The sole threshold requirement was for the project applicant to have submitted their application(s) by the deadline. Consistent with the process publicized, project applications and scoring tools were provided to a Rank and Review (R&R) committee for consideration. The R&R committee scored projects individually and then met to discuss final ranks and recommended funding amounts to be submitted to HUD. Applicants were informed of their acceptance/rejection and priority ranking via email, and were given an opportunity to appeal.

4. The CoC ensures effective communication and access for persons with disabilities by providing all public-facing materials, including funding information, in accessible electronic formats. Details on how to apply for funding are posted online, with documents designed to be screen reader-compatible and alternative formats available upon request. The process for requesting accommodations was included in the local competition materials. The CoC hosted info sessions virtually on accessible platforms offering guidance to new applicants and accommodating participants with disabilities.

1C. Coordination and Engagement

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC’s geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

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?	Yes

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)

Multiple active MOUs have been established within our CoC to support school-aged children and youth experiencing homelessness. Through strategic partnerships, we utilize the McKinney-Vento process to ensure that residents of emergency shelters and supportive housing have the right to continue their education while sheltered and as they transition out of homelessness into stable housing. McKinney-Vento Homeless Liaisons (HLs) serve as the primary contacts for youth education providers. While HLs are encouraged to access HMIS to enhance data collection and performance tracking, it is not mandatory. Families and youth identified by HLs as needing housing support are referred to the Coordinated Entry System (CES) or family service providers. These referrals connect them to a range of services, including emergency shelter, transitional housing, youth maternity transitional housing, permanent housing, case management, mental and medical health services, and educational resources. The Alachua County School Board collaborates with the CoC closely by assisting in removing barriers that impede educational success by offering the needed educational services.

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 and procedures requiring all agencies serving children and/or families ensure participants are informed of their eligibility for educational services under the McKinney-Vento Homelessness Assistance Act and the Every Student Succeeds Act. These policies and procedures include: 1) immediately enrolling children in school, 2) children remain in their school of origin (when in the child’s best interest), 3) assistance with access to transportation, and 4) access to in-school support programs necessary for academic success.

The CoC monitors subrecipients at least annually to confirm implementation of the above-described policies and procedures. The CoC also ensures that each agency has designated a staff person responsible for ensuring that children who were served in the program are enrolled in school and connected to appropriate services in the community, including: 1) early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of the McKinney-Vento Act, 2) the subrecipient takes the educational needs of children into consideration when families are placed in housing and, to the maximum extent practicable, places families with children as close as possible to their school of origin so as not to disrupt such children’s education, and 3) when working with homeless families and youth, reinforce the importance of education and regular school attendance.

The CoC coordinates with the McKinney-Vento Homeless Liaisons (HLs) in each county served by the CoC to provide training and assistance with updates to CoC policies and procedures. Additionally, the CoC reviews data on the homeless children, youths, and families served to identify needs and barriers and to strategize ways the CoC’s and the school districts can meet these needs and overcome any barriers.

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

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.	State-funded Domestic Violence Shelter and Support System	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)

1. The CoC has updated its policies with input from Victim Service Providers and people with lived experience to enhance efforts that benefit survivors and their housing needs. This includes State Domestic Violence Coalitions, State Sexual Assault Coalitions, Anti-Trafficking Service Providers, and other organizations agencies actively participating in the CoC Leadership and Coordinated Entry subcommittees, making referrals to local partners in the CoC when safety needs arise, and creating networks for services and resources to meet survivors. The CoC has partnered to ensure that Domestic Violence Shelters are utilizing best practices to guarantee the safety of clients and creating networks for services and resources that survivors need. Monitoring by the CoC takes place annually. In this annual monitoring of both CoC Programs and ESG Programs, agencies receive recommendations to ensure that agencies are in compliance with state, local, and federal laws and regulations.

2. In addition, the CoC provides training on trauma-informed services and the needs of survivors. With these trainings, advocates can build relationships with community organizations that provide housing, economic resources, and/or financial assistance to survivors. The goal is to ensure that all survivors have access to adequate and appropriate services and to help survivors obtain safe housing. For example, agencies discuss their intake processes and how they determine eligibility for services. Assessment tools such as the lethality assessment and basic needs assessment are used at intake to determine the safest relocation options to meet the survivor’s situation. Once a need is identified then agencies can also identify any gaps in services and work together to eliminate gaps and enhance services. These partnerships help with addressing the barriers in finding housing. These partnerships lead to MOUs and the creation of referral protocols. The agency would also determine the type of housing option that would benefit the survivor whether it is Emergency Shelter, Supportive Housing, or Rapid Rehousing. English access to interpreters, translation services, and materials in their native language. All services are non-discriminatory and culturally responsive.

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)

1. Our community and domestic violence providers have developed a comprehensive housing prioritization process that uses a coordinated entry model. This model looks at the Housing Assessment, Basic Needs Assessment, and Lethality Assessment that are conducted with each Residential and Outreach Client. If a CoC participant discloses they are in danger after engaging in the traditional CE process, a confidential process takes place to connect them with appropriate services. All CoC partners have access to the DV specific intake assessments and safety planning/lethality assessment questions that can be asked in addition to the VISPDAT. This allows the safety concerns to be identified and addressed with referrals to the DV Centers. The housing options may be limited by the safety needs, and this allows for better CE practices internally and to any survivors referred into the CoC system.

2. Additionally, the CoC requires all DV members and staff to engage in confidentiality, technology safety and privacy training. This provides them with the knowledge of the importance of protecting survivors' information they may be privy to. All files stored have multiple levels of security to keep them protected. For example, files may be kept in a locked filing cabinet inside of locked offices that only advocates that are involved with the case have access to, within a secure building layered with cameras. All advocates are provided separate logins to the Osnum database, for confidential recordkeeping, in which passwords are not to be shared with anyone as well as separate computer logins. This allows the survivor's information to remain safe from view of outside sources.

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.			

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. Our written policies include an emergency transfer plan designed to ensure the safety of survivors of domestic violence, sexual assault, and related threats. The plan outlines eligibility criteria and strict confidentiality protocols. It provides access to housing options, including emergency shelters, transitional housing, and rapid rehousing, with a streamlined request process. The CoC collaborates closely with VSPs to ensure survivors receive support during transfers. Regular evaluations of the transfer process help maintain effective and responsive policies.

2. We ensure that all households seeking or receiving assistance are informed about their rights to an emergency transfer through multiple channels. At the time of intake, program staff provide explanations of these rights and include information in orientation paperwork. Rights are reiterated during program participation during regular check-ins and whenever safety concerns arise. To further ensure awareness, the CoC requires all participating agencies to display visible, easy-to-read notices in common areas, shelters, and program offices, outlining the rights and procedures for requesting an emergency transfer. These notices are available in multiple languages to accommodate diverse populations, and program staff are trained in the process.

3. Those requesting an emergency transfer are promptly connected with specialized DV services through our partner agencies. Dedicated DV staff advocate on behalf of participants, assisting them in the transfer process and guiding them on providing a statement that articulates their reasonable belief of an imminent threat of harm if they remain in their current location. Advocates also offer immediate access to emergency shelter as a safe interim solution until a secure transfer can be arranged. This ensures that participants receive timely, compassionate support during a critical time.

4. In response to emergency transfer requests, the CoC uses 24-hour helpline and text lines for survivors. When households request an emergency transfer, the CoC facilitates a structured, safety-focused led by their current housing provider. For those in RRH or PSH units, the goal is to transfer them directly to a new, safer housing option without moving to a shelter. The housing provider works with participants to quickly identify new housing, coordinate lease changes, and secure financial assistance for moving expenses.

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)

Our CoC ensures that survivors have the same access to housing and services as all other populations experiencing homelessness, not limited to support from victim service organizations. We facilitate safe access by implementing client-driven, trauma-informed, and culturally-relevant assessment and screening tools. Our clear referral policies and procedures are designed to seamlessly connect participants to needed services, while we prioritize addressing their physical, emotional, safety, privacy, and confidentiality needs throughout their participation in our programs. To support these goals, DV advocates actively participate in community and CoC meetings. This engagement helps clarify each agency’s role in supporting survivors, identify funding sources that can benefit mutual clients, and discuss service intersections, barriers, and successes. These collaborative discussions often lead to establishing MOUs and creating streamlined referral protocols to ensure coordinated care. Additionally, DV providers collectively strategize on county-wide resources and potential partnerships to enhance the range of services available to survivors.

For example, the primary DV provider in the CoC’s most densely populated area employs a best-practice model of a Coordinated Community Response (CCR) to domestic violence. This CCR framework focuses on ensuring victim safety, facilitating referrals, preventing intimate partner violence (IPV) homicides, increasing agency collaboration, and informing service delivery. Through this approach, the CoC strengthens its capacity to offer comprehensive, safe, and effective support for survivors.

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)

1. Our CoC is committed to proactively identifying and removing barriers that prevent survivors of domestic violence, dating violence, sexual assault, and stalking from accessing safe housing and services. We work closely with our partner agencies to regularly assess the unique challenges survivors face, and we take a preventative approach to address these obstacles rather than waiting for issues to arise. To identify barriers, the CoC conducts routine assessments, gathers feedback from service providers and survivors, and analyzes data to identify systemic issues that may impact access to housing and services. We also maintain open communication with advocates and community organizations, allowing us to recognize trends and disparities that may not be immediately visible. By actively engaging with survivors through surveys, focus groups, and direct outreach, we ensure their voices are heard and their needs are prioritized.

2. Once barriers are identified, our CoC works collaboratively to remove them. For example, we address resource allocation issues by ensuring equitable distribution of funding to support survivor-specific programs, such as emergency shelters, transitional housing, and trauma-informed services. To combat disparate impacts and access disparities, we implement culturally responsive practices, such as providing multilingual services, offering flexible office hours, and making transportation assistance available. Our CoC is also vigilant about addressing zoning and redlining issues that limit housing options for survivors. We collaborate with local policymakers to advocate for fair housing practices and support initiatives that increase affordable housing availability. Additionally, we tackle economic barriers by connecting survivors to employment training, job placement services, and financial literacy programs, which help close wage gaps and improve long-term stability.

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. Our CoC actively collaborates with LGBTQ+ organizations to ensure anti-discrimination policies are inclusive, trauma-informed, and reflective of the needs of LGBTQ+ individuals and families. This collaboration involves regular engagement with local LGBTQ+ advocacy groups, service providers, and community members to gather feedback, identify emerging issues, and update our policies accordingly.

2. The CoC plays actively assists providers to develop project-level anti-discrimination policies that align with CoC-wide standards. We provide a framework that outlines the core principles of our anti-discrimination policy, including zero tolerance for discrimination based on gender identity and sexual orientation. We conduct workshops and training to guide them through the process of updating their own policies, covering components such as inclusive language, non-discriminatory intake processes, and practices to ensure all participants feel safe and respected. Providers are given tools, such as policy templates and checklists, to help develop their policies. The CoC's TA team offers consultations to address specific challenges. We encourage providers to regularly review and revise their policies by integrating feedback from participants.

3. The CoC evaluates compliance with anti-discrimination policies through a structured process to ensure all providers practice inclusivity and equity. Compliance is assessed annually during CoC monitoring. This includes examining provider policies, staff training records, client intake procedures, and feedback from program participants. Providers must demonstrate that their anti-discrimination policies are effectively implemented. Areas for improvement are addressed through follow-up TA. We also evaluate compliance when grievances are filed. Our grievance process allows individuals to report incidents of discrimination or harassment, either directly to the CoC or through their housing provider. Each grievance is investigated thoroughly and with confidentiality. We review the details of the complaint, conducts interviews, and examine relevant documentation to assess whether there has been a breach of anti-discrimination policies.

4. In any case of non-compliance, the CoC works with the provider to develop a corrective action plan (e.g., staff training, policy and procedure revisions). Reevaluation is performed to assess improvement and determine whether further intervention is warranted (e.g., HUD TA, funder notice).

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?
Gainesville Housing Authority	0%	Yes-Both	No
Alachua County Housing Authority	51%	Yes-HCV	No

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

Describe in the field below:

- 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
- state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1. The two largest PHAs in the CoC's geographic region are the Gainesville Housing Authority (GHA) and the Alachua County Housing Authority (ACHA). The CoC benefits from a strong relationship with both. The Executive Director of ACHA is a member of the CoC board and the Executive Director of GHA is a former board member. Both PHAs have adopted a homeless preference, and the CoC Leadership Council and staff are actively working to educate these entities on the need for further prioritization of homeless and dedicated moving on strategies. Even though both PHAs don't have dedicated moving on vouchers or units, they both have collaborated with the CoC when vouchers have come available through limited funding opportunities (e.g., Emergency Housing Vouchers) to utilize them to move along those who no longer need CoC program funded PSH beds.

The Partners in Housing Initiative was established in FY22 to assist literally homeless families in obtaining permanent supportive housing through a collaboration between ACHA, Alachua County, and Family Promise of Gainesville. This initiative assists homeless families with a disabled parent with the ability to gain employment and increase income while securing suitable rental housing in Alachua County. While this project was initially funded for 2 years, it has been renewed in FY24 for an additional 2 years. All participants are referred by the CoC's Coordinated Entry System.

2. N/A

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	No
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section V.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

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

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section V.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section V.B.1.g.	
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	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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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?	No
4.	Foster Care?	No

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.	10
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.	10
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. During the local competition, applicants submit a housing first questionnaire along with their project applications. This questionnaire identifies any barriers to program entry or participation. Once a project is operational, the project is evaluated at least annually for fidelity to housing first principles and practices, as described further below. This evaluation is done through monitoring, coordinated entry, evaluation of program performance, and feedback from program participants.

2. Factors and performance indicators used during evaluations include barriers to entry (e.g., background checks, income requirements, drug testing, mental health evaluations) and requirements for ongoing program participation that are not consistent with housing first (e.g., behavioral health compliance, employment, participation in services). In addition, the CoC is attentive to acceptance versus rejections of referrals from coordinated entry, participant feedback, length of time in program, housing retention, and returns to homelessness.

3. The CoC regularly evaluates projects that are CoC-funded or funded by State or local funding. This evaluation includes an assessment of housing first fidelity. This is accomplished primarily through monitoring and coordinated entry. Projects are monitored at least annually, including a review of project policies and procedures, as well as participant case files, and interviews with staff and participants. Monitoring assesses whether there are barriers to program entry or continuing program participation. Practices must show participants are accepted into, and may remain in, permanent housing programs regardless of participants’ substance use, participation in services, employment, and/or completion of behavioral health programs.

4. The CoC provides ongoing training and education on the principles of Housing First and its practice to ensure that everyone involved understands the model and its importance. Additionally, the CoC has been monitoring project outcomes through data collection to help identify areas for improvement and track progress.

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)

Through targeted outreach, street outreach (SO) workers discern which individuals may be hesitant to engage with assistance and why. SO workers establish rapport and develop strategies to actively engage individuals who do not wish to engage or struggle to engage because, for example, they speak a language other than English or may be undocumented. With an initial focus on meeting immediate needs and connecting people to existing resources, to further support individuals with the highest barriers to accessing assistance SO serves three primary purposes:

(a) Connecting high-vulnerability populations: SO connects youth, families, and single adults living outside the shelter system with available community housing resources, ensuring that those most in need receive the services they require. SO efforts include: conducting regular visits to encampments, congregate sites, parks, and other places persons experiencing homelessness are known to stay; conducting regular visits to known service sites where unsheltered persons seek assistance, such as soup kitchens, libraries, shelters and health clinics; coordination with other systems, such as law enforcement, hospitals, emergency rooms, jails, mental health services. SO includes a mobile outreach clinic to serve individuals experiencing homelessness, and a University of Florida psychiatrist working alongside SO to connect with unsheltered individuals and support mental health challenges.

(b) Building trust and engagement: SO emphasizes rapport-building with individuals who have grown distrustful of the homeless assistance system. By fostering trust, these individuals become more likely to engage with SO and other providers when their names appear on the By-Name List, improving their chances of receiving timely housing and services.

(c) Locating hard-to-reach individuals: SO assists with referrals by locating individuals living in remote or hard-to-access areas, such as woods or encampments, where other agencies may lack the capacity or resources to reach. This ensures that even the most isolated individuals are identified and connected to CoC services, enabling them to receive the support they need. SO also facilitates engagements and assists clients with transitioning into housing programs as referrals are placed through the CES.

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	No

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	No
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.	Longitudinal HMIS Data	172	191

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:

- 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
- promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. The CoC works collaboratively with multiple healthcare organizations including the largest health care system (UF Health), the largest mental health & substance abuse treatment provider (Meridian Healthcare) in the CoC’s geographic region, and the City of Gainesville’s Community Resource Paramedicine Program. Partnerships with UF include a mobile outreach clinic available to program participants and individuals experiencing homelessness, partnerships with the outreach team for mobile health outreach teams accompanying street outreach, and a UF psychiatrist with street outreach to connect with unsheltered individuals with mental health needs. Collaboration with Meridian Healthcare includes social workers, nurses, substance abuse counselors and other case managers engaging with the CoC through outreach and attending bi-weekly case conferencing meetings where participants are discussed and referred, if appropriate. Services are also offered through the Paramedicine program include telehealth, recovery response, opioid and other SA treatment, homelessness outreach and prevention, and community health services for the most vulnerable clients.

2. CoC provider staff are SOAR certified and they assist unsheltered, sheltered, PSH and RRH clients with the SSI/SSDI application process. SOAR certified SSI Disability facilitators provide access to services that include health insurance through partnerships with local shelters, day service providers, and street outreach. SOAR training is provided by the CoC and provider agencies to ensure program participants have access to Federal disability income benefit programs and the related State benefits.

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)

1. As a result of the COVID-19 pandemic, the CoC created policies and procedures to prepare and respond to infectious disease outbreaks (not limited to COVID) and strengthened its relationships with state and local public health agencies. For instance, the CoC developed policies and procedures when collaborating with local stakeholders to design and execute sanitary rules for homeless encampments and shelters that can help avoid the spread of infectious diseases. These policies help the CoC, local stakeholders and homeless crisis response service providers develop and implement outreach strategies, as well as provide practical information and precautions for street outreach workers and shelter staff to help in maintaining safe environments within encampments and shelters to prevent the spread of infectious diseases.

2. The CoC continues to engage with state and local public health agencies, local stakeholders and the homeless crisis response system to respond to infectious disease outbreaks among the homeless similar to the CoC's response to the COVID pandemic. Discussions focus on how agencies could address immediate safety needs for individuals and families in shelters or encampments to decrease the spread of infectious diseases in the community. Primarily, issues of access to medical care, PPE, and sanitary supplies are discussed. Street outreach teams and shelter staff offer medical services and health screenings, and isolation for COVID positives when necessary. The CoC, in partnership with the Florida Department of Emergency Management, provides PPE such as masks and cleaning supplies to agencies and organizations throughout the CoC's geographic region. The CoC facilitates ongoing discussions within the community to coordinate the availability of supplies and distributes supplies as needed. The CoC works closely with the County Health Departments to stay up to date on protocols and guidance. Shelter providers can partner with the Health Dept. to conduct tests and provide non-congregate sheltering to positive individuals, with meals delivered by a local shelter and medical follow-up provided through a partnership with the University of Florida medical outreach team. All shelters operated in accordance with CDC guidance, with some shelters reducing capacity to meet guidelines if needed. These processes will be implemented for future infectious disease outbreaks.

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)

1. The CoC engaged with state and local public health agencies, local stakeholders, and the homeless crisis response system to respond to infectious disease outbreaks among the homeless in a manner similar to the CoC’s response during the COVID pandemic. The CoC coordinated meetings with service providers, organizations, local governments, and advocates. Discussions focused on how agencies could address immediate safety needs for individuals and families during the pandemic and decrease the spread of infectious disease in the community. Primarily, issues of access to medical care, PPE, and sanitary supplies were addressed. Taskforce Fore Ending Homelessness, as the CoC lead agency, connected with local emergency management to share information through the 5-county CoC catchment area. Info sharing occurs through meetings, 211: a 24/7 community resource for referrals to services, CoC listserv, websites, and social media. Not only is information shared through CoC resources, but the Lead Agency leverages their resources as well.

2. Street outreach teams (SO) are included in meetings between public health agencies and the CoC. SO offers medical services and health screenings, and coordinate isolation when necessary. The CoC, in partnership with the Florida Department of Emergency Management, provides PPE such as masks and cleaning supplies to agencies and organizations throughout the CoC’s geographic region. The CoC facilitated ongoing discussions within the community to coordinate the availability of supplies and distribute supplies as needed. The CoC worked closely with County Health Departments to stay up to date on protocols and guidance. Shelter providers continue to partner with the Health Dept. to conduct tests and provide non-congregate sheltering to individuals, with meals delivered by a local shelter and medical follow-up provided through a partnership with the University of Florida medical outreach team. All shelters operate in accordance with CDC guidance, with some shelters reducing capacity to meet guidelines if needed.

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 Coordinated Entry System (CES) covers all 5 counties in the CoC’s geographic area with ten (10) regional access points including emergency shelters, one-stop centers, and housing/prevention providers. Assessments CE Manager. Mobile street outreach teams have been established for all 5 counties and conduct assessments and referrals for those in encampments. Information for access points can be located on the CoC’s website.

2. To ensure that program participants are directed to appropriate housing and services, standardized intake processes are used at all access points, along with the VI-SPDAT, VI-FSPDAT, or TAY-VI-SPDAT, depending on the client’s subpopulation. As part of efforts to implement evidence-based assessment tools, a Place Value Assessment is also conducted. These assessments aid in ensuring participants are correctly placed on the BNL, which is organized by household need, vulnerability, and risk, and serves as a transparent and accountable system for prioritization. The CoC holds bi-weekly Case Conferences to review the BNL and assign participants for housing interventions such as PSH or RRH, based on prioritization criteria collected from assessments. The prioritization process is based on a combination of factors, including: VI-SPDAT score, length of time homeless, unsheltered homelessness or staying in non-congregate shelter, vulnerability to illness or death, functional impairments and disabilities, high utilization of crisis or emergency services, vulnerability to victimization, & risk of continued homelessness.

3. Access points engage in an appropriate and respectful manner to collect only necessary assessment information. Anyone seeking services is assessed no matter how limited their responses are. Information is collected using a person-centered approach showing sensitivity to a client’s lived experiences, minimizing risk, harm, and potential re-traumatization. Access points also use culturally and linguistically appropriate practices.

4. The CES is reviewed monthly by the Coordinated Entry committee using HMIS and system performance data to reduce burdens for individuals accessing CES. The committee is comprised of service providers, local government, mental health organizations, community members and individuals with lived experience. The assessment tool is further discussed with frontline staff during CE meetings to include feedback from those accessing services.

	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 CoC’s Coordinated Entry System (CES) reaches those least likely to apply for homeless assistance in several ways. First, the CES can be reached by phone or TTY by calling the CoC’s CE Manager directly, requesting assistance online, or by calling the 211-call center. Informational cards explaining how to access the CES are provided at various access points by local providers, advocates, and street outreach. Second, persons identified through street outreach are entered into the CES. Outreach workers actively engage individuals with a focus on meeting immediate needs and connecting people to the CES. Through impactful outreach, outreach workers establish rapport and develop strategies to actively engage individuals who do not wish to engage or struggle to engage with the crisis response system with a focus on meeting immediate needs and connecting people to existing resources.

2. The CES utilizes a centralized coordinated assessment tool (VI-SPDAT) to assess vulnerability and needs of households entering the CES to prioritize those most in need of assistance. The prioritization process is based on a combination of factors, including: VI-SPDAT score, length of time homeless, unsheltered homelessness or staying in non-congregate shelter, vulnerability to illness or death, functional impairments and disabilities, high utilization of crisis or emergency services, vulnerability to victimization, & risk of continued homelessness. Case worker observations are also used to determine prioritization.

3. The CoC holds 3 bi-weekly Case Conferences (Veteran, individual & family) to review the BNL and assign participants for housing interventions such as PSH or RRH, based on prioritization criteria. Homeless individuals/families on the BNL with the greatest needs, as determined by CoC community priorities, receive priority for any type of housing and homeless assistance available in the CoC. Case conferencing model allows for discussion of individual needs/preferences and allows for dynamic eligibility determinations. Those determined most vulnerable are referred to appropriate housing programs.

4. Access points engage in an appropriate and respectful manner to collect only necessary assessment information. Anyone seeking services is assessed no matter how limited their responses are. Outreach workers and shelter staff also assist with document readiness to aid in the referral process for clients seeking any services.

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. Each agency participating in the Coordinated Entry System is required to post or make publicly available a notice describing the coordinated entry system. This notice is displayed in agency waiting areas and any spaces where households may congregate or receive services, such as dining halls. In addition, CES information is posted on the CoC website, providing a centralized resource for those seeking assistance. Individuals can access information about CES entry points in their respective counties via the website, by dialing 2-1-1, or they may request assistance directly through the site, with those requests routed to the Coordinated Entry Manager (CEM). The CoC engages street outreach teams to connect with homeless individuals in various unsheltered settings, including encampments. Service providers who are members of the CoC also market housing and other CoC services to clients. Informational cards explaining how to access the CES are provided at various access points by local providers, advocates, and street outreach. The CoC utilizes a "Street Card" which folds into a pocket-sized resource of information on local shelters, free medical care, meals, Veterans services, and pet care.

2. The Street Card that provides resources also includes a "Know Your Rights: Street Laws" section which provides individuals with local civil rights laws. At any time during the coordinated entry process, individuals have the right to file a complaint. All households, whether individuals or families, are provided with the process for filing a complaint.

3. Any conditions or actions that are found to impede fair housing choice would be documented and reported to the jurisdiction responsible for certifying consistency with the Consolidated Plan. In our CoC catchment area, these jurisdiction are the City of Gainesville and the State of Florida.

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.	10/22/2024

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 CoC used HUD Analysis Tool 2.1 and 3.0, LSA , and current HMIS data to review racial disparities. Racial equity data was reviewed by Data Performance and Coordinated Entry committees, CoC Board, and general CoC meetings. Our CoC contracted with a business intelligence analyst to deep dive into HMIS data and SPM to further review racial disparities. Racial equity analysis is a monthly presentation in the CES committee and will continue to be further integrated into the CoC system planning process. With current HMIS capacity, CoC can analyze trends based on the CoC APR. The CoC is in the process of comparing data with a more granular approach by filtering project categories and by partnering agencies. This will help to identify trends and pinpoint areas for improvement. Granular reporting will look at the outcome or outflow by race, rather than just inflow. This analysis is shared with agencies and provided to future rank and review committees to determine racial equity of CoC-funded programs. Beyond data analysis, CoC efforts to understand how racial and ethnic discrepancies play out in the homeless crisis response system include persons with lived experience, members of historically marginalized groups, and frontline staff working directly with individuals experiencing homelessness. Each of these groups are included in system design, assessment and improvement through committees and workgroups.

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)

Our CoC is committed to advancing racial equity through structured, ongoing evaluation processes designed to ensure that all policies, procedures, and programs address and mitigate racial disparities. This commitment reflects our understanding that homelessness and housing instability disproportionately affect communities of color, necessitating a focused approach to equity within our system. Currently, our evaluation framework integrates several key components aimed at promoting racial equity. We conduct routine analyses of demographic and outcome data within our Homeless Management Information System (HMIS), specifically assessing differences in service access, housing outcomes, and overall program effectiveness across racial and ethnic groups. By examining data monthly, we maintain real-time awareness of trends and can respond to emerging disparities promptly. These insights are compiled into quarterly racial equity reports that inform strategic discussions and adjustments at both the program and policy levels.

Additionally, the CoC regularly engages focus groups and feedback sessions with service recipients and community members from diverse backgrounds. These sessions are essential in capturing lived experiences and understanding barriers unique to communities of color within our continuum. This qualitative feedback is reviewed alongside quantitative data to provide a holistic perspective on equity and is discussed in advisory board and committee meetings where stakeholders actively work to develop actionable steps based on findings.

Further, our CoC has implemented racial equity benchmarks and metrics within our coordinated entry system to monitor performance and accountability. These metrics help us evaluate progress over time and ensure that equitable access to housing and services is consistently upheld. For example, we track the length of time individuals spend waiting for housing, assessing whether racial disparities exist in coordinated entry referrals and placements. This ongoing monitoring allows us to identify potential inequities swiftly and make adjustments to our referral practices or policies where necessary.

Our CoC also collaborates with external experts and local racial equity organizations to provide training and conduct third-party evaluations of our policies. This external oversight brings valuable perspectives, ensuring that our evaluations are not only rigorous but also aligned with best practices in racial equity.

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)

1. The CoC continues its deep dive into HMIS data and SPM to consistently review racial disparities. With current HMIS capacity, CoC can analyze trends based on the CoC APR and other reporting tools. The CoC is in the process of comparing data with a more granular approach by filtering project categories and by partnering agencies. This helps to identify trends and pinpoint areas where improvement is needed. The CoC APR only allows for analysis of race by inflow which is why the CoC also developed granular reports to look at the outcome and outflow by race in our system. This analysis will be shared with stakeholders and provided to future rank and review committees to determine racial equity of CoC-funded programs. Beyond data analysis, CoC efforts to understand how racial and ethnic discrepancies play out in the homeless crisis response system include persons with lived experience, members of historically marginalized racial and ethnic groups, and frontline staff who work directly with individuals experiencing homelessness. Each of these groups are included in system design and assessment through committees and workgroups. Lead Agency staff took part in a HUD region IV CE community workshop with discussions including equity analysis, as well as numerous equity workshops provided by HUD TA's. Lead Agency staff continue to attend equity workshops for up-to-date guidance on systems changes to eliminate disparities.

2. Our CoC will continue to track disparities using HUD Analysis Tool 2.1 and 3.0, LSA , and current HMIS data.

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)

Our CoC actively recruits people with lived experience for participation in every phase of the CoC process. Beginning with the CoC Leadership Council (i.e., the CoC Board), two individuals with lived experience are appointed to sit on the Council and are active voting members. The CoC prioritizes input from individuals with lived experience.

The CoC's Lived Experience Committee is chaired by two individuals with lived experience. The committee meets monthly with one month's meeting serving as a planning session (held via Zoom) and the following month's meeting serving as an open, in-person meeting for anyone with lived experience to attend as well as case managers. Lead agency staff oversee the coordination and implementation of all meetings. Committee meetings are currently held at the Library Headquarters in downtown Gainesville, a centrally located facility with lunch provided to incentivize attendance by those with lived experience. The CoC advertises the Lived Experience Committee through the distribution of flyers, outreach to homeless service agencies, and electronic communications (email, e-newsletter, social media).

Additionally, the CoC includes individuals with lived experience in the PIT count through various levels of engagement. The PIT Count committee is the primary planning body and includes members with lived experience who provide feedback on PIT planning, survey questions, and overall PIT methodology. The PIT surveys include several questions that allow the CoC to perform a gaps analysis from information provided by currently homeless.

Finally, the CoC Rank and Review Committee includes a member with LE. This member provides valuable insight and experience to the rank and review process.

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.	4	2
2.	Participate on CoC committees, subcommittees, or workgroups.	4	2
3.	Included in the development or revision of your CoC's local competition rating factors.	3	2
4.	Included in the development or revision of your CoC's coordinated entry process.	4	2

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)

Our CoC partners provide opportunities for professional development and employment opportunities for individuals with lived experience of homelessness. For example, Gainesville Opportunity Center (GOC), works with individuals who have mental health conditions which make it difficult for them to secure or even obtain jobs. The GOC operates under a clubhouse model where members work with staff to accomplish important tasks that are vital to the daily operation of the GOC. Work is divided into a Culinary Unit and an Office Unit where members gain professional development. The Culinary Unit plans menus, prepares meals, and maintains the house. The Office Unit participates in activities to keep the business operations running with members participating in record-keeping, marketing, and development. A new Garden Unit was added where members help to grow vegetables in raised flower beds which help to build skills in agriculture. For individuals who secure jobs, the GOC works with them and their employer (if requested) to ensure they have a solid working relationship with GOC staff stepping in to cover a member's shift in times of mental health crisis. The GOC also has monthly Employment Dinners for those who are working or seeking employment, social activities, wellness activities, and confidence building by still helping run the Clubhouse.

The Tri County Community Resource Center (covering two rural counties in the CoC) partners with CareerSource on direct referrals for one-on-one employment, assistance and assistance with resumes. The resource center also provides direct volunteers that can assist patrons that walk in with job applications and resumes. The resource center also has a community scholarship program, that provides financial assistance for people, age 16 and up, to help them overcome barriers to employment and educational goals.

Santa Fe College, another active CoC member, prioritizes students experiencing homelessness for work study so they can achieve employment on-campus thus limiting their needs for transportation while also working around their class schedules.

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)

1. The CoC surveys and recruits individuals with lived experience (LE) for participation in all activities of the CoC. Two individuals with LE serve on the CoC Leadership Council (i.e., CoC Board) and several committees. The CoC also has a Lived Experience Committee (LEC) chaired by two individuals with LE. The LEC acts as a focus group and clearinghouse for system planning and policies and procedures. The CoC also includes at least one individual with LE on the rank and review committee for all funding opportunities.

2. Our CoC gathers feedback from people experiencing homelessness continuously. We conduct periodic surveys, focus groups, and listening sessions to ensure we capture diverse perspectives. Our outreach teams engage directly with individuals in unsheltered locations and in hospitals/institutions, providing opportunities for feedback. We also encourage participation in the LEC, where they can share insights and influence system improvements.

3. The LEC routinely gathers input from people who have received assistance through the CoC or ESG program. Committee meetings are open to anyone with LE and agency partners are encouraged to share flyers about the meetings to encourage participation. Lead Agency staff take minutes during each meeting and share feedback with the CoC Council, general membership, and committees so LE voices are considered in all that we do.

4. Our CoC prioritizes gathering feedback from individuals who have received assistance through the CoC Program or ESG Program. We conduct regular surveys at key points in the service provision process, including during program participation and after clients have exited the programs, to assess satisfaction and identify areas for enhancement. We also host focus groups and listening sessions. Our CoC's LEC provides a platform for clients to voice their thoughts directly to the CoC.

5. The CoC addresses challenges highlighted by people with LE. For example, during one meeting of the LEC, someone expressed difficulties scanning documents needed to apply for jobs. The CoC secured a speaker from the Library to present on re-entry services that they provide to assist those struggling to re-enter the workforce. Since the CoC hosts committee meetings at the Library, committee participants were familiar with the location but not with all the services that were available prior to the CoC addressing this barrier.

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
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2. reducing regulatory barriers to housing development.

(limit 2,500 characters)

1. Our CoC partners with city and county governments to address housing affordability and development. Through these collaborations, we provided insights and data on the needs of people experiencing homelessness, which helps inform discussions around zoning and land use reforms. Additionally, we participate in the County Affordable Housing Advisory Committee to ensure the needs of CoC participants are represented. Specifically, the Lead Agency is currently advocating for the inclusion of more flexible zoning laws that allow for the development of diverse housing types, including affordable housing, tiny homes, and accessory dwelling units (ADUs). This effort resulted in the adoption of new policies permitting higher-density housing in certain areas, which aim to increase the overall housing stock.

2. Our CoC participated in discussions highlighting how lengthy permitting processes and restrictive regulations can hinder the creation of affordable housing. As a result, our CoC is monitoring progress in streamlining approval processes for affordable housing projects, including the implementation of expedited permitting for developments that incorporate low-income units. This step is designed to encourage developers to invest in affordable housing and speed up project timelines, ultimately increasing the availability of housing for those in need.

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.	09/12/2024
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.	09/12/2024

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
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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.	
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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)?	100
2.	How many renewal projects did your CoC submit?	7
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.	
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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 local project review and ranking process assessed data measures from each project's APR for the period 7/1/2023-6/30/24. One of the measures scored was the percentage of program participants who were stably housed. Projects with higher PH placements and retention scored relatively higher than those with lower outcomes.

2. Similarly, the projects' APRs for the period 7/1/2023-6/30/24 included the length of time from program entry to housing move-in, assigning more points to projects that moved households into housing more quickly.

3. In the scoring rubric for project applications, projects were scored on the percentage of project participants that had severe needs and vulnerabilities, as described below in #4. Projects serving those with the most severe needs and vulnerabilities were assigned more points, relative to other projects.

4. The severe barriers considered in the scoring process included the percentage of participants who had each of the following characteristics: (1) at least one disabling condition, (2) VI-SPDAT of over 9, (3) behavioral health issue, (4) chronic homelessness, (5) domestic violence history, and (6) unsheltered at program entry.

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. Our CoC is committed to advancing racial equity by ensuring that the voices of individuals from diverse racial and ethnic backgrounds, particularly those over-represented in the local homelessness population, are central to our project review and ranking process. We actively seek input from people of different races and ethnicities to develop and refine the rating factors used to evaluate project applications, aiming to address disparities and improve outcomes for all communities. To determine the rating factors, our CoC engages with community members and stakeholders through focus groups, surveys, and public forums. These efforts include targeted outreach to individuals who have lived experience of homelessness and represent communities disproportionately affected, such as Black, Indigenous, and People of Color (BIPOC). Their feedback helps us identify the most pressing needs and systemic barriers, which are then incorporated into the criteria for evaluating project applications. This approach ensures that the projects we fund prioritize equity, cultural competency, and responsiveness to the needs of over-represented populations.

2. Our CoC has made deliberate efforts to include persons of diverse racial and ethnic backgrounds in the local competition review, selection, and ranking process. We ensure representation by inviting individuals from over-represented communities, particularly those with lived experience of homelessness, to serve on review panels and advisory committees. These members bring valuable perspectives that help us assess projects through an equity lens, ensuring that selected programs can effectively address the needs of all racial and ethnic groups within our community.

3. Project applications were scored based on their responses to the following questions: (1) explain how your organization/project has tried to and/or will identify any barriers to participation in the project faced by persons of different races and ethnicities; (2) describe what steps your organization/project has taken and/or will take to eliminate the identified barriers; (3) describe the steps your organization has taken and/or will take to ensure staff members have been trained in racial equity concepts and implementation.

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)

1. To identify any underperforming or less needed projects, and to determine whether funds should be reallocated, the Rank and Review Committee reviews project applications, project performance data, and grant administration factors (e.g., percentage of funds drawn down). Reallocation is considered for any project where APR and HMIS data reflect poor project performance.

Reallocation is also considered if there is evidence that the program is less needed; such evidence might include recaptures of funding, slow drawdowns, and low occupancy rates. In the face of such poor performance or evidence of lower need, countervailing factors considered by the Rank and Review Committee include the type of project, the extent to which project stayers might be impacted by reallocation, the possibility of changing grantee organizations, and/or the efficacy of providing technical assistance to the grantee.

2. The CoC did not identify any less needed projects, but did identify some low performing projects during the local competition this year. Those projects included DV renewal and PSH renewal projects.

3. The CoC did not reallocate any low performing or less needed projects during this year's competition, as determined by the Rank and Review Committee.

4. While some of the renewal projects had poorer than expected performance, it was determined by the Rank and Review Committee that funding should not be reallocated. The Committee was concerned that program participants might lose housing if funding were reallocated. Instead, technical assistance will be provided to the poorer performing projects to shore up the quality of their programs and improve data entry issues that might have contributed to apparent poor performance.

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

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 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.	10/02/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	<p>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.</p>	11/05/2024
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1E-5d.	<p>Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.</p>	
	<p>NOFO Section V.B.2.g. You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.</p>	

	<p>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.</p>	11/05/2024
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2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) 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.	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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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.	05/09/2024
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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)

1. To ensure DV housing and service providers meet comparable database requirements, the CoC conducts annual monitoring to review HMIS compliance. These audits specifically check that DV providers are using compliant databases. To support this, the HMIS Lead provided all DV providers with the HUD Homeless System Response: Comparable Database Vendor Checklist, along with the FY 2024 HUD Comparable Database Manual, which was released in April 2024. The HMIS Lead agency remains available to offer expertise, address HMIS reporting inquiries, and respond to any Coordinated Entry-related questions.

2. In our CoC, all DV housing and service providers use HUD-compliant software provided by Osnum. This software adheres to the FY 2024 HMIS Data Standards and is capable of generating APR and CAPER reports.

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	278	63	177	86.33%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	55	0	55	100.00%
4. Rapid Re-Housing (RRH) beds	132	0	132	100.00%
5. Permanent Supportive Housing (PSH) beds	801	0	801	100.00%
6. Other Permanent Housing (OPH) beds	175	0	175	100.00%

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)

Not applicable.

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

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

- Notice of Funding Opportunity (NOFO) 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.	01/22/2024
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/10/2024
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1. The CoC partners with a local youth shelter and RHY (Runaway and Homeless Youth) provider to coordinate the PIT count planning process. Youth-serving organizations are actively involved by providing feedback on the methodology and content of PIT surveys, ensuring the data collection is relevant to youth experiencing homelessness.

2. Youth-serving providers work closely with the CoC to help identify areas where homeless youth are most likely to be found during the PIT count. Their knowledge, along with input from the Street Outreach team, is critical in selecting locations where unaccompanied youth experiencing homelessness are likely to be identified.

3. During the most recent unsheltered PIT count, the CoC did not directly recruit youth experiencing homelessness as counters. Instead, the CoC relied on staff from youth-serving providers and youth volunteers with lived experience to conduct the count and ensure accurate data collection.

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)

1. No changes were made to sheltered PIT count methodology from 2023 to 2024. Data quality was improved as a result of enhanced training and preparation.

2. In 2024, we made significant strides in improving data quality and accuracy for our unsheltered PIT count. Agency partner staff were instrumental in ensuring that survey responses were more complete, with the majority of individuals identified in HMIS, greatly streamlining the deduplication process. These efforts led to a more reliable and precise count. In 2023, we continued to engage individuals with lived experience of homelessness in our surveyor pool, which provided meaningful involvement and financial compensation. This approach allowed for broad survey coverage during peak hours (6am-6pm), and although it resulted in a higher number of surveys (over 1,000), some data challenges arose due to incomplete fields, which impacted deduplication. In 2024, we streamlined our process, focusing on quality over quantity. As a result, we collected around 500 surveys with much better data integrity. This shift toward more complete and consistent information has greatly increased our confidence in the accuracy of the 2024 results.

3. Not Applicable. Our CoC's PIT count was not affected by people displaced from natural disasters or individuals seeking short-term shelter or housing assistance who recently arrived in our geographic area.

4. The changes made to the unsheltered PIT count in 2024 improved data quality and accuracy. The deduplication process was more effective. This led to a more reliable and representative count of the unsheltered population, giving us greater confidence in the results compared to previous years.

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)

1. The FL-508 CoC identifies individuals experiencing homelessness for the first time through a combination of data analysis and collaboration. The CoC uses HMIS reports to flag households newly experiencing homelessness and shares this information with the prevention subcommittee. This committee reviews historical data to make informed decisions. While the System Performance Measures report is primarily for annual HUD reporting, and has limitations for proactive identification, the CoC compensates by conducting bi-weekly case conferencing using the By-Name List (BNL). Additionally, the universal intake form helps case managers assess individuals seeking assistance and identify those potentially entering homelessness for the first time. These cases are processed through the Coordinated Entry System (CES), where case managers use progressive engagement and a trauma-informed approach to engage with clients and determine their needs.

2. The FL-508 CoC utilizes a coordinated, data-driven approach to address individuals and families at risk of homelessness. The CoC identifies at-risk households through HMIS reports and the Coordinated Entry System (CES), which enables case managers to assess individuals seeking assistance and intervene early. Data from service providers, such as eviction notices, rent arrears, and utility shut-off warnings, helps the CoC target those most vulnerable to homelessness. Assistance is provided through homelessness prevention programs funded through ESG, State, TANF, and local funding, and related interventions. In addition, our local legal aid provider assists with landlord-tenant disputes, eviction cases, child support modifications, and similar services to help prevent homelessness.

3. The organization that oversees the CoC's strategy is the TaskForce Fore Ending Homelessness, the Lead Agency and Collaborative Applicant for the CoC.

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 has multiple strategies to reduce the length of time individuals and families experience homelessness. First, Data and Monitoring: Assessing project performance by examining permanent housing outcomes and the associated length of time homeless in relation to those outcomes. Second, Coordinated Entry: Providing efficient assessments and housing connections via a transparent prioritization process. Third, Housing: Advocacy for affordable housing and collaboration with housing authorities. Efforts to increase availability of housing units. Fourth, Collaboration and Partnerships: Working with the government agencies, non-profits, and community leaders for pathways to stable housing. Fifth, Outreach: Providing a street outreach team that connects individuals experiencing homelessness with resources and referrals to service providers.

2. Identification of individuals' and families' time homeless is determined through bi-weekly BNL meetings and HMIS reporting. The CoC has been actively working with Built for Zero (BFZ) to reduce the LOT homeless. BFZ provides cohorts, consulting, and funding opportunities focused on effectively ending homelessness. Throughout CES and BNL calls, individuals and families are filtered based on their time in queue for assistance. When reviewing those in queue for assistance, RRH and PSH resources are determined by both the vulnerability index and the LOT homeless. This allows for a rapid connection to resources ultimately reducing the time homeless. The CoC hopes to expand the HMIS services and enhance reporting to develop a more inclusive BNL. This will help to identify those not only going through the CES process but those in ES, TH, and SO. We also would like to view the "approximate start date" as a factor of LOT homeless but this work is being done manually due to current HMIS capabilities.

3. The organization that oversees this strategy the TaskForce Fore Ending Homelessness, the Lead Agency and Collaborative Applicant for the CoC.

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. For all projects, the CoC works to improve performance by reviewing individual APRs. The Coordinated Entry System (CES) improves its process every year, in order to move households into permanent housing as quickly as possible. For ES, TH, and RRH it is the CoC’s goal to enhance training with development of goals through progressive engagement. Allowing the participants of the program to develop their success strategy will be key in them obtaining their goals. By using motivational interviewing, collaboration, evoking, and autonomy, participants should have a better understanding of the length of temporary assistance and will develop successful plans. In the development of these plans, we intend to identify supportive services that will help participants in their journey to success.

2. With PH programs, the CoC's strategy is to increase supportive service visits and utilize progressive engagement to allow those within PH the ability to remain or exit to PH destination. The CoC also provides training to partners and organizations to provide financial literacy, vocational resources, job training, and access to non-employment income to ensure individuals/families remain housed.

3. The organization that oversees this strategy is the TaskForce Fore Ending Homelessness, the Lead Agency and Collaborative Applicant for the CoC.

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 through a combination of data tracking and proactive case management. While reviewing historical HMIS data helps identify previous instances of clients returning to homelessness, the CoC has also developed a system that fosters real-time collaboration and record-sharing among service providers within the local homeless crisis response system.

Each provider has access to HMIS, which provides a comprehensive view of a client’s service history, including any previous exits to permanent housing. Case managers conduct regular assessments to monitor clients’ ongoing needs and vulnerabilities, allowing them to detect early warning signs or triggers that may indicate a potential return to homelessness. By reviewing the client’s record, including their previous place of residence and services received, case managers can identify patterns that suggest a risk of housing instability.

In addition to HMIS data, case conferencing is a key component of the CoC’s strategy. Service providers regularly meet to discuss at-risk clients, sharing insights and developing coordinated plans to prevent returns to homelessness. This collaborative approach ensures that clients receive the necessary support—such as rental assistance, mental health services, and eviction prevention—before they experience a housing crisis again.

2. The CoC employs a strategy aimed at reducing the rate of returns to homelessness that uses several components. The CoC has a Housing First Approach, recognizing the importance of housing stability and prioritizing quick exits to permanent housing. The CoC also has prevention programs that assist eligible clients with rent and utility payments. An emphasis on collaboration among service providers and housing agencies along with case management is used to ensure resources are efficiently allocated.

3. The organization that oversees this strategy is the TaskForce Fore Ending Homelessness, the Lead Agency and Collaborative Applicant for the CoC.

2C-5.	Increasing Employment Cash Income—CoC’s Strategy.	
	NOFO Section V.B.5.f.	

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

(limit 2,500 characters)

1. The CoC continues to increase access to employment income by building partnerships and relationships with community organizations that provide financial literacy, vocational resources, job training, and access to local workforce resources. Our network of CoC service providers plays a critical role in connecting individuals experiencing homelessness with necessary resources to enhance work readiness. This includes assisting households in resume building and guiding them through the job application process aimed to ensure successful job placement. Service providers and community stakeholders help remove barriers that hinder employment with supportive services such as childcare, food, case management, and housing resources. Case managers ensure that households have the opportunity to connect with employment services.

2. The CoC promotes access to employment through community partner programs and distribution of job opportunities via job boards, and access to computers and job fairs. CareerSource Northwest Florida, the CoC's primary mainstream employment provider (WIOA), offers a broad array of services for job seekers. Their services include job training, employment search, apprenticeships, career counseling, and targeted programs for Veterans, dislocated workers, and young adults.

3. The organization that oversees the CoC's strategy is the TaskForce Fore Ending Homelessness, the Lead Agency and Collaborative Applicant for the CoC.

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 intake process for program entry plays a vital role in identifying individuals and families who may benefit from various forms of non-employment cash income, including Social Security Administration (SSA) benefits, Supplemental Security Disability Income (SSDI), Temporary Assistance for Needy Families (TANF), SNAP and other benefits. During the initial assessment, intake specialists and case managers engage participants in conversations designed to uncover their eligibility for these resources. Partner agencies receive specialized training to help clients access SSA, SSDI, and TANF programs effectively, supported by SOAR-trained case managers who specialize in securing benefits for individuals experiencing homelessness. Beyond cash income programs, the CoC collaborates with additional services to enhance benefit access. Legal aid services are available to assist participants with complex applications, appeals, or other legal challenges that may impact benefit eligibility. Legal aid can also address outstanding legal issues that may serve as barriers to housing or employment stability, such as expungements, eviction disputes, and child support modifications. The CoC's intake process also includes screening for eligibility in supplemental support programs such as Supplemental Nutrition Assistance Program (SNAP) and Medicaid, connecting participants with staff trained to facilitate quick access to these essential resources. Additionally, specialized case managers assist families and individuals in applying for Women, Infants, and Children (WIC) benefits, childcare subsidies, and state-funded programs that address critical needs beyond the immediate scope of housing. Partnerships with local vocational rehabilitation services, job training programs, and financial coaching organizations further expand the resources available to participants, helping to secure long-term stability through employment readiness and financial management.

2. The organization that oversees the CoC's strategy is the TaskForce Fore Ending Homelessness, the Lead Agency and Collaborative Applicant for the CoC.

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?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

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

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
Partners in Housi...	PH-RRH	9	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Partners in Housing RRH24

2. Enter the Unique Entity Identifier (UEI): SDXMK89DUJC9

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: 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:	207
2.	Enter the number of survivors your CoC is currently serving:	130
3.	Unmet Need:	77

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. For element 1, the CoC estimated the number of DV survivors needing housing or services by calculating the number of persons who self-identify as survivors in the CoC, including those in shelters, housing programs, coordinated entry lists, and outreach. For element 2, we added the numbers of survivors currently being served by DV providers in the CoC in shelter or housing programs. It is expected that the unmet need as calculated is a conservative estimate, since it does not include the number of survivors who may need housing or services, but who have not yet reached out to the CoC or DV providers for assistance.

2. The data source used was Osnum, the DV providers' HMIS comparable database, as well as HMIS.

3. The CoC is unable to meet the needs of all survivors due to the scarcity of rapid rehousing funding, scarcity of affordable housing, and other resources. Due to the complex nature of DV and its intersectionality with poverty, homelessness and child welfare systems, the CoC doesn't have the resources to meet all needs. Increased safe and affordable housing inventory must be created and supports in the community to address childcare, legal obstacles to safe shared custody, and enhanced transportation and employment options developed in order for survivors to adequately gain a path to self-sufficiency that reduces their dependence on the batterer and increase their economic empowerment.

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
Another Way
Peaceful Paths

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	Another Way
2.	Rate of Housing Placement of DV Survivors–Percentage	25%
3.	Rate of Housing Retention of DV Survivors–Percentage	25%

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. To calculate the placement rate, we divided the number of DV survivors (27) who were known to have exited shelter to safe housing destinations by the number of survivors (107) residing in our emergency shelter during the most recently completed fiscal year (7/1/2023-6/30/2024).

2. Yes, the rate for housing placement accounts for exits to safe housing destinations.

3. Housing retention is not currently tracked by Another Way, but we have not been made aware of any returns to homelessness by the survivors who exited to safe housing destinations during the recently completed fiscal year. Housing retention tracking and reporting will occur as part of the newly established housing program discussed in this application.

4. Another Way pulled data from Osnium WS - an HMIS comparable database specifically for survivors of domestic violence – for its most recently completed fiscal year (7/1/23-6/30/24).

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. Participants entering services in our emergency shelter or outreach program are asked about their need for safe housing during the intake process. Screenings are conducted to determine potential barriers (lack of identification documentation, insufficient income, criminal record, evictions, poor credit, lack of transportation, employment prospects, etc.) that need to be addressed prior to a survivor obtaining safe and affordable housing. Staff assist survivors with rental searches and application processes, time-limited financial assistance, and housing-based case management so that access to safe housing can be accomplished quickly.

2. Another Way (AW) is part of the CoC's Coordinated Entry System. Three DV providers are part of the CoC and work well together should emergency transfers be needed. AW is well connected within the DV network and can make connections outside of the CoC if needed.

3. AW follows an empowerment-based model by creating individualized service plans with participants to determine which supportive services a survivor needs, starting with asking the survivor what they were seeking and matching their needs with services offered by AW, and by community and CoC partners.

4. AW is celebrating its 35th year of service to survivors of domestic violence and sexual violence. Services are provided directly or leveraged through community resources. Our longevity signifies that AW is well established with long-standing relationships with local providers/community partners with whom we would need to coordinate and collaborate with to assist participants in meeting their individualized goals. AW resource files are updated regularly and are inclusive of myriad safety and support services that participants may require. Staff assist participants with applying for federal/state benefits for which they may be eligible (TANF, WIC, crime victim compensation, relocation, unemployment, etc.) and provide referrals/linkages to local health and mental health providers as well as educational, career readiness and employment programs.

5. AW provides initial short-term financial assistance and works with participants from the onset to ensure that the rental could be maintained after the initial time-limited assistance.

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. Another Way (AW) is a state certified domestic violence center and as such maintains rigorous fidelity to statutes regarding survivor confidentiality (exp. FS 39.908). Staff coordinates intakes/interviews at safe locations - AW outreach office/confidential emergency shelter or community-based outreach offices, or a community location that is safe for the survivor and provides an adequate setting for confidential conversations. AW staff meet 1:1 w/survivors so they feel free to communicate without coercion regarding their needs.

2. AW utilizes a trauma-informed, survivor driven model to ensure that unit selection is grounded by individual survivor needs based on safety, location, access to transportation, childcare, where the abuser lives/works, and proximity to supports.

3. AW's emergency shelter location is kept confidential from the public. All program participants provided with this information are asked to keep the location confidential. The shelter address is never advertised, & mail is sent to a PO box. AW policies address the confidentiality and protection of all participant information. Robust security measures are in place to reduce the risk of unauthorized access or data breaches and ensure privacy and confidentiality. Privacy and confidentiality are maintained by using participant #'s instead of names. Access to participant information in Osniium WS is restricted.

4. All AW staff receive comprehensive safety planning training through initial state-approved core competency certifications at time of hire which provides extensive training on the state's confidentiality and privilege statutes. Ongoing review of these practices and AW policies, along with ongoing training on safety planning with survivors are held with staff and frequently discussed during case staffings where survivor safety plan needs are discussed.

5. AW's emergency shelter is fully fenced, has numerous security cameras, a secure gated entry and coded building entry. The shelter is staffed 24/7/365. Staff discuss location security and safety planning with survivors moving on to safe housing destinations. When funding allows, staff can provide access to Ring type camera systems for survivors living in the community to prevent a need to vacate the home.

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)

Safety planning is what advocates do on a daily and regular basis. Another Way is regularly monitored by myriad funding sources and safety planning is part of the monitoring process. Safety/safety planning has not been identified as an area of improvement. Survivor safety is of paramount importance to Another Way and begins with a survivor's call to our 24/7/365 helpline. The immediate safety of each survivor is evaluated at intake when staff discuss the importance of each survivor creating an individualized safety plan that will work best for each survivor's unique needs. Another Way practices empowerment-based service provision when developing an individualized safety plan with a survivor. It is always a survivor's decision in terms of what they choose to implement, how and when. Survivor driven choice regarding safety and housing options are imperative and safety planning is critical when survivors move into a new housing location. The CoC believes the DV Bonus Project will expand these options and increase the availability of safe, affordable housing to survivors fleeing domestic violence. Safety plans are updated as survivor circumstances change. Should an abuser locate a survivor, AW can quickly move survivors between our 2 shelters or move an outreach participant to an AW shelter for safety. Advocates can immediately refer survivors to AW's assigned Injunction for Protection attorney. Survivors are always able to report their experience with safety to their assigned advocate, or through a satisfaction survey. At exit, participants are provided with a satisfaction survey that is completed anonymously and can be submitted in shelter via a locked box for which only the Program Director has a key or mailed directly to the Executive Director. Grievance forms can also be submitted to the Program Director or Executive Director. Satisfaction surveys and participant concerns are regularly reviewed by the Program Director and Executive Director and serve as agenda items for program staff meetings. Programs and services are modified and improved through experiences – good and bad - shared by participants through these processes.

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)

1. Another Way has successfully worked to stabilize survivors over its 35-year history utilizing a variety of successful resolutions that are survivor-driven and centered and honors and respects survivors' choices while attending to safety issues that may be needed in a location.

2./3./4. Survivors make the final determination of their housing choice which may be anywhere from being permanently housed with family or friends, a return to their current/recent residence (when safe/with a safety plan in place), a permanent move out of state, or a permanent move out of town. Survivors can rebuild control over their lives and choose their own goals and define for themselves what will help them to be safer. Another Way takes a non-judgmental approach to survivors' preferences and stated needs rather than imposing prescribed solutions that may be analogous to a cookie-cutter approach to solving a survivor's homelessness. Every survivor who moves to a safe housing destination from our emergency shelter is provided with contact information for the local Another Way outreach advocate for follow up services, interventions, information and referrals, and continued support.

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)

1. Another Way (AW) utilizes a victim-centered & strengths-based approach treating each survivor as an individual and provides a supportive, safe and empowering environment to help a survivor with stabilization and goal setting. Staff work to create an atmosphere of transparency and collaboration, where survivors feel respected, safe and in control of their own choices. At no time does AW use punitive interventions. There is no requirement to participate in classes, counseling, etc. to access services. Survivors make the final decision to determine the options and resources that are best for themselves and their families. Advocates are aware of power differentials and intentionally remind survivors they are not here to tell them what to do, but to offer support, information, resources and guidance. Advocates share power with survivors and facilitate services instead of directing services.

2. AW staff members and direct service volunteers are required to complete 30 hours of intensive training in their first year and 16 hours each year thereafter. Much of the training they receive focuses on the importance of providing trauma-informed services, cultural competence, the history of oppression, and intersectionality. AW advocates meet survivors where they are, are non-judgmental, and do not plan their work with survivors based on predetermined needs. AW advocates do not direct services but rather work with survivors to help facilitate their access to knowledge, skills, opportunities, supports, and resources to enhance their social and emotional well-being and their personal power - something that abusers tend to control. Survivors suffer through a variety of experiences that may lead to difficulty making decisions, loss of sleep, anxiety, trouble concentrating, etc. Advocates allow for the time, space, and support needed for survivors to heal from trauma.

3. A critical part of the work of an advocate is assessing a survivor's strengths, needs, abilities, preferences, resources, housing barriers and progress towards their goals. Advocates coach participants to achieve their goals. The approach to all participant work is strengths-based in that staff are supervised in an approach that places survivor needs at the center, client strengths as an asset to the process and a positive relationship with the survivor based on respect. It is close contact with the advocate that supports survivors in their goals. Small wins are celebrated to support motivation and reinforce strengths.

4. Cultural competence, nondiscrimination and inclusivity are topics covered in training required for all staff. It is a continual process to ensure our goals of being open, equally available, and responsive to each unique individual's safety and life goals. Staff ask survivors their preferred language and other considerations needed to recognize and be responsive to the survivor's culture in the delivery of services.

5./6. Research has shown that survivors of domestic violence who are connected to community resources tend to be safer over time than survivors who are not connected to mainstream services. One single organization cannot fully address the complex needs and services required by domestic violence survivors. We realize that to maintain housing, a connection to a local program will be critical for newly housed survivors. AW advocates are highly experienced in working with survivors to link them with community partners and resources, and to identify informal/formal support systems for survivors and their families. This often includes linkage to community partners to assist with spiritual needs, support groups, and encouragement to connect with family and friends. AW advocates attend numerous community partner meetings where information and

resources are shared. AW advocates can easily access a shared computer file which contains a resource directory listing over 300 community resources - legal, physical and mental health providers, career source, thrift stores, early learning coalitions, food providers, etc. The resource file is updated at least annually to ensure the information is accurate and up to date. New resources are added to the file as information is available and vetted. AW advocates are highly adept at researching for and locating available resources to meet survivor's individual needs.

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)

The entirety of Another Way's work is based upon an empowerment model that is victim-centered and trauma-informed. Every Another Way staff member and direct service volunteer - including board members - is required to receive 30 hours of intensive CORE Competency training to gain privilege and understand confidentiality, empowerment and trauma-informed practices. Another Way advocates meet survivors where they are, are non-judgmental, and do not plan their work with survivors based on predetermined needs. Another Way advocates do not direct services but rather work with survivors to help facilitate their access to knowledge, skills, opportunities, supports, and resources to enhance their social and emotional well-being and their personal power - something that abusers tend to control. Survivors suffer through a variety of experiences that may lead to difficulty making decisions, loss of sleep, anxiety, trouble concentrating, etc. It's the job of an advocate to allow for the time, space, and supports needed for survivors to heal from trauma. Some survivors may require financial assistance to get back on their feet aside from those issues directly related to housing. There may be multiple mitigating factors – prior evictions, loss of employment due to an abuser’s tactics, proximity to day care/schools, safety planning – that need to be addressed before a survivor can begin to consider a quick move to community-based housing. Another Way is adept at tailoring financial assistance and support to individual needs of each survivor to support accessing or maintaining permanent housing, i.e., helping to repair a vehicle so a job is not lost, helping to repair bad credit that may be the fault of an abuser. Another Way shelter and outreach advocates are available to survivors as they obtain safe housing, and once they are permanently housed - ready to help through any crisis that may prevent obtaining or maintaining permanent housing. Advocacy and supportive services to include landlord negotiations, budgeting support, connecting survivors to community-based services such as employment programs will be offered as a means of helping survivors stabilize and continue to heal from the trauma of abuse.

Another Way’s core emergency shelter services include counseling, 24-hour helpline, child assessment, information and referral to myriad community resources, advocacy, accompaniment and safety planning. Aid in completing Injunction for Protection applications is also available. We provide supportive services such as: food, clothing, personal hygiene items, basic living essentials, transportation, and access to mainstream benefits as eligible. AW’s services are completely confidential, free of charge to all program participants and available 24/7/365. To gain access to emergency shelter, AW first receives direct contact from a victim through our 24/7/365 helpline or as a walk-in at one of our outreach offices. We utilize a low barrier entry approach – the sole requirement is that one is a victim of domestic violence. Once a short screening has been completed arrangements are made to safely get the victim to the shelter location. If our Levy County emergency shelter is at capacity, the victim will be sheltered by our Columbia County emergency shelter (and vice versa) or another certified domestic violence shelter in Florida. No victim fleeing an unsafe situation is ever turned away even if we must temporarily go over capacity.

Once in shelter and a victim’s immediate needs are addressed, the intake process is completed to gather necessary information and assess future needs and goals. The typical top three needs/goals of participants are housing, employment, and transportation. AW advocates are expert in accessing community resources. We utilize a victim-centered and strengths-based approach treating each survivor as an individual and provide a supportive, safe

and empowering environment while they are on their journey to obtaining their freedom from abuse. Our goal is to provide a secure & calming environment to help the survivor with stabilization and goal setting which may be a move to a different area, a return to family, or to secure a new housing opportunity. A survivor’s decision to access any services available in shelter is voluntary.

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)

AW will transition survivors of DV from shelter to safe community-based housing to allow shelter beds to be available for survivors with acute safety needs. AW Shelter Advocates (SA) will refer survivors who are ready and prepared to move to permanent housing AW Housing Navigators (HN). SAs will refer survivors to an HN once a determination is made based upon an assessment of a survivor’s needs, supports, goals, and barriers to housing. HNs will provide vigorous and proactive landlord outreach & housing search assistance to identify viable housing options. HNs will provide landlords/realtors/property managers with an education on AW’s services and the dynamics of dv. HNs will match survivors, who are past their immediate crisis and ready to develop a permanent housing plan, with housing options best suited to their stated needs and choice; accompany survivors to housing appointments; act as liaisons with landlords/property managers and negotiate leases. Initial financial assistance necessary for survivors to obtain housing will be provided (i.e. application fees, security/utility deposits, time-limited monthly rental payments). Rental assistance length will be based on each survivor’s needs. Survivors’ safety, emotional, and physical needs will be addressed in determining a move to permanent housing. SAs will perform the critical case management required to assist survivors with completing rental applications, securing mainstream benefits, obtaining identification documents and birth certificates, updating comprehensive safety planning needs for survivors & their child(ren): financial safety planning, updating referrals to community connections in their new location to ensure that employment, childcare, transportation, and other essential needs to maintain their new housing are addressed. HNs will maintain connections to realtors/ landlords to help mitigate issues that may result in evictions and to help market the program so realtors/landlords are aware that an organization is standing behind a new tenant. Newly housed survivors living within the AW service area will be referred to the local AW outreach advocate so supportive services can be offered through a seamless transition. Survivors can receive outreach support for however long they determine necessary. Survivors moving to a community outside of the AW service area will be provided with contact information for the closest domestic violence center for access to services.

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)

1. The overall goal of the proposed project is to assist survivors in transitioning from violent unstable homes to safe, affordable, stable, community-based housing. Specifically, AW's project will successfully transition survivors of domestic violence from our emergency shelter to safe, stable community-based housing to allow our emergency shelter beds to be available for survivors who need immediate safety. The new project will emphasize choice and survivor-empowerment and rapidly connect survivors and honor their preferences. Survivors are the experts on their own safety and AW Advocates and Housing Navigators will take the lead in continuing an environment of agency and mutual respect. AW will prioritize survivors' choice in housing placement and stabilization recognizing that the survivor may have no rental history, bad credit, ongoing legal issues, limited supports, a criminal record, irregular employment history. Survivor choice is imbedded in the work of AW. Survivor choice will be embedded in the process of securing housing, so they will have choices as to location, type of housing and more.

2. Survivors suffer through a variety of experiences that may lead to difficulty making decisions, loss of sleep, anxiety, trouble concentrating, etc. Trauma-informed care and mutual respect are vital in serving survivors of DV. This is considered by AW in all program design and implementation. AW realizes the impact of trauma on survivors, recognizes the signs of trauma, and responds by putting practices in place to better serve participants, and avoid re-traumatization. By minimizing triggers, survivors can better focus on resolving their housing issues. It is the job of an advocate to allow for the time, space, and supports needed for survivors to heal from trauma. Another Way shelter and outreach advocates are available to survivors as they obtain safe housing, and once they are permanently housed - ready to help through any crisis that may prevent obtaining or maintaining permanent housing. Advocacy and supportive services to include landlord negotiations, budgeting support, connecting survivors to community-based services such as employment programs will be offered as a means of helping survivors stabilize and continue to heal from the trauma of abuse.

3. The new project will maintain the practice of AW in allowing survivors autonomy and empowerment in creating and following through with their housing stabilization plan. Advocates and Housing Navigators will use strengths-oriented questions such as "how have you succeeded with this in the past?" to encourage survivors in their achievement of housing goals and stability.

4. The policy of Another Way is to effectively provide services to survivors of all cultures, ages, races, gender, sexual orientation, socioeconomic status, languages, ethnic backgrounds, spiritual beliefs, and religions in a manner that recognizes values, affirms and respects the worth of the individual and protects and preserves the dignity of each person. AW adheres to equal employment opportunity and nondiscrimination practices. The new project will maintain fidelity to these core practices and beliefs.

5. The benefits of support groups, peer support, mentorship, and spiritual support are proven to help in the healing process. The proposed project will continue the practice of AW advocates in linking survivors to these crucial supports, monitor their impact, bolstering any lost connections in the referral process as survivors may be hesitant to trust outsiders. We realize that to maintain housing, a connection to a local program will be critical for newly

housed survivors. Another Way advocates are highly experienced in working with survivors to link them with community partners and resources, and to identify informal and formal support systems for survivors and their families.

6. Another Way will continue to reinforce healthy family relationships to repair the damage of an abusive situation. At a survivor’s direction, advocates connect survivors with resources for parenting programs to strengthen skillsets of healthy parenting. Referrals to Early Learning Coalitions will also be provided as well as information about local childcare centers. AW has access to an Injunction for Protection attorney who is assigned to us by the Florida Domestic Violence Collaborative. Referrals can easily be made directly to the attorney when a survivor requests that support and completes a release of information.

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 its 35-year history, Another Way has consistently valued and encouraged input from its participants as well as staff members with lived experience with homelessness and/or domestic and/or sexual violence. The emergency shelter and outreach programs offer survivors with opportunities to provide feedback on their experiences while receiving services. The experience and strength of survivors is critical in helping others to restart their lives. The work of Another Way is survivor driven and survivor evaluated. Participants are asked to complete an anonymous survey upon exit of the program and the input of survivors is encouraged throughout their time in the program. Surveys request responses to questions such as interactions with staff, safety concerns, what was most helpful, and areas for improvement. The same level of involvement of participants and staff with lived experience will occur with the housing program.

2. Survivor feedback is crucial to furthering the goals of our current programs and services. Survivor feedback will be incorporated in crafting policies and program component development of our new housing program to ensure the program aligns with our current empowerment-based, trauma informed and survivor focused model. Topics of interest for feedback to help inform policies and program development will include the experience of survivors during the intake process, housing search and move-in, connection to resources, and safety planning.

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	Peaceful Paths
2.	Rate of Housing Placement of DV Survivors–Percentage	90%
3.	Rate of Housing Retention of DV Survivors–Percentage	80%

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. Housing placement is calculated using historic data from previous RRH and Supportive housing projects. Osnum data demonstrates the of those survivors placed into our Coordinated Entry system, 90% are placed into a housing program, and 80% retain housing upon completion of the case management services. We anticipate this project following similar patterns, that 90% of those survivors referred to the CES internally will accept and find housing placements.

2. This calculation does include exits to safe housing as some referred survivors will be able to return to their previous home due to legal actions and dependency resolutions, and only need minor financial assistance to be successful.

3. The retention rate is also calculated using historic rates of stayer and leaver success in the RRH and supportive housing programs. Approximately 75% of survivors successfully maintain the housing placement without additional help, with about 25% leaving the lease for other housing opportunities or due to a move for new safety reasons.

4. This data comes directly from the Osnum database that maintains our victim services HMIS data. Osnum is an HMIS comparable database compliant with HMIS standards.

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. Using a housing first model and the strong coordinated community response to DV that Peaceful paths has put into place, the survivors that are identified through housing assessment as needing permanent housing placement are moved into the internal Housing CES.

2. This system allows the housing team to quickly assess 3 components of the housing need: Safety and lethality issues, emergency shelter needs, and economic and legal barriers that will hold up housing placement. By addressing safety needs first, we can determine if relocation is possible within the community (is there ongoing law enforcement involvement, is there DCF involvement that prevents leaving the area, etc.) and the housing team can work from this information for housing placement. Next, we use the emergency shelter option to stabilize the family/individual with trauma intervention and address safety planning and basic needs before moving to the housing placement to ensure that best practice for survivor needs. This also allows time for the legal issues to be resolved. Finally, the case managers and CES team address economic barriers, such as childcare and transportation, prior to housing placement, as shelter residents have priority for these subsidies. The CES team uses the dynamic prioritization process to determine placements in both supportive housing and the RRH funded projects. The team meets weekly and reviews survivors who are seeking housing in the community or who have safety needs that required ongoing supportive housing on the agency campus.

3. The CES process is also informed by the comprehensive basic needs and case planning process that is part of every intake. This allows case managers and advocates to make internal program and external partner referrals for all supportive services needs, including trauma counseling, childcare, transportation, medical services, and employment.

4. The coordinated community response to DV that the agency leads allows for swift placement into supportive services outside the agency as needed.

5. The agency is an expert at moving survivors into community based housing without ongoing assistance as the housing team and economic empowerment programs have worked together for over a decade to manage this process for shelter and outreach survivors using HUD and other relocation resources. The expansion of the Campus supportive housing program in 2015 increased the need and internal processes for this piece of the housing work.

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. Confidentiality is a core value and requirement of our state certified center. Confidentiality tenants are implemented in the RRH and Supportive housing programs in 3 ways: through the confidential intake process where survivors have the opportunity to share their stories in an individual session and without judgment, with individual safety planning that addresses their needs, and through the completion of a lethality assessment that addresses the full picture of their basic needs, housing issues, and safety needs.

2. At each step, survivors choose the path that best suits their needs and wants, and Advocates support these choices with referrals to internal and external programs. This includes survivor chosen housing placements that are discussed with advocates for a safety review. No mandated services are ever presented to survivors, and all programming is voluntary.

3. The agency operates a best practice model of residential services delivery including a state of the art secure campus with 72 beds of emergency shelter and supportive housing that are staffed and monitored 24/7 and is adjacent to the Outreach Center which is the agency published address. All survivor information is kept secure within the victim services HMIS database, Osnum using best practice firewall and access protections. Locations and services follow VAWA guidelines for maintaining survivor confidentiality, including not confirming or denying any information without written releases of information from the survivor.

4. All center staff complete 30 hours of Advocate-Privilege training which secures their full understanding and implementation of standards of confidentiality and safety. All staff receive annual confidentiality updates and the agency uses our legal services team to train all new staff on the use of the Release of Information and secure files maintenance.

5. Peaceful Paths is monitored annually through the state Office of Domestic Violence for compliance with all statutory requirements for confidentiality implementation in F.S. Ch. 39.908. These policies and practices are also updated annually and shared with the CoC, law enforcement partners, and other services provider networks. This supports the survivor's confidentiality in the programs and in the community, and this is never been breached in the 50 years of operations of the agency.

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)

Our mission of saving lives and creating change utilizes comprehensive intervention and prevention approaches to ensure that we address all aspects of the work. We provide a wide range of free and confidential services that are constantly evolving to meet survivor needs. Our programs operate on an empowerment-based model of intervention that provides safety, support and a path to self-sufficiency for survivors and their children. We work with survivors where they are to provide assessment of needs, setting goals, and assisting them with securing the resources and skills they need to move forward in their lives. Services operate collaboratively on a continuum from helpline to residential to outreach services so that survivors can access the most appropriate intervention for their needs. Research shows that survivors need a range of services and solutions to address the DV in their lives. "Solutions must encompass a range of options such as emergency shelter, transitional housing, and permanent housing options, including housing vouchers, mortgage assistance, and federally subsidized housing. Survivors need living-wage jobs, tax credits, access to benefits, and access to child care, as well as economic literacy, financial education, and job training. We need consistent, stable funding for domestic violence programs that are poised to provide many of these options, alongside housing advocacy and confidential services to help survivors," (NNEDV.org) Peaceful Paths is a model of the comprehensive and collaborative approach that is best practice and necessary for shelter and residential services to be effective for long-term survivor stability. Peaceful Paths focuses on two major outcomes, prescribed by Federal funders, as the underpinning of all intervention services: That survivors have more tools to stay safe after services, and that they are more aware of community resources after services. We review gaps in services and opportunities to enhance and increase services annually, and have added four major programs in the past decade, including: the emergency services campus which doubled the number of beds available; the legal Services Team to offer free legal services to survivors; a comprehensive economic justice program that includes housing, credit, and employment services; and contracted trauma counseling services.

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)

1. The agency has five decades of experience ensuring that survivors have the opportunity and tools that they need to stabilize their situations while in services. First and foremost this focuses on safety planning, and that includes safely planning a path to self-sufficiency. To this end, we have implemented comprehensive support services that aid survivors in creating an independent future. Poverty reduction work is tied closely to our Campus programming, survivors are particularly vulnerable to poverty, and financial control issues are often major obstacles keeping victims trapped. Survivors have a variety of financial impacts including poor credit, greater debt, homelessness, and a higher risk of falling into poverty. Most residents in our local programs are TANF eligible and subsist below 150% of the poverty rate. In addition, most survivors need improved employment, and on average 38% become employed while in shelter, and 95% participate in financial planning activities while in services. These victims often face extreme poverty or the risk of further violence, and even death, if they cannot access the comprehensive supports that the program can provide.

2. The program is designed to give victims a safe, alternative living situation where they can receive the social and economic supports they need to start the process of transitioning to self-sufficiency, including placement in permanent housing or a safe exit to a previous living situation.

3. Advocates use individualized service planning and goal setting, so survivors have full choice in the services, housing, and referrals they access throughout their stay. This trauma informed, empowered based philosophy ensures that survivors can meet their goals without being mandated to engage in any service. Using our internal Coordinated Entry System, we increase victim safety by referring survivors into the housing program where their housing journey can be stabilized. Using dynamic prioritization, we reduce the number of families that are homeless, in shelter, and awaiting community based housing. We also increase the number of resources individuals and families can access through information and referrals, and diminish the long-term financial impacts of domestic violence by supplying basic needs and assisting with the transition to self-sufficiency.

4. All placements are based in survivor choice and advocates and case managers works to ensure consistency with stated goals and safety needs.

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)

1. Trauma informed care principles and best practices are at the core of the Peaceful Paths services. Our programs operate on an empowerment-based model of intervention that provides safety, support and a path to self-sufficiency for survivors and their children. We work with survivors where they are to provide individual, survivor directed assessment of needs, goal setting, and assisting them with securing the resources and skills they need to move forward in their lives. Our programs work collaboratively on a continuum from helpline to residential to outreach services so that survivors can access the most appropriate intervention for their needs.

2. All center staff complete 30 hours of Advocate-Privilege training which includes comprehensive understanding and implementation of standards trauma informed care. All staff receive annual training updates that include trauma informed engagement and best practice.

3. Peaceful Paths maintains a culture dedicated to our brand tagline, Hope Happens Here. We recognize that we see people on their worst day, when they are fearful, isolated, and looking for solutions. It means that every day, we have to embody hope, with a trauma informed response and the space to meet people where they are in that moment, in their own language, with culturally sensitive response, and in accessible, welcoming spaces. Advocates emphasize hope by prioritizing three agency values: Safety, Change, and Support. By working with survivors to gain safety in their lives, empowering them to create change in their path forward, and offering support as they reconnect with old and new networks, advocates establish trust with each individual. This rapport is apparent in every aspect of the work: the office environment that promotes privacy and one-stop services (showers, food, clothing, counseling, childcare, and comprehensive referrals), programming that includes concurrent childcare, free and safe housing for up to 1-year, legal services that address critical issues, and advocates employing trauma informed approach. All intakes, assessments, and case planning activities focus on survivor directed, strengths based best practice models for trauma informed approaches to working with victims. These practices are outlined in agency policy and meet the state standards for certification. All services are voluntary, and no survivor or their child is required to participate in any services in order to stay in programming. The access to critical residential intervention and safety services not only addresses crucial immediate danger in the lives of victims, but provides the support and assistance to develop a path of self-sufficiency. Peaceful Paths ensures that all survivors have access to the comprehensive intervention services that are necessary to empower them to identify goals for their shelter stay and work toward outcomes that can impact their lives. Survivors feel this, and comment regularly on the atmosphere that is welcoming and safe for them.

4. With a mission of saving lives and creating change, we are committed to a culture that welcomes all, survivors, staff and volunteers. Training on cultural competency is done on new hire and is revisited annually as part of the required 16 hours of advocate training.

5. The spirit of collaboration extends beyond our agency as well, and into the Coordinated Community Response that we engage in to address domestic violence in our region. Our community partners, including law enforcement, medical services, legal services, social services, churches, and education, help us incorporate our culture of hope into all team efforts. They collectively see

that hope works by giving survivors the empowering inspiration they need to create personal change.

6. Services based in this philosophy include: Individualized Safety planning; Individualized service plan; comprehensive survivor directed basic needs assessment; survivor directed housing interviews and surveys to address case management needs; individualized coordinated entry support for rapid rehousing, relocation, and safe permanent housing placement; support group, parenting programs, and individual trauma counseling; emergency food, clothing, and hygiene products and prescription support; Financial Literacy and Economic Empowerment programming to address employment, generational poverty, credit, mainstream benefits and education; Legal Services for injunctions, advice, and referrals; Transportation, referrals, and connection to community resources; and Children's services including assessment, education, childcare, and activities to engage all ages.

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)

Peaceful Paths Center Services, both on Campus (a 72-bed residential facility that provides emergency and extended housing) and in Outreach (across 3 counties) focus on free, confidential and comprehensive services that will ensure a safe and timely transition from crisis to stabilized living. Using best practices and state certified models of service delivery, Peaceful Paths uses a continuum of services that include crisis intervention, emergency housing, supportive housing, community based housing, high risk victim advocacy, counseling and education, trauma therapy, and support groups for adults, children and youth, economic empowerment programs, and legal services. Our programs operate on an empowerment-based model of intervention that focuses on safety, support and a path to self-sufficiency for all survivors and their children. We work with survivors where they are to provide survivor directed assessment of needs, setting goals, and assisting them with securing the resources and skills they need to move forward in their lives. Our programs work collaboratively on a continuum from helpline to residential to outreach services so that survivors can access the most appropriate intervention for their needs. At all levels, empowerment based case management ensures that the most pressing needs, generally, housing, employment, and childcare, are addressed in the context of the violence and the safety needs that exist. Through advocacy and intervention, the Center provides safety and support 24/7 in the transition to self-sufficiency for families and individuals experiencing abuse, the vast majority of which are living at or below the poverty level. This population is vulnerable to homelessness and further poverty due to the danger levels in their relationships and the use of financial abuse and control. Through around the clock staffing, residents are provided the opportunity to work with advocates for services such as safety planning, crisis counseling, helpline calls, case management, transportation, personal advocacy, and information and referral. Integrated children’s services are provided to all ages, and our comprehensive programming is fully accessible to all families. Peaceful Paths focuses all services on safety, support, and the transition to self-sufficiency for every survivor. This allows for the implementation of the Housing First model quickly, while still maintaining focus on the survivor’s safety and community based services needs. We also ensure that every survivor receives access to comprehensive financial safety planning and housing assessments to reduce the future poverty risk, increase their economic empowerment, and increase permanent housing placements. Together, these three outcomes are representative of the comprehensive nature of our services, and the commitment to providing residents with opportunities to address their safety and economic needs. The measurable project outcomes are as follows: (1) Do survivors feel safer after receiving services? (2) Do survivors have more knowledge of community resources and supports? (3) Are survivors stable in their living situation? Based on these outcomes, Peaceful Paths can determine the impact of the emergency service, the effectiveness of case management and the preparedness of residents to move toward permanent housing and financial independence.

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;	
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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)

1. The agency has five decades of experience ensuring that survivors have the opportunity and tools that they need to stabilize their situations. The priority focus is safety and that includes safely planning a path to self-sufficiency. To this end, Peaceful Paths has implemented comprehensive support services that aid survivors in creating an independent future.

2. The Campus program is designed to give victims a safe, alternative living situation where they can receive the social and economic supports they need to start the process of transitioning to self-sufficiency. They use individualized service planning and goal setting, and have full choice in the services, housing, and referrals they access throughout their stay. This trauma informed, empowered based philosophy ensures that survivors can meet their goals without being mandated to engage in any service. Using our internal Coordinated Entry System, we increase victim safety by referring survivors into the housing program where their housing journey can be stabilized. Using dynamic prioritization, we reduce the number of families that are homeless, in shelter, and awaiting community based housing. We also connect individuals and families with resources through information and referrals, and diminish the long-term financial impacts of domestic violence by supplying basic needs and assisting with the transition to self-sufficiency. The average time from entry into the program and safe, community-based housing is 39 days, using a low-barrier, housing first model that is survivor directed and inclusive of our coordinated community response (CCR) model for serving victims. For survivors moving into supportive housing, the timeline is longer due to less inventory on the Campus for this service, but is still averaging 60 days or less.

3. By using a variety of CCR resources, which include state provided relocation funds, center based relocation programs, and local general revenue sources, we can successfully rehouse people from shelter, prevent homelessness in outreach programs and divert survivors to other locations for safety. These choices are directed by survivor preferences and driven by individualized survivor goals.

4. Advocates are trained to interview survivors to assess for needs and services both before and after permanent housing placement. Their needs and preferences are taken into account at every point of contact to ensure that needs and goals are being met.

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)

1. Trauma informed care principles and best practices are at the core of our services. Our programs operate on an empowerment-based model of intervention that provides safety, support and a path to self-sufficiency for survivors and their children. We work with survivors where they are to provide individual, survivor directed assessment of needs, goal setting, and assisting them with securing the resources and skills they need to move forward in their lives. Our programs work collaboratively on a continuum from helpline to residential to outreach services so that survivors can access the most appropriate intervention for their needs.

2. All center staff complete 30 hours of Advocate-Privilege training which includes comprehensive understanding and implementation of standards trauma informed care. All staff receive annual training updates that include trauma informed engagement and best practice.

3. Peaceful Paths maintains a culture dedicated to our brand tagline, Hope Happens Here. We recognize that we see people on their worst day, when they are fearful, isolated, and looking for solutions. It means that every day, we have to embody hope, with a trauma informed response and the space to meet people where they are in that moment, in their own language, with culturally sensitive response, and in accessible, welcoming spaces. Advocates emphasize hope by prioritizing three agency values: Safety, Change, and Support. By working with survivors to gain safety in their lives, empowering them to create change in their path forward, and offering support as they reconnect with old and new networks, advocates establish trust with each individual. This rapport is apparent in every aspect of the work: the office environment that promotes privacy and one-stop services (showers, food, clothing, counseling, childcare, and comprehensive referrals), programming that includes concurrent childcare, free and safe housing for up to 1-year, legal services that address critical issues, and advocates employing trauma informed approach. All intakes, assessments, and case planning activities focus on survivor directed, strengths based best practice models for trauma informed approaches to working with victims. These practices are outlined in agency policy and meet the state standards for certification. All services are voluntary, and no survivor or their child is required to participate in any services in order to stay in programming. The access to critical residential intervention and safety services not only addresses crucial immediate danger in the lives of victims, but provides the support and assistance to develop a path of self-sufficiency. Peaceful Paths ensures that all survivors have access to the comprehensive intervention services that are necessary to empower them to identify goals for their shelter stay and work toward outcomes that can impact their lives. Survivors feel this, and comment regularly on the atmosphere that is welcoming and safe for them.

4. With a mission of saving lives and creating change, we are committed to a culture that welcomes all, survivors, staff and volunteers. Training on cultural competency is done on new hire and is revisited annually as part of the required 16 hours of advocate training.

5. The spirit of collaboration extends beyond our agency as well, and into the Coordinated Community Response that we engage in to address domestic violence in our region. Our community partners, including law enforcement, medical services, legal services, social services, churches, and education, help us incorporate our culture of hope into all team efforts. They collectively see

that hope works by giving survivors the empowering inspiration they need to create personal change.

6. Services based in this philosophy include: Individualized Safety planning; Individualized service plan; comprehensive survivor directed basic needs assessment; survivor directed housing interviews and surveys to address case management needs; individualized coordinated entry support for rapid rehousing, relocation, and safe permanent housing placement; support group, parenting programs, and individual trauma counseling; emergency food, clothing, and hygiene products and prescription support; Financial Literacy and Economic Empowerment programming to address employment, generational poverty, credit, mainstream benefits and education; Legal Services for injunctions, advice, and referrals; Transportation, referrals, and connection to community resources; and Children's services including assessment, education, childcare, and activities to engage all ages.

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. The agency has always incorporated survivors in all levels of agency operations. Currently, the agency has two survivors on the Board of Directors, including one male survivor whose former wife was murdered by her new husband, leaving him as a single parent of their two children. His expertise in navigating trauma and the secondary victimization of child survivors has been instrumental in informing many of programs and initiatives that we have developed over the years, including youth support groups, secondary and family survivor support groups, and donor messaging. Another avenue for ensuring that voices of survivors are included in the project is incorporating staff who have lived experience in Domestic Violence and homelessness. Currently, the agency employs 6 persons (15% of the total FT staff) with lived expertise. The Team includes one individual who was homeless for more than a year, one who is a survivor that received clemency after being incarcerated for DV Manslaughter, two survivors of physical and sexual abuse by their batterer, and two who were in long term marriages that included financial abuse, emotional abuse and violence. Their participation in program development, annual policy and practice review, and feedback on client materials is all critical to ensuring inclusivity, access, and empowerment language. Finally, the agency employs a number of feedback options to survivors in all program to give feedback and rate their satisfaction with services anonymously or with staff contact for discussion. All survivors are given exit interview forms, satisfaction survey links, outcome evaluations, and grievance forms that are available throughout their service journey. These are reviewed by leadership so that feedback is incorporated into policy and program development, used to revise practice, and for our quality assurance process.

2. Annually, we receive hundreds of feedback forms and satisfaction surveys, including from residents exiting RRH programs. Feedback is used to create new programming, as was done with the Trauma Counseling Services and the expanded Campus in 2015, both of which came directly from stakeholder feedback following the total loss fire in 2009. Survivor feedback also informs practice and policy that need to be adjusted, such as transportation policy that instated the use of Uber, ac new childcare policy, and the expansion of legal services to address family law issues.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . 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).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/25/2024
1C-7. PHA Moving On Preference	No		
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	11/01/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	11/01/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/14/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	10/14/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/14/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/14/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/21/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting CoC A...	11/06/2024
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	11/06/2024

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's HDX Competi...	10/25/2024
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/04/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Lived Experience Support Letter

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Local Competition Scoring Tools

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: Web Posting CoC Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC Approved Consolidated Application

Attachment Details

Document Description: HUD's HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare Formal Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/03/2024
1B. Inclusive Structure	10/25/2024
1C. Coordination and Engagement	10/25/2024
1D. Coordination and Engagement Cont'd	10/29/2024
1E. Project Review/Ranking	11/06/2024
2A. HMIS Implementation	11/01/2024
2B. Point-in-Time (PIT) Count	10/29/2024
2C. System Performance	10/29/2024
3A. Coordination with Housing and Healthcare	11/04/2024
3B. Rehabilitation/New Construction Costs	10/29/2024
3C. Serving Homeless Under Other Federal Statutes	10/25/2024

4A. DV Bonus Project Applicants	11/04/2024
4B. Attachments Screen	11/06/2024
Submission Summary	No Input Required

5.4 ADMISSION PREFERENCES [24 CFR 982.207]

PHAs are permitted to establish admission preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other admission preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

ACHA participants will be selected based on the category of preferences outlined in this subsection. These preferences are not weighted and are not listed in any specific priority order. A family may have one or more preferences but having multiple preferences does not create a higher priority preference for the family. ACHA reserves the right to select or suspend selection from any preference category at any time based on funding availability or to meet local housing needs. ACHA reserves the right to add an admission preference for humanitarian and extraordinary reasons.

- Displacement due to ACHA Public Housing demolition or disposition.
- Disabled and/or Elderly
- **Chronically homeless**
 - Chronically homeless is defined as “either (1) an unaccompanied homeless individual or family with a disabling condition and is considered disabled and who has been continuously homeless for a year or more, OR (2) an individual or family with a disabling condition and considered disabled and who has had at least four episodes of homelessness in the past three years. Homelessness is defined as a person sleeping in a place not meant for human habitation (e.g. living on the streets, for example) OR living in a homeless emergency shelter. A qualifying agency must be able to verify the instances of homelessness. Qualifying agency is one that works directly with the homeless and disabled population on a daily basis and one which that provides some type of supportive service to the family. If the instances of homelessness cannot be verified, the family will not qualify for this preference.
 - Mainstream Preference (Section 811 Preferences) – This preference is specific for non-elderly persons with disabilities who are homeless per 24 C.F.R. 576.2, at risk of homelessness or transitioning out of institutional and other segregated settings or are at serious risk of institutionalization.

Order of Selection [24 CFR 960.206(e)]

The PHA system of preferences may select families either according to the date and time of application or by a random selection process.

GHA Policy

Families will be selected from the waiting list based on preference. Among applicants with the same preference, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA.

When selecting applicants from the waiting list the PHA will match the characteristics of the available unit (unit size, accessibility features, unit type) to the applicants on the waiting lists. The PHA will offer the unit to the highest ranking applicant who qualifies for that unit size or type, or that requires the accessibility features.

By matching unit and family characteristics, it is possible that families who are lower on the waiting list may receive an offer of housing ahead of families with an earlier date and time of application or higher preference status.

Factors such as deconcentration or income mixing and income targeting will also be considered in accordance with HUD requirements and PHA policy.

No.	Preference	Points
1	Preference for single persons who are elderly, displaced, homeless, or persons with disabilities. 982.207 (b)(5)	1
2	Preference for person who is not currently receiving any federal subsidize housing assistance.	1
3	Preference for “working” families, where the head, spouse, or sole member is employed at least 25 – 30 hours per week.	1
4	Preference for “working” families, where the head, spouse, or sole member is employed at least 31 - 40 hours per week.	2
5	All others by the oldest date and time of applications.	0

Chapter 4

APPLICATIONS, WAITING LIST, AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive Section 8 HCV assistance, the family must submit an application that provides the PHA with the information needed to determine the family's eligibility. HUD requires the PHA to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, the PHA must select families from the waiting list in accordance with HUD requirements and PHA policies as stated in the administrative plan and the annual plan.

The PHA is required to adopt a clear approach to accepting applications, placing families on the waiting list, selecting families from the waiting list and must follow this approach consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the PHA to receive preferential treatment. Funding earmarked exclusively for families with particular characteristics may also alter the order in which families are served.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance, and that the PHA affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that the PHA will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and PHA policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the PHA will handle the applications it receives.

Part II: Managing the Waiting List. This part presents the policies that govern how the PHA's waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for assistance. It also discusses the process the PHA will use to keep the waiting list current.

Part III: Selection for HCV Assistance. This part describes the policies that guide the PHA in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that the PHA has the information needed to make a final eligibility determination.

PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the policies that guide the PHA's efforts to distribute and accept applications, and to make preliminary determinations of applicant family eligibility that affect placement of the family on the waiting list. This part also describes the PHA's obligation to ensure the accessibility of the application process to elderly persons, people with disabilities, and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16, Notice PIH 2009-36]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits the PHA to determine the format and content of HCV applications, as well how such applications will be made available to interested families and how applications will be accepted by the PHA. However, the PHA must include Form HUD-92006, Supplement to Application for Federally Assisted Housing, as part of the PHA's application.

GHA Policy

The application process will involve a two-step application process. The first step is an on-line process that requires families to provide only the information needed to make an initial assessment of the family's eligibility and to determine the family's placement on the waiting list.

The first phase involves an on-line preliminary application process. Applications will be made available in an accessible format upon request from a person with a disability.

The second phase is the full-application which takes place when the family reaches the top of the waiting list. At this point, the PHA conducts a formal interview in person and request verifications that are required by HUD and the PHA. The family must provide all of the information necessary to establish family eligibility and level of assistance when the family is selected from the waiting list.

Completed applications must be returned to the PHA by mail, by fax, or submitted in person during scheduled appointment. Applications must be complete in order to be accepted by the PHA for processing. If an application is incomplete, the PHA will notify the family of the additional information required. PHA will give the family no more than 10 business day to return the required information. Failure to return may result in being removed from the waiting list.

4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

The PHA must take a variety of steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard PHA application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). The PHA must provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible, or the PHA must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of the PHA's policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

PHAs are required to take reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on the PHA's policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

The PHA must review each complete application received and make a preliminary assessment of the family's eligibility. The PHA must accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, the PHA must notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

GHA Policy

If the PHA can determine from the information provided that a family is ineligible, the family will not be placed on the waiting list. Where a family is determined to be ineligible, the PHA will send written notification of the ineligibility determination within 10 business days of receiving a complete application. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).

Eligible for Placement on the Waiting List

GHA Policy

The PHA will send written notification of the preliminary eligibility determination within 10 business days of receiving a complete application.

Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list.

Applicants will be placed on the waiting list according to any HUD policies or any preference(s) for which they qualify, and the date and time their complete application is received by the PHA.

PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The PHA must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how a PHA may structure its waiting list and how families must be treated if they apply for assistance from a PHA that administers more than one assisted housing program.

4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

The PHA's HCV waiting list must be organized in such a manner to allow the PHA to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list must contain the following information for each applicant listed:

- Applicant name;
- Family unit size;
- Date and time of application;
- Qualification for any local preference;
- Racial or ethnic designation of the head of household.

HUD requires the PHA to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. Such PHAs are permitted, but not required, to maintain a separate waiting list for each county or municipality served.

GHA Policy

The PHA will maintain a single waiting list for the HCV program.

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program the PHA operates if 1) the other programs' waiting lists are open, and 2) the family is qualified for the other programs.

HUD permits, but does not require, that PHAs maintain a single merged waiting list for their public housing, Section 8, and other subsidized housing programs.

A family's decision to apply for, receive, or refuse other housing assistance must not affect the family's placement on the HCV waiting list, or any preferences for which the family may qualify.

GHA Policy

The PHA will not merge the HCV waiting list with the waiting list for any other program the PHA operates.

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

A PHA is permitted to close the waiting list if it has an adequate pool of families to use its available HCV assistance. Alternatively, the PHA may elect to continue to accept applications only from certain categories of families that meet particular preferences or funding criteria.

GHA Policy

The PHA will close the waiting list when the estimated waiting period for housing assistance for applicants on the list reaches 24 months for the most current applicants. Where the PHA has particular preferences or funding criteria that require a specific category of family, the PHA may elect to continue to accept applications from these applicants while closing the waiting list to others.

Reopening the Waiting List

If the waiting list has been closed, it cannot be reopened until the PHA publishes a notice in local newspapers of general circulation, minority media, and other suitable media outlets. The notice must comply with HUD fair housing requirements and must specify who may apply, and where and when applications will be received.

GHA Policy

The PHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice.

The PHA will give public notice by publishing the relevant information in suitable media outlets including, but not limited to:

- *The Gainesville Sun*
- *Gainesville Housing Authority website*
- *Minority media*
- *Local churches*
- *Community groups and agencies*

4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

The PHA must conduct outreach as necessary to ensure that the PHA has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires the PHA to serve a specified percentage of extremely low income families (see Chapter 4, Part III), the PHA may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

PHA outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations
- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program
- Avoiding outreach efforts that prefer or exclude people who are members of a protected class

PHA outreach efforts must be designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers
- Developing informational materials and flyers to distribute to other agencies
- Providing application forms to other public and private agencies that serve the low income population
- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

GHA Policy

The PHA will monitor the characteristics of the population being served and the characteristics of the population as a whole in the PHA's jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

GHA Policy

While the family is on the waiting list, the family must immediately inform the PHA of changes in contact information, including current residence, mailing address, and phone number. The changes must be submitted in writing.

4-II.F. UPDATING THE WAITING LIST [24 CFR 982.204]

HUD requires the PHA to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to a PHA request for information or updates because of the family member's disability, the PHA must reinstate the applicant family to their former position on the waiting list [24 CFR 982.204(c)(2)].

GHA Policy

The waiting list will be updated annually to ensure that all applicants and applicant information is current and timely.

To update the waiting list, the PHA will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the PHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

The family's response must be via PHA online web based program unless applicant requests a reasonable accommodation.

If the family fails to respond within 15 business days from the date of the annual update letter, the family will be removed from the waiting list without further notice.

If there are no changes, the family must mail back the annual update letter stating that there are no changes within 15 business days. If the family fails to respond within 15 business days, the family will be removed from the waiting list without further notice.

If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 15 business days to respond from the date the letter was re-sent.

If a family is removed from the waiting list for failure to respond, the Executive Director may reinstate the family if s/he determines the lack of response was due to PHA error.

Removal from the Waiting List

GHA Policy

If at any time an applicant family is on the waiting list, the PHA determines that the family is not eligible for assistance (see Chapter 3), the family will be removed from the waiting list.

If a family is removed from the waiting list because the PHA has determined the family is not eligible for assistance, a notice will be sent to the family's address of record as well as to any alternate address provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding the PHA's decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families receive assistance from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences that the family qualifies for. The source of HCV funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit families that are not on the waiting list, or without considering the family's position on the waiting list. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

GHA Policy

The PHA administers the following types of targeted funding:

- Veterans Administration Supportive Housing (VASH)
- Shelter Plus Grant
- PATH
- Vet Port

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

GHA Policy

The PHA will use the following local preference:

In order to bring higher income families into Section 8, the PHA will establish a preference for “working” families, where the head, spouse, or sole member is employed at least 25 hours per week. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA’s fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are “continuously assisted” under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

GHA Policy

The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families either according to the date and time of application, or by a random selection process [24 CFR 982.207(c)]. When selecting families from the waiting list PHAs are required to use targeted funding to assist only those families who meet the specified criteria, and PHAs are not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

GHA Policy

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA. Documentation will be maintained by the PHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the PHA does not have to ask higher placed families each time targeted selections are made.

Offers from the Gainesville Housing Authority for housing assistance will be taken from the waiting list based on the following priority order and having the oldest date and time of application:

No.	Preference	Points
1	Preference for single persons who are elderly, displaced, homeless, or persons with disabilities. 982.207 (b)(5)	1
2	Preference for person who is not currently receiving any federal subsidize housing assistance.	1
3	Preference for "working" families, where the head, spouse, or sole member is employed at least 25 - 30 hours per week.	1
4	Preference for "working" families, where the head, spouse, or sole member is employed at least 31 - 40 hours per week.	2
5	All others by the oldest date and time of applications.	0

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the PHA must notify the family.

GHA Policy

The PHA will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:

- Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview

- Who is required to attend the interview

- Documents that must be provided at the interview to document the legal identity of household members, including information about what constitutes acceptable documentation

- Other documents and information that should be brought to the interview

If a notification letter is returned to the PHA with no forwarding address, the family will be removed from the waiting list. A notice of denial (see Chapter 3) will be sent to the family's address of record, as well as to any known alternate address.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends that the PHA obtain the information and documentation needed to make an eligibility determination through a private interview [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if the PHA determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by the PHA [Notice PIH 2010-3].

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability.

GHA Policy

Families selected from the waiting list are required to participate in an eligibility interview.

The head of household and the spouse/co-head will be strongly encouraged to attend the interview together. However, either the head of household or the spouse/co-head may attend the interview on behalf of the family. Verification of information pertaining to adult members of the household not present at the interview will not begin until signed release forms are returned to the PHA.

The interview will be conducted only if the head of household or spouse/co-head provides appropriate documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity). If the family representative does not provide the required documentation, the appointment may be rescheduled when the proper documents have been obtained.

Pending disclosure and documentation of social security numbers, the PHA will allow the family to retain its place on the waiting list for **seven (7) business days**. If not all household members have disclosed their SSNs at the next time the PHA is issuing vouchers, the PHA will issue a voucher to the next eligible applicant family on the waiting list.

The family must provide the information necessary to establish the family's eligibility and determine the appropriate level of assistance, as well as completing required forms, providing required signatures, and submitting required documentation. If any materials are missing, the PHA will provide the family with a written list of items that must be submitted.

Any required documents or information that the family is unable to provide at the interview must be provided within 10 business days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of Social Security numbers and eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension in writing. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (See Chapter 3)

An advocate, interpreter, or other assistant may assist the family with the application and the interview process.

Interviews will be conducted in English. For limited English proficient (LEP) applicants, the PHA will provide translation services in accordance with the PHA's LEP plan.

If the family is unable to attend a scheduled interview, the family should contact the PHA in advance of the interview to schedule a new appointment. In all circumstances, if a family does not attend a scheduled interview, the PHA will send another notification letter with a new interview appointment time. Applicants who fail to attend two scheduled interviews without PHA approval will be denied assistance based on the family's failure to supply information needed to determine eligibility. A notice of denial will be issued in accordance with policies contained in Chapter 3.

4-III.F. COMPLETING THE APPLICATION PROCESS

The PHA must verify all information provided by the family (see Chapter 7). Based on verified information, the PHA must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted admission, or selection preference that affected the order in which the family was selected from the waiting list.

GHA Policy

If the PHA determines that the family is ineligible, the PHA will send written notification of the ineligibility determination within 10 business days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review (Chapter 16).

If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. targeted funding, extremely low-income), the family will be returned to its original position on the waiting list. The PHA will notify the family in writing that it has been returned to the waiting list, and will specify the reasons for it.

If the PHA determines that the family is eligible to receive assistance, the PHA will invite the family to attend a briefing in accordance with the policies in Chapter 5.

10/31/2024

Jacob Torner, Vice President, Programs
TaskForce Fore Ending Homelessness, Collaborative Applicant
FL-508 Continuum of Care

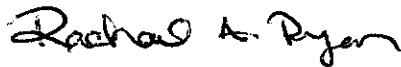
Re: Lived Experience Support Letter

Dear Mr. Torner:

As a person with lived experience of homelessness, I fully support the Continuum of Care's priorities for serving individuals and families experiencing homelessness with severe service needs in the FL-508 CoC geographic area.

I am honored to share my expertise with the CoC on the CoC's Leadership Council and look forward to continuing to work with the CoC to end homelessness in our region.

Sincerely,

A handwritten signature in black ink that reads "Rachael A. Ryan". The signature is written in a cursive, slightly slanted style.

Rachael Ryan

10/31/2024

Jacob Torner, Vice President, Programs
TaskForce Fore Ending Homelessness, Collaborative Applicant
FL-508 Continuum of Care

Re: Lived Experience Support Letter

Dear Mr. Torner:

As a person with lived experience of homelessness, I fully support the Continuum of Care's priorities for serving individuals and families experiencing homelessness with severe service needs in the FL-508 CoC geographic area.

I am honored to share my expertise with the CoC on the CoC's Coordinated Entry Committee and look forward to continuing to work with the CoC to end homelessness in our region.

Sincerely,

A handwritten signature in black ink that reads "Tracey Brown". The signature is written in a cursive, flowing style.

Tracey Brown

10/31/2024

Jacob Torner, Vice President, Programs
TaskForce Fore Ending Homelessness, Collaborative Applicant
FL-508 Continuum of Care

Re: Lived Experience Support Letter

Dear Mr. Torner:

As a person with lived experience of homelessness, I fully support the Continuum of Care's priorities for serving individuals and families experiencing homelessness with severe service needs in the FL-508 CoC geographic area.

I am honored to share my expertise with the CoC on the CoC's Coordinated Entry Committee and look forward to continuing to work with the CoC to end homelessness in our region.

Sincerely,

A handwritten signature in blue ink that reads "Keanna Johnson". The signature is written in a cursive, flowing style.

Keanna Johnson



Housing First Standards Assessment Tool

Overview: This tool aims to assess and document how closely a housing and service provider adheres to the recommended best practice standards of the Housing First model, in the context of the broader work to implement a Housing First orientation at the system-level. This tool specifically evaluates project-level fidelity to Housing First, which directly impacts a system’s fidelity to Housing First. In addition to the universal best practice standards identified in this tool, Continuums should also take into account their local community context and local written standards pertaining to Housing First when assessing projects. A Continuum of Care can use this tool to prompt discussion and to

Provider Info tab: The Provider Information tab should be completed *prior* to beginning the assessment. Specifically, the **Project Name, Project Type, Target Sub-Population served, and Date of Assessment** fields need to be completed in order to populate the assessment standards and report summary with questions that are specific to the project type and population. Please complete this section prior to printing any standards for assessment.

Standards: The standards have been arranged into the following categories: *Access, Evaluation, Services, Housing, Leases, and Project-Specific*. The “Tab” chart at the bottom of this page describes each of the categories in more detail. Some of the categories are not applicable for all project types, and those standards do not need to be completed,

Project Type	Applicable Standards
Coordinated Entry	Access & Evaluation; Project-specific
Street Outreach	Access & Evaluation; Project-specific
Emergency Shelter	Access & Evaluation; Service & Housing; Project-specific
Transitional Housing	Access & Evaluation; Service & Housing; Leases; Project-specific
Rapid Rehousing	Access & Evaluation; Service & Housing; Leases; Project-specific
Permanent Supportive Housing	Access & Evaluation; Service & Housing; Leases; Project-specific

Safeguarding: Please keep in mind safeguarding concerns when assessing projects. In particular, we advise Continuums of Care to work with projects with victims of domestic violence to make sure that adequate safety and confidentiality policies and practices are in place before beginning assessments.

Scoring: For each standard, there are three scoring criteria: “Say It”, “Document It”, and “Do It” (as explained further below). To show that a project is in full compliance with each standard, the assessor should mark “Always” for each scoring criteria. Use the drop down in the three columns to the right to select “Always” or “Somewhat” or “Not at

- “*Say It*” means that project and agency staff can describe verbally what they do concerning each standard. The assessor should be able to identify that the organizational culture supports the standard by how staff talks about what is done.

- “*Document It*” means that there is written documentation that supports the project’s compliance with each standard. Written documentation could include

Document It means that there is written documentation that supports the project's compliance with each standard. Written documentation could include Policies and Procedures, Personnel Handbooks, Professional Development Plans, Project Rules, etc.

- **"Do It"** means that the assessor was able to find evidence that supports the project's compliance with each standard. Evidence could include information contained in client or other administrative files, client acknowledgement that something is being done, staff can point to documentation that supports implementation of the standard, etc.

Assessor Notes: A cell below each individual standard allows the assessor to add optional notes about the information collected for that particular standard. The notes can include where information was found, what questions were asked, who answered the questions, what additional information is needed to be able to mark that standard as

Tab	Description	Purpose
Instructions	Tool overview and aim	Offers instruction to users on the assessment tool
Provider Info	Input provider, project and general assessment information	Determines project-specific standards for consideration
Standards - Access & Evaluation	Input compliance with standards concerning participant access to the project and input, project evaluation and performance management	Assesses whether access and evaluation are compliant with Housing First principles
Standards - Leases	Input compliance with standards concerning the lease and occupancy agreements, where applicable	Assesses whether leases and occupancy agreements are compliant with Housing First principles
Standards - Services & Housing	Input compliance with standards concerning the service and housing models and structure, where applicable	Assesses whether services and housing are compliant with Housing First principles
Standards – Project-Specific	Prompts assessment standards based on project type and targeted sub-populations served by the project, where applicable	Assesses whether specific project standards are compliant with Housing First principles
Report Summary	Displays assessment scores and conclusions, and highlights non-compliant standards	Printable summary of the assessment



Provider Information

Please complete the information below on the organization being assessed.

Provider Information	
Provider's Legal Name	Taskforce Fore Ending Homelessness
Acronym (If Applicable)	TFEH
Year Incorporated	2003
EIN	41-2110971
Street Address	6031 NW 1st Pl, Gainesville, FL
Zip Code	32607

Project Information	
Project Name	Coordinated Entry
Project Budget	\$32,012.00
Grant Number	
Name of Project Director	Jacob Torner
Project Director Email Address	jacob.torner@taskforceoutreach.org
Project Director Phone Number	954-529-5000
Which best describes the project *	Coordinated Entry
<i>If project is a Safe Haven, please choose project type that it most operates like, e.g. shelter, transitional housing, or permanent housing</i>	
Are your services targeted to any of the following populations specifically? Please select one if so, as this impacts your assessment questions.	
None of the above	

*Please note that when you select a project type, particular standards may not be relevant.

Management Information	
Name of CEO	Mikal Cartier

CEO Email Address	mikal.cartier@taskforceoutreach.org
CEO Phone Number	305-890-0442
Name of Staff Member Guiding Assessment	Keanna Johnson
Staff Email Address	keanna.johnson@keystohome.org
Staff Phone Number	352-505-7770 Ext. 203

Assessment Information	
Name of Assessor	Jacob Torner
Organizational Affiliation of Assessor	Taskforce Fore Ending Homelessness
Assessor Email Address	jacob.torner@taskforceoutreach.org
Assessor Phone Number	954-529-5000
Date of Assessment	Oct 31 2024



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

No.	Standard	Access Definition / Evidence	Say It	Document it	Do it
Access 1	Projects are low-barrier	<p>Admission to projects is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services, "housing readiness," history or occurrence of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Access 2	Projects do not deny assistance for unnecessary reasons	<p>Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Access 3	Access regardless of sexual orientation, gender identity, or marital status	<p>Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any project funded by HUD must ensure equal access for persons regardless of one's sexual orientation or marital status, and in accordance with one's gender identity. Adult only households, regardless of marital status, should have equal access to projects (if these project types are not available within a CoC, the CoC should conduct an assessment to determine if these project types are needed and work with providers to accommodate the need). Please see Equal Access Rules here: https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Access 4	Admission process is expedited with speed and efficiency	<p>Projects have expedited admission processes, to the greatest extent possible, including helping participants obtain documentation required by funding sources, as well as processes to admit participants regardless of the status of their eligibility documentation whenever applicable.</p> <p><i>Optional notes here</i></p>	Always	Always	Always
Access 5	Intake processes are person-centered and flexible	<p>Intake and assessment procedures are focused on the individual's or family's strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that ensure access to all households. Assessments are focused on identifying household strengths, resources, as well as identifying barriers to housing that can inform the basis of a housing plan as soon as a person is enrolled in the project.</p>	Always	Always	Always

<i>Optional notes here</i>					
Access 6	The provider/project accepts and makes referrals directly through Coordinated Entry	Projects actively participate in the CoC-designated Coordinated Entry processes as part of streamlined community-wide system access and triage. If these processes are not yet implemented, projects follow communities' existing referral processes. Referrals from Coordinated Entry are rarely rejected, and only if there is a history of violence, the participant does not want to be in the project, there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented.	Always	Always	Always
<i>Optional notes here</i>					
Access 7	Exits to homelessness are avoided	Projects that can no longer serve particular households utilize the coordinated entry process, or the communities' existing referral processes if coordinated entry processes are not yet implemented, to ensure that those individuals and families have access to other housing and services as desired, and do not become disconnected from services and housing. Households encounter these exits under certain circumstances, such as if they demonstrate violent or harassing behaviors, which are described within agencies' regulation-adherent policies.	Always	Always	Always
<i>Optional notes here</i>					
Name		Participant Input Definition / Evidence	Say It	Document it	Do it
Participant Input 1	Participant education is ongoing	Project participants receive ongoing education on Housing First principles as well as other service models employed in the project. In the beginning of and throughout tenancy, participants are informed about their full rights and responsibilities as lease holders, including the potential causes for eviction.	Always	Always	Always
<i>Optional notes here</i>					
Participant Input 2	Projects create regular, formal opportunities for participants to offer input	Input is welcomed regarding the project's policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, a participant leadership/advisory board, processes to formally communicate with landlords, the design of and participation in surveys and focus groups, planning social gatherings, integrating peer specialists and peer-facilitated support groups to compliment professional services.	Always	Always	Always
<i>Optional notes here</i>					



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

This section is not applicable. Please see following section.

Please select answer

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Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

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Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

	Standard	Project -Specific Standards	Say It	Document it	Do it
Project 1	Coordinated Entry does not screen people out for perceived barriers	Coordinated Entry does not screen people out for assistance due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, minimal linkages to other services, the type or extent of disability-related services or supports that are needed, or criminal justice history. <i>Optional notes here</i>	Always	Always	Always
Project 2	Process to assess project-level policies and alert CoC	Written policies and procedures exist to determine which projects have project-level policies that screen out "high barrier" households, and the steps that the coordinated entry provider will take to alert the CoC of these projects, thereby enabling the CoC to take steps to assist these projects in adopting Housing First principles. <i>Optional notes here</i>	Always	Always	Always
Project 3	RRH as a bridge to permanent supportive housing	Rapid Re-Housing is made available to serve as a bridge to other permanent housing options so that persons with high service needs or vulnerabilities can be housed more quickly. (See HUD's Rapid Re-Housing Brief here: https://www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf) <i>Optional notes here</i>	Somewhat	Somewhat	Somewhat
		No additional standards <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
		No additional standards <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer

No additional standards

Optional notes here

No additional standards

Optional notes here

No additional standards

Optional notes here

Section is not applicable. Please see following section.

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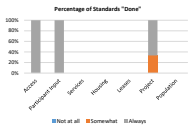
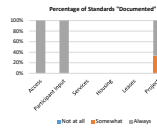
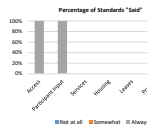




Some standards have not been evaluated. Please return and complete all standards before finalizing report.

Score: **65**
 Max potential score: **72**

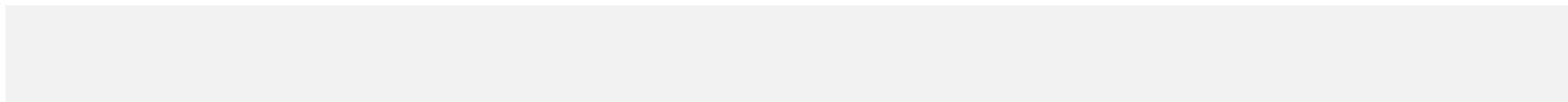
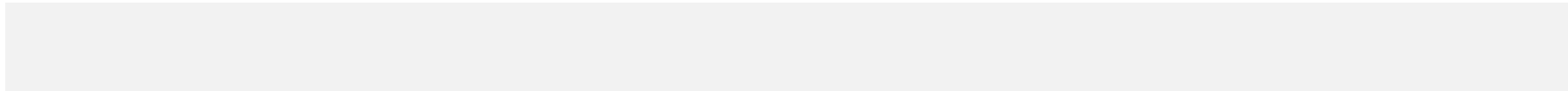
Score is calculated by awarding 1 point for standards assessed 'sometimes' and 2 points for standards assessed 'always'. Categories that are not applicable for your project are not included in the maximum potential score.



Non-Compliant Standards ("Not at All" to Whether Standard is Sold)
Category No. Name Standard

Non-Documented Standards ("Not at All" to Whether Standard is Documented)
Category No. Name Standard

Non-Endorse Standards ("Not at All" to Whether Standard is Done")
Category No. Name Standard



Example	Document	Findings	N	Name	Standard	Category	Notes	Not at all	Not at all	Not at all
Always	Always	Always	0		Admission to projects is not contingent on pre-requirements such as attainment of substance, minimum income requirements, health or mental health history, medication adherence, etc. (critical justice)	Access	Optimal notes here	0		
Always	Always	Always	0		0 Optimal notes here	Access	Optimal notes here	0		
Always	Always	Always	0		Propose do not deny assistance for unnecessary reasons	Access	Optimal notes here	0		
Always	Always	Always	0		0 Optimal notes here	Access	Optimal notes here	0		
Always	Always	Always	0		Access regardless of sexual orientation, gender identity, or	Access	Optimal notes here	0		
Always	Always	Always	0		0 Optimal notes here	Access	Optimal notes here	0		
Always	Always	Always	0		Admission process is expeditious with speed and efficiency	Access	Optimal notes here	0		
Always	Always	Always	0		0 Optimal notes here	Access	Optimal notes here	0		
Always	Always	Always	0		Intake and assessment procedures are focused on the individual's or family's strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that	Access	Optimal notes here	0		
Always	Always	Always	0		0 Optimal notes here	Access	Optimal notes here	0		
Always	Always	Always	0		The provider/project accepts and makes referrals directly	Access	Optimal notes here	0		
Always	Always	Always	0		0 Optimal notes here	Access	Optimal notes here	0		
Always	Always	Always	0		Projects actively participate in the CoC-designated Coordinated Entry process or part of streamlined community-wide centers access and steps. If these processes are not yet implemented, projects	Access	Optimal notes here	0		
Always	Always	Always	0		0 Optimal notes here	Access	Optimal notes here	0		
Always	Always	Always	0		Projects that can no longer serve particular households within the coordinated entry process, or the community's existing referral process of coordinated entry processes are not implemented, the	Access	Optimal notes here	0		
Always	Always	Always	0		0 Optimal notes here	Access	Optimal notes here	0		
Always	Always	Always	0		Project participants receive ongoing education on Housing First principles as well as other service models available in the project. In the beginning of and throughout waitlist, participants are informed	Participant In	Optimal notes here	0		
Always	Always	Always	0		0 Optimal notes here	Participant In	Optimal notes here	0		
Always	Always	Always	0		Projects ensure regular, formal opportunities for participants to	Participant In	Optimal notes here	0		
Always	Always	Always	0		0 Optimal notes here	Participant In	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Propose permanent participant choice in services	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Not applicable. Please see following section.	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Services support in as permanent in the housing	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Services are continued despite change in housing status or	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Participant engagement is a core component of service	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Staff are culturally appropriate with translation services	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Staff are trained in clinical and non-clinical strategies (includ	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Housing is not dependent on participation in services	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Services	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Substance use is not a reason for termination	Housing	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Housing	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		The rules and regulations of the project are centered on	Housing	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Housing	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Participants have the option to transfer to another project	Housing	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Housing	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Housing is considered permanent (not applicable for Trans	Housing	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Housing	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Participant choice is fundamental	Lease	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Lease	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Leases are the same for participants as for other tenants	Lease	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Lease	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Participants receive education about their lease or contract	Lease	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Lease	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Measures are used to prevent evictions	Lease	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Lease	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Providing stable housing is a priority	Lease	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Lease	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Rent payment policies request to tenants' needs (or applic	Lease	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Lease	Optimal notes here	0		
Always	Always	Always	0		Coordinated Entry does not screen people out for perceived	Project-spect	Optimal notes here	0		
Always	Always	Always	0		0 Optimal notes here	Project-spect	Optimal notes here	0		
Always	Always	Always	0		Process to assess project-level policies and alert CoC	Project-spect	Optimal notes here	0		
Always	Always	Always	0		0 Optimal notes here	Project-spect	Optimal notes here	0		
Somewhat	Somewhat	Somewhat	0		HEH as a hedge to permanent supportive housing	Project-spect	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Project-spect	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Additional standards	Project-spect	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Project-spect	Optimal notes here	0		
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Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Project-spect	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		No additional standards	Project-spect	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Project-spect	Optimal notes here	0		
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Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Project-spect	Optimal notes here	0		
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Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Population	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Not applicable	Population	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Population	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		Not applicable	Population	Optimal notes here	0		
Phase select answer	Phase select answer	Phase select answer	0		0 Optimal notes here	Population	Optimal notes here	0		

Order of columns:
 Non-compliant (C-D)
 Non-compliant (E-H)
 Non-compliant (I-L)



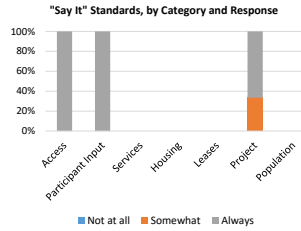
This page does not comprise part of the assessment. It is for information only.

Numbers	Access			Participant Input			Services			Housing			Leases			Project-specific			Population		
	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always
Please select answer	0			0			21			12			21			0			12		
Say it	0	0	7	0	0	2	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0
Document it	0	0	7	0	0	2	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0
Do it	0	0	7	0	0	2	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0
Checks	-			-			-			-			-			-			-		

Percentages	Access			Participant Input			Services			Housing			Leases			Project-specific			Population		
	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always
Please select answer	0%			0%			300%			300%			300%			0%			300%		
Say it	0%	0%	100%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	33%	67%	0%	0%	0%	0%
Document it	0%	0%	100%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	33%	67%	0%	0%	0%	0%	0%
Do it	0%	0%	100%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	33%	67%	0%	0%	0%	0%	0%
Number of standards	7			2			7			4			7			3			4		

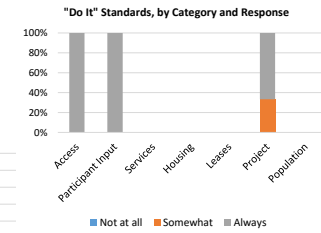
'Say It'

	Access	Participant Inq	Services	Housing	Leases	Project	Population
Not at all	0%	0%	0%	0%	0%	0%	0%
Somewhat	0%	0%	0%	0%	0%	33%	0%
Always	100%	100%	0%	0%	0%	67%	0%
Check	-						



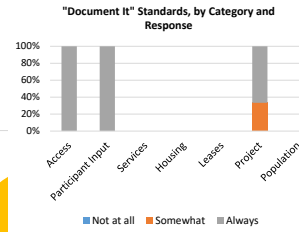
'Document It'

	Access	Participant Inq	Services	Housing	Leases	Project	Population
Not at all	0%	0%	0%	0%	0%	0%	0%
Somewhat	0%	0%	0%	0%	0%	33%	0%
Always	100%	100%	0%	0%	0%	67%	0%
Check	-						



'Do It'

	Access	Participant Inq	Services	Housing	Leases	Project	Population
Not at all	0%	0%	0%	0%	0%	0%	0%
Somewhat	0%	0%	0%	0%	0%	33%	0%
Always	100%	100%	0%	0%	0%	67%	0%
Check	-						



Supportive Housing Standards Rating		Pointer	
Start	0	Value	69
Initial	15	Pointer	3
Middle	45	End	72
End	40		
Max	100		

Score: 69

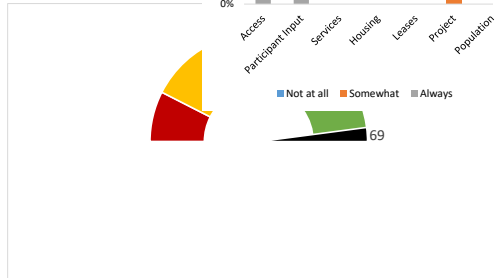
Standard Numbers	With special pop	Without special pop
Coordinated entry	16	12
Street outreach	16	12
Emergency shelter	27	23
Transitional housing	34	30
Rapid rehousing	34	30
Permanent supportive housing	34	30

Max answer score (for 'always') 6 3 categories (say, document, do) x 2 max points for 'always'

Answer Numbers	With special pop	Without special pop	
Coordinated entry	96	72	1
Street outreach	96	72	1
Emergency shelter	162	138	2
Transitional housing	204	180	3
Rapid rehousing	204	180	3
Permanent supportive housing	204	180	3

Project type Coordinated Entry 1
 Special population None of the above 0

Evaluation max score 72





Assumptions for the standards

This page does not comprise part of the assessment. It is for information only.

Project standards

Standard	Coordinated Entry	Street Outreach	Emergency Shelter	Transitional Housing	Rapid Rehousing	Permanent Supportive Housing	Joint Transitional Housing & Rapid Rehousing
Title	Coordinated Entry does not screen people out for perceived barriers	Project screen for health and safety needs	Focus of emergency shelter is on safe and responsive temporary shelter	Quick access to TH assistance	Quick access to RRH assistance	Quick access to PSH assistance	Quick access to RRH assistance
Project 1	Coordinated Entry does not screen people out for assistance due to perceived barriers related to housing or services, including but not limited to, low likelihood of income, active or a history of substance use, domestic violence history, criminal linkage to other services, the type or extent of disability-related services or supports that are needed, or criminal justice history.	Outreach projects screen people, but not limited to, as soon as possible for critical health and safety needs, providing immediate response to people with the most severe needs.	Participants and staff understand that the primary goal of the emergency shelter are to provide temporary accommodations that is safe, respectful, and responsive to individual needs and that participants are offered permanent housing as quickly as possible, regardless of perceived barriers.	A transitional housing project ensures quick linkage to a unit and services based on participant choice.	A Rapid Re-housing project ensures quick linkage to rapid re-housing assistance, based on participant choice.	A permanent supportive housing project ensures quick linkage to a unit and wrap-around services based on participant needs, preferences, and resource availability.	A Rapid Re-housing project ensures quick linkage to rapid re-housing assistance, based on participant choice.
<i>Type notes here, if required</i>		<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	Process to assess project-level policies and alert CoC	Street outreach projects are focused on providing access to housing and services	Housing comes first	Transitional housing is focused on safe and quick transitions to permanent housing	RRH services support people in maintaining their housing	PSH is focused on ending homelessness for those with the most severe barriers to maintaining their housing	RRH services support people in maintaining their housing
Project 2	Written policies and procedures exist to determine which projects have project-level policies that screen out "high barrier" households, and the steps that the coordinated entry provides will take to alter the CoC of these projects, thereby ending the CoC to take steps to assist these projects in adopting Housing First principles.	Participants and staff understand that the primary goal of street outreach are to provide access to temporary housing and services and/or re-housing participants in permanent housing as quickly as possible, regardless of perceived barriers. Street outreach projects reflect the low barrier orientation of the Coordinated Entry process.	If a temporary shelter placement is made, assessment and planning for permanent housing placement begins as quickly as possible. People who are unsheltered are not required to first enter an emergency shelter in order to access permanent housing placement assistance and enter permanent housing.	Participants and staff understand that the primary goal of transitional housing are to provide temporary accommodations that are safe, respectful, and responsive to individual needs, address the service needs of participants, and re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns, and as desired by the participant. Participation in transitional housing services does not inhibit participants from moving to permanent housing when they choose to. Assessment and planning for permanent housing placement begins as soon as the individual or family expresses a desire to transition to permanent housing.	Participants and staff understand that a primary goal of rapid re-housing is to end homelessness and move participants to permanent housing as quickly as possible, regardless of perceived barriers.	Participants and staff understand that a primary goal of permanent supportive housing is to end homelessness for people with the most severe service needs and help participants stay housed, regardless of perceived barriers.	Participants and staff understand that a primary goal of rapid re-housing is to end homelessness and move participants to permanent housing as quickly as possible, regardless of perceived barriers.
<i>Type notes here, if required</i>		<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	RRH as a bridge to permanent supportive housing	Street outreach is linked to Coordinated Entry	TH projects provide appropriate services	Property Management duties are separate and distinct from services/case management	Provides continuously assess a participant's need for assistance	Provides continuously assess a participant's need for assistance	Provides continuously assess a participant's need for assistance
Project 3	Rapid Re-Housing is made available to serve as a bridge to other permanent housing options so that persons with high service needs or vulnerabilities can be housed more quickly. (See HUD's Rapid Re-Housing (Ss) HRID's Rapid Re-Housing Brief here: https://www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf)	Written policy and procedures detail a process by which street outreach staff ensure that persons encountered on the streets are offered the same standardized process as persons assessed through outreach points. Outreach teams are coordinated, trained, and have the ability to engage and quickly connect people experiencing homelessness to the local coordinated entry process in order to apply for and obtain permanent housing. Based on the CoC's decision about how street outreach is incorporated into the assessment process, street outreach projects must comply with the CoC's decision.	No additional standards	TH projects provide appropriate services to meet the participants health and safety needs (e.g., persons in early recovery, domestic violence survivors, those who need special accommodations when there are no permanent housing solutions available (with or without supportive services) or when the participant chooses transitional housing. Services are not required in order to participate in housing.	On an ongoing basis, providers assess a participant's needs for continued assistance and provide tailored assistance based on those assessments.	In order to provide clear roles of staff for participants in terms of lease and rules enforcement as well as tenant advocacy, property management and service provider staff should be separate roles. However, they should work together on a regular basis through regular communication and meeting regarding participants to address tenancy issues in order to preserve tenancy.	On an ongoing basis, providers assess a participant's needs for continued assistance and provide tailored assistance based on those assessments.
<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	Street outreach continuously engages those experiencing homelessness and on the street	Housing comes first	Housing comes first	Transitional housing is focused on safe and quick transitions to permanent housing	Participants and staff understand that the primary goal of transitional housing are to provide temporary accommodations that are safe, respectful, and responsive to individual needs, address the service needs of participants, and re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns, and as desired by the participant. Participation in transitional housing services does not inhibit participants from moving to permanent housing when they choose to. Assessment and planning for permanent housing placement begins as soon as the individual or family expresses a desire to transition to permanent housing.		
Project 4	No additional standards	Through continuous engagement strategies, a street outreach project provides quick linkage to housing and services when a person is ready to engage.	No individuals or families, including those who are unsheltered, are required to enter a transitional housing project in order to access permanent housing placement assistance and enter permanent housing.	No additional standards	No additional standards	No additional standards	No additional standards
<i>Type notes here, if required</i>		<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	Street Outreach engagements inform the community's efforts to improve their crisis response system	Street Outreach engagements inform the community's efforts to improve their crisis response system	TH projects provide appropriate services				
Project 5	No additional standards	Communities use street outreach engagements with those on the street and in encampments to understand and remove barriers to those accessing the crisis response system.	No additional standards	No additional standards	No additional standards	No additional standards	No additional standards
<i>Type notes here, if required</i>		<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	No additional standards	No additional standards	No additional standards	No additional standards	No additional standards	No additional standards	No additional standards
Project 6	No additional standards	No additional standards	No additional standards	No additional standards	No additional standards	No additional standards	No additional standards

Project standards

Standard	Youth and Young Adults	People in Recovery	Domestic Violence Survivors
Title	Services are offered	Recovery housing is offered as one choice among other housing opportunities	Participant safety is a priority at all points of engagement and in all planning processes
Project 1	Services are focused on ensuring that youth transition to independence.	Connection to recovery housing reflects individual choice for the path to and recovery. Abstinence-only spaces are incorporated into a Housing First model wherever possible, thus providing this type of recovery option to those who choose it. Recovery supports are offered, particularly connections to community-based treatment options.	Led by the survivor, a safety plan is developed that includes an assessment of danger, particular points of vulnerability, and best approaches to increasing safety.
<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	Projects include positive youth development principles	Services include relapse support	Survivor-driven advocacy is available
Project 2	Youth projects should include positive youth development orientation. Positive youth development builds on strengths and resiliency. By focusing on strengths and assets, rather than what might be "wrong," youth are empowered and are equipped to make positive decisions.	Housing and services include relapse support that does not automatically evict or discharge a participant from the project for temporary relapse. Relapse support might include referrals to outpatient treatment or direct provision of outpatient services or the ability to hold a unit for a certain period of time (30-90 days) while the participant undergoes residential treatment.	The unique needs and strengths of each individual survivor and their children are taken into account with regard to the types of services that are available and offered. Project uses flexible and survivor-focused approaches to overcome barriers survivors may face in accessing services through traditional models.
<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	Staff use harm reduction practices and approaches	Services support sustained recovery	Housing stability is a priority
Project 3	Youth models employ a harm reduction and recovery orientation, including those developed for youth and young adults with substance use and addictions. Projects may make abstinence-based models available for youth and young adults; however, the choice should be with the participant, not with the project.	Recovery housing projects provide services that align with participants' choice and prioritization of recovery, including but not limited to abstinence from substance use if that is a personal goal, long-term permanent housing stability, and stable income through employment or benefits. Support is offered through connections to community-based treatment options.	Providers support survivors and their children to remain or obtain safe, stable housing. Survivors choose the type of housing and location of housing. Housing is located in an area that is considered safe from the abusive relationship.
<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	Project design accounts for the age of youth and young adults to be served		
Project 4	Developmentally-appropriate project design ensures that project entry and on-going participation is not precluded by behaviors or experiences that youth and young adults may not currently have or if they were older would not result in consequences. For example, projects should accept and allow continued participation for youth who do not have income or immediate prospects of income because their age has not allowed them the opportunity to gain employment.	No additional standards	No additional standards
<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>

None of the above

FL-508 Renewal Project Scoring Tool

Reviewer:	
Organization:	Project Type:
Project:	Funds Requested:

	Points Possible	Scoring Benchmarks	Points Awarded
Housing First Questionnaire			
Count number of "NO" responses	13	13 points if 23-24 8 points if 20-22 0 points if less than 20	
Performance, Severity of Needs, CoC Priorities			
Part I			
1 % Stayers increased total income	15	15 points if 80% or more 10 points if between 50% and 80% 0 points if less than 50%	
2 % Leavers exiting to positive destinations	15	15 points if 90% or more 10 points if between 70% and 90% 0 points if less than 70%	
3 Stayers' median length of stay	15	15 points if 365 days or more 8 points if between 180 and 365 days 0 points if less than 180 days	
Part II			
1 % with disabling condition	4	4 points if 50% or more 0 points if less than 50%	
2 % VI-SPDAT over 9	4	4 points if 50% or more 0 points if less than 50%	
3 % with behavioral health issue	4	4 points if 50% or more 0 points if less than 50%	

4 % chronically homeless at entry	4	4 points if 50% or more 0 points if less than 50%
5 % DV survivors	4	4 points if 50% or more 0 points if less than 50%
6 % unsheltered at entry	4	4 points if 50% or more 0 points if less than 50%

Racial Equity and Project Administration

Part I

1 Identifying barriers raced by races	2	0-2 based on quality of response
2 Eliminating barriers faced by races	2	0-2 based on quality of response
3 Equity training	2	0-2 based on quality of response
4 Lived experience involvement	2	0-2 based on quality of response

Part II

1 % funding drawn down	2	2 points if 97% or more 0 points if less than 97%
2 Quarterly draw downs	2	2 points if draw downs at least quarterly 0 points if not
3 % referred by Coordinated Entry	2	2 points if 90% or more; or if DV project 0 points if less than 90%
4 % in HMIS or comparable database	2	2 points if 95% or more 0 points if less than 95%
5 HUD monitoring	2	2 points if no monitoring or if good monitoring results 0 points if monitored and corrective actions or concerns

Total

100

0

FL-508 New Project Scoring Tool: RRH, PSH, and TH-RRH Projects

Reviewer:	
Organization:	Project Type:
Project:	Funds Requested:

	Points Possible	Scoring Benchmarks	Points Awarded
Project Application			
Project Description and Population			
Part 3	<i>Project Information</i>		
1	10	Does the project description include the target population to be served, the plan for providing housing and services, project outcomes, and coordination with other organizations?	0-10 points depending on completeness, quality, and responsive to all elements of question
4	2	Will the project participate in coordinated entry or an alternate process that meets HUD's requirements?	2 points if yes 0 points if no
5d	2	Is this a housing first project?	2 points if yes 0 points if no
Part 4	<i>Housing and Services</i>		
1	10	Does the project describe how participants will be assisted to obtain and remain in permanent housing?	0-10 points depending on completeness, quality, and responsive to all elements of question
2	3	Does the project have a specific plan to coordinate with mainstream services?	0-3 points depending on completeness, quality, and responsive to all elements of question
3	2	Are sufficient services available to participants?	2 points if yes 0 points if no

Part 5	<i>Participants</i>		
	Are the populations and subpopulations identified consistent with the project description?	2	2 points if yes 0 points if no
Part 6	<i>Budget</i>		
	Are the budget and description of line items reasonable in light of the project description?	5	5 points if yes 2 points if somewhat or unclear 0 points if no
	Is the project cost effective?	2	2 points if yes 0 points if no
Attachments			
Housing First Questionnaire			
	Count number of "NO" responses	10	10 points if 23-24 5 points if 20-22 0 points if less than 20
Performance, Severity of Needs, CoC Priorities			
Part I			
	1 % Stayers increased total income	5	5 points if 80% or more 2 points if between 50% and 80% 0 points if less than 50%
	2 % Leavers exiting to positive destinations	5	5 points if 90% or more 2 points if between 70% and 90% 0 points if less than 70%
	3 Stayers' median length of stay	5	5 points if 270 days or more 2 points if between 180 and 269 days 0 points if less than 180 days
Part II			
	1 % with disabling condition	2	2 points if 50% or more 0 points if less than 50%

2 % VI-SPDAT over 9	2	2 points if 50% or more 0 points if less than 50%
3 % with behavioral health issue	2	2 points if 50% or more 0 points if less than 50%
4 % chronically homeless at entry	2	2 points if 50% or more 0 points if less than 50%
5 % DV survivors	2	2 points if 50% or more 0 points if less than 50%
6 % unsheltered at entry	2	2 points if 50% or more 0 points if less than 50%

Racial Equity and Project Administration

Part I

1 Identifying barriers raced by races	3	0-3 based on quality of response
2 Eliminating barriers faced by races	3	0-3 based on quality of response
3 Equity training	2	0-2 based on quality of response
4 Lived experience involvement	2	0-2 based on quality of response

Part II

1 % funding drawn down	1	1 point if 97% or more 0 points if less than 97%
2 Quarterly draw downs	1	1 point if draw downs at least quarterly 0 points if not
3 % referred by Coordinated Entry	1	1 point if 90% or more; or if DV project 0 points if less than 90%
4 % in HMIS or comparable database	1	1 point if 95% or more 0 points if less than 95%
5 HUD monitoring	1	1 point if no monitoring or if good monitoring results 0 points if monitored and corrective actions or concerns

Healthcare and/or Housing Commitments

Healthcare letter attached; met requirements	5	5 points if letter attached, met requirements 2 points if letter attached, but did not meet requirements 0 points if no letter	
Housing letter attached; met requirements	5	5 points if letter attached, met requirements 2 points if letter attached, but did not meet requirements 0 points if no letter	
	<hr/>		<hr/>
TOTAL	<u><u>100</u></u>		<u><u>0</u></u>

FL-508 New Project Scoring Tool: New HMIS and CE Expansion Projects
Note to Reviewers: Use Section I for Coordinated Entry and Section II for HMIS

Reviewer:	
Organization:	Project Type:
Project:	Funds Requested:

	Points Possible	Scoring Benchmarks	Points Awarded
Section I: Coordinated Entry Project			
Project Description and Population			
<i>Part 3.B. Description</i>			
1	40	Does the project description include how it will address coordinated entry needs, expected outcomes, coordination with other entities, and how funding will be used?	0-40 points depending on completeness, quality, and responsive to all elements of question
4a	2	Cover geographic area?	2 points if yes; 0 if no
4b	6	Accessible?	6 points if yes; 0 if no
4c	12	Strategy to reach those with highest barriers?	0-12 points based on quality and completeness of response
4d	6	Standardized assessment?	6 points if yes; 0 if no
4e	12	Referral process?	0-12 points based on quality and completeness of response
4f	2	Differences in system due only to listed groups?	2 points if yes; 0 if no
<i>Part 6 Budget</i>			
	15	Are the budget and description of line items reasonable in light of the project description?	15 points if yes 8 points if somewhat or unclear 0 points if no

Is the project cost effective? 5 5 points if yes
0 points if no

TOTAL

100

0



	Points Possible	Scoring Benchmarks	Points Awarded
Section II: HMIS Project			
Project Description and Population			
<i>Part 3.B. Description</i>			
1 Does the project description include community needs, design and implementation of HMIS, expected outcomes, coordination with other entities, and how funding will be used?	35	0-35 points depending on completeness, quality, and responsive to all elements of question	
<i>Part 3.C. Expansion Information</i>			
2 Expand HMIS functionality?	15	0-15 points depending on completeness and quality of response	
3 Expand geographic coverage?	2	2 if yes; 0 otherwise	
4 Increase # of HMIS participating agencies or programs?	10	10 if yes; 0 otherwise	
<i>Part 4.A. HMIS Standards</i>			
1 Compliant with HUD Data Standards?	2	2 if yes; 0 otherwise	
2 Produce HUD reports?	2	2 if yes; 0 otherwise	
3 Produce other federal reports?	2	2 if yes; 0 otherwise	
4 Provide unduplicated count of participants?	2	2 if yes; 0 otherwise	
5 Process and involvement for updated HMIS charters and policies?	2	0-2 based on quality of response	
6 Responsibility for privacy and security?	2	0-2 based on quality of response	
7 Training on privacy and security?	2	2 if yes; 0 otherwise	

	8 Process for breach of privacy?	2	0-2 based on quality of response	
<i>Part 4.B.</i>	<i>HMIS Training</i>			
	Dates of trainings for all courses	2	2 if dates provided for all; 0 otherwise	
<i>Part 6</i>	<i>Budget</i>			
	Are the budget and description of line items reasonable in light of the project description?	15	15 points if yes 8 points if somewhat or unclear 0 points if no	
	Is the project cost effective?	5	5 points if yes 0 points if no	
		<u> </u>		
TOTAL		<u> </u>		<u> </u>

FL-508 Renewal Project Scoring Tool

Reviewer:	Kimber Tough		
Organization:	ACCHH	Project Type:	Renewal
Project:	PSH Renewal 2024	Funds Req:	\$233,390.00

	Points Possible	Scoring Benchmarks	Points Awarded
Housing First Questionnaire			
Count number of "NO" responses	13	13 points if 23-24 8 points if 20-22 0 points if less than 20	13
Performance, Severity of Needs, CoC Priorities			
Part I			
1 % Stayers increased total income	15	15 points if 80% or more 10 points if between 50% and 80% 0 points if less than 50%	0
2 % Leavers exiting to positive destinations	15	15 points if 90% or more 10 points if between 70% and 90% 0 points if less than 70%	0
3 Stayers' median length of stay	15	15 points if 365 days or more 8 points if between 180 and 365 days 0 points if less than 180 days	15
Part II			
1 % with disabling condition	4	4 points if 50% or more 0 points if less than 50%	4
2 % VI-SPDAT over 9	4	4 points if 50% or more 0 points if less than 50%	4
3 % with behavioral health issue	4	4 points if 50% or more 0 points if less than 50%	4

4 % chronically homeless at entry	4	4 points if 50% or more 0 points if less than 50%	4
5 % DV survivors	4	4 points if 50% or more 0 points if less than 50%	0
6 % unsheltered at entry	4	4 points if 50% or more 0 points if less than 50%	4

Racial Equity and Project Administration

Part I

1 Identifying barriers raced by races	2	0-2 based on quality of response	1
2 Eliminating barriers faced by races	2	0-2 based on quality of response	1
3 Equity training	2	0-2 based on quality of response	1
4 Lived experience involvement	2	0-2 based on quality of response	1

Part II

1 % funding drawn down	2	2 points if 97% or more 0 points if less than 97%	2
2 Quarterly draw downs	2	2 points if draw downs at least quarterly 0 points if not	2
3 % referred by Coordinated Entry	2	2 points if 90% or more; or if DV project 0 points if less than 90%	2
4 % in HMIS or comparable database	2	2 points if 95% or more 0 points if less than 95%	2
5 HUD monitoring	2	2 points if no monitoring or if good monitoring results 0 points if monitored and corrective actions or concerns	2

Total

100

62

FL-508 Renewal Project Scoring Tool

Reviewer:	Paul Tarnowski		
Organization:	ACCHH	Project Type:	Renewal PSH
Project:	Renewal PSH	Funds Requested:	

	Points Possible	Scoring Benchmarks	Points Awarded
Housing First Questionnaire			
Count number of "NO" responses	13	13 points if 23-24 8 points if 20-22 0 points if less than 20	13
Performance, Severity of Needs, CoC Priorities			
Part I			
1 % Stayers increased total income	15	15 points if 80% or more 10 points if between 50% and 80% 0 points if less than 50%	0
2 % Leavers exiting to positive destinations	15	15 points if 90% or more 10 points if between 70% and 90% 0 points if less than 70%	0
3 Stayers' median length of stay	15	15 points if 365 days or more 8 points if between 180 and 365 days 0 points if less than 180 days	8
Part II			
1 % with disabling condition	4	4 points if 50% or more 0 points if less than 50%	4
2 % VI-SPDAT over 9	4	4 points if 50% or more 0 points if less than 50%	4
3 % with behavioral health issue	4	4 points if 50% or more 0 points if less than 50%	4

4 % chronically homeless at entry	4	4 points if 50% or more 0 points if less than 50%	4
5 % DV survivors	4	4 points if 50% or more 0 points if less than 50%	0
6 % unsheltered at entry	4	4 points if 50% or more 0 points if less than 50%	4

Racial Equity and Project Administration

Part I

1 Identifying barriers raced by races	2	0-2 based on quality of response	2
2 Eliminating barriers faced by races	2	0-2 based on quality of response	2
3 Equity training	2	0-2 based on quality of response	2
4 Lived experience involvement	2	0-2 based on quality of response	2

Part II

1 % funding drawn down	2	2 points if 97% or more 0 points if less than 97%	2
2 Quarterly draw downs	2	2 points if draw downs at least quarterly 0 points if not	2
3 % referred by Coordinated Entry	2	2 points if 90% or more; or if DV project 0 points if less than 90%	2
4 % in HMIS or comparable database	2	2 points if 95% or more 0 points if less than 95%	2
5 HUD monitoring	2	2 points if no monitoring or if good monitoring results 0 points if monitored and corrective actions or concerns	2

Total

100

59

FL-508 Renewal Project Scoring Tool

Reviewer:	Lorraine D Wilby		
Organization:	Alachua County Coalition for the Homeless and I	Project Type:	PSH
Project:	PSH Renewal 2024	Funds Requested	233,390.00

	Points Possible	Scoring Benchmarks	Points Awarded
Housing First Questionnaire			
Count number of "NO" responses	13	13 points if 23-24 8 points if 20-22 0 points if less than 20	13
Performance, Severity of Needs, CoC Priorities			
Part I			
1 % Stayers increased total income	15	15 points if 80% or more 10 points if between 50% and 80% 0 points if less than 50%	0
2 % Leavers exiting to positive destinations	15	15 points if 90% or more 10 points if between 70% and 90% 0 points if less than 70%	0
3 Stayers' median length of stay	15	15 points if 365 days or more 8 points if between 180 and 365 days 0 points if less than 180 days	15
Part II			
1 % with disabling condition	4	4 points if 50% or more 0 points if less than 50%	4
2 % VI-SPDAT over 9	4	4 points if 50% or more 0 points if less than 50%	4
3 % with behavioral health issue	4	4 points if 50% or more 0 points if less than 50%	4

4 % chronically homeless at entry	4	4 points if 50% or more 0 points if less than 50%	4
5 % DV survivors	4	4 points if 50% or more 0 points if less than 50%	0
6 % unsheltered at entry	4	4 points if 50% or more 0 points if less than 50%	4

Racial Equity and Project Administration

Part I

1 Identifying barriers raced by races	2	0-2 based on quality of response	2
2 Eliminating barriers faced by races	2	0-2 based on quality of response	2
3 Equity training	2	0-2 based on quality of response	2
4 Lived experience involvement	2	0-2 based on quality of response	2

Part II

1 % funding drawn down	2	2 points if 97% or more 0 points if less than 97%	2
2 Quarterly draw downs	2	2 points if draw downs at least quarterly 0 points if not	2
3 % referred by Coordinated Entry	2	2 points if 90% or more; or if DV project 0 points if less than 90%	2
4 % in HMIS or comparable database	2	2 points if 95% or more 0 points if less than 95%	2
5 HUD monitoring	2	2 points if no monitoring or if good monitoring results 0 points if monitored and corrective actions or concerns	2

Total

100

66

The FL-508 Continuum of Care did not reject or reduce any projects during the CoC's local competition.

Another Way Thank you for submitting a project application FL-508 NOFO x



Michael Blessing
to Patricia, Jacob, me, Michael

Wed, Oct 2, 4:05 PM (12 days ago) ☆ 🌐 ↶ ⋮

Another Way,

Thank you for submitting a project application to be considered for submission to HUD in response to the HUD FY2024 Continuum of Care Program Competition Notice of Funding Availability.

The FL-508 Continuum of Care (CoC) Rank and Review Committee (RRC) has scored project applications, determined funding amounts to be submitted to HUD for each project, and decided how each project will be ranked when submitted to HUD.

The RRC's decisions regarding your project application(s) are provided below.

Congratulations! Your project(s) has(have) been accepted and recommended for submission to HUD as part of the FL-508 CoC Consolidated Application.

Project name: Pathways to Housing

Project ranking: 11

Project score: 68.67

Funding amount to be submitted to HUD: \$198,307

As published previously on the Keys to Home website as part of the local competition policies and procedures, project applicants may file a written appeal based on: (1) the project was rejected in error, or (2) the project application was scored incorrectly. Appeals for any other reason, such as project ranking or funding recommendation, will not be considered, in the absence of a claim of error in scoring or rejection. In considering appeals, no documentation or information will be considered other than the application materials submitted with the original project application. Appeals must be (1) in writing and directed to the Keys to Home CoC Leadership Council by emailing info@keystohome.org, (2) received by the deadline in the timeline, and (3) include the reason for the appeal as either scoring error or rejection in error. The deadline for appeals is October 9, 2024 at 5:00PM.

Thank you again for your work in our community. Let me know if you have any question or need additional information.

Michael Blessing, MA

Director

Continuum of Care - Collaborative Applicant - Lead Agency - HMIS

W: keystohome.org

E: michael.blessing@keystohome.org / P: 352-809-3980

For housing assistance, please visit our website to find the nearest access point.

ACCHH Thank you for submitting a project application FL-508 NOFO x



Michael Blessing
to jdecarrmine@gracemarketplace.org, Karen, Jacob, me, Michael

Wed, Oct 2, 3:57 PM (12 days ago) ☆ 🌐 ↶ ⋮

ACCHH,

Thank you for submitting a project application to be considered for submission to HUD in response to the HUD FY2024 Continuum of Care Program Competition Notice of Funding Availability.

The FL-508 Continuum of Care (CoC) Rank and Review Committee (RRC) has scored project applications, determined funding amounts to be submitted to HUD for each project, and decided how each project will be ranked when submitted to HUD.

The RRC's decisions regarding your project application(s) are provided below.

Congratulations! Your project(s) has(have) been accepted and recommended for submission to HUD as part of the FL-508 CoC Consolidated Application.

Project name: PSH Renewal 2024

Project ranking: 4

Project score: 62.33

Funding amount to be submitted to HUD: \$233,390

Project name: PSH Expansion Renewal 2024

Project ranking: 6

Project score: 58.00

Funding amount to be submitted to HUD: \$147,278

Project name: 2024 PSH

Project ranking: 8

Project score: 74.00

Funding amount to be submitted to HUD: \$91,698

As published previously on the Keys to Home website as part of the local competition policies and procedures, project applicants may file a written appeal based on: (1) the project was rejected in error, or (2) the project application was scored incorrectly. Appeals for any other reason, such as project ranking or funding recommendation, will not be considered, in the absence of a claim of error in scoring or rejection. In considering appeals, no documentation or information will be considered other than the application materials submitted with the original project application. Appeals must be (1) in writing and directed to the Keys to Home CoC Leadership Council by emailing info@keystohome.org, (2) received by the deadline in the timeline, and (3) include the reason for the appeal as either scoring error or rejection in error. The deadline for appeals is October 9, 2024 at 5:00PM.

Family Promise Thank you for submitting a project application FL-508 NOFO



Michael Blessing

to shari@familypromisegainesville.org, Jacob, me, Michael

Wed, Oct 2, 4:01PM (12 days ago) ☆ 🗨 ↩ ⋮

Family Promise,

Thank you for submitting a project application to be considered for submission to HUD in response to the HUD FY2024 Continuum of Care Program Competition Notice of Funding Availability.

The FL-508 Continuum of Care (CoC) Rank and Review Committee (RRC) has scored project applications, determined funding amounts to be submitted to HUD for each project, and decided how each project will be ranked when submitted to HUD.

The RRC's decisions regarding your project application(s) are provided below.

Congratulations! Your project(s) has(have) been accepted and recommended for submission to HUD as part of the FL-508 CoC Consolidated Application.

Project name: Family Promise Keepers PSH24

Project ranking: 3

Project score: 72.00

Funding amount to be submitted to HUD: \$73,300

Project name: Partners in Housing RRH24

Project ranking: 9

Project score: 75.33

Funding amount to be submitted to HUD: \$75,000

As published previously on the Keys to Home website as part of the local competition policies and procedures, project applicants may file a written appeal based on: (1) the project was rejected in error, or (2) the project application was scored incorrectly. Appeals for any other reason, such as project ranking or funding recommendation, will not be considered, in the absence of a claim of error in scoring or rejection. In considering appeals, no documentation or information will be considered other than the application materials submitted with the original project application. Appeals must be (1) in writing and directed to the Keys to Home CoC Leadership Council by emailing info@keystohome.org, (2) received by the deadline in the timeline, and (3) include the reason for the appeal as either scoring error or rejection in error. The deadline for appeals is October 9, 2024 at 5:00PM.

Thank you again for your work in our community. Let me know if you have any question or need additional information.

Michael Blessing, MA

Director

Continuum of Care - Collaborative Applicant - Lead Agency - HMIS

2nd Chance at Heart Foundation, Thank you for submitting a project application FL-508 NOFO



Michael Blessing

to Amanda, Ahmad, Jacob, me, Michael

Wed, Oct 2, 4:08PM (12 days ago) ☆ 🗨 ↩ In new wi

2nd Chance at Heart Foundation,

Thank you for submitting a project application to be considered for submission to HUD in response to the HUD FY2024 Continuum of Care Program Competition Notice of Funding Availability.

The FL-508 Continuum of Care (CoC) Rank and Review Committee (RRC) has scored project applications, determined funding amounts to be submitted to HUD for each project, and decided how each project will be ranked when submitted to HUD.

The RRC's decisions regarding your project application(s) are provided below.

Congratulations! Your project(s) has(have) been accepted and recommended for submission to HUD as part of the FL-508 CoC Consolidated Application.

Project ranking: 10

Project score: 83.67

Funding amount to be submitted to HUD: \$83,000

As published previously on the Keys to Home website as part of the local competition policies and procedures, project applicants may file a written appeal based on: (1) the project was rejected in error, or (2) the project application was scored incorrectly. Appeals for any other reason, such as project ranking or funding recommendation, will not be considered, in the absence of a claim of error in scoring or rejection. In considering appeals, no documentation or information will be considered other than the application materials submitted with the original project application. Appeals must be (1) in writing and directed to the Keys to Home CoC Leadership Council by emailing info@keystohome.org, (2) received by the deadline in the timeline, and (3) include the reason for the appeal as either scoring error or rejection in error. The deadline for appeals is October 9, 2024 at 5:00PM.

Thank you again for your work in our community. Let me know if you have any question or need additional information.

Michael Blessing, MA

Director

Continuum of Care - Collaborative Applicant - Lead Agency - HMIS

W: keystohome.org

E: michael.blessing@keystohome.org / P: 352-809-3980

For housing assistance, please visit our website to find the nearest access point.



Taskforce FORE Ending Homelessness Thank you for submitting a project application FL-508 NOFO x



Michael Blessing

to Mikal, Jacob, me, Michael

Wed, Oct 2, 3:59 PM (12 days ago)



Taskforce Fore Ending Homelessness,

Thank you for submitting a project application to be considered for submission to HUD in response to the HUD FY2024 Continuum of Care Program Competition Notice of Funding Availability.

The FL-508 Continuum of Care (CoC) Rank and Review Committee (RRC) has scored project applications, determined funding amounts to be submitted to HUD for each project, and decided how each project will be ranked when submitted to HUD.

The RRC's decisions regarding your project application(s) are provided below.

Congratulations! Your project(s) has(have) been accepted and recommended for submission to HUD as part of the FL-508 CoC Consolidated Application.

Project name: FL-508 CoC Planning Project FY2024

Project ranking: N/A – planning not ranked

Project score: N/A – planning not scored

Funding amount to be submitted to HUD: \$104,041

Project name: FL-508 HMIS Renewal FY2024

Project ranking: 1

Project score: Not scored per CoC policy

Funding amount to be submitted to HUD: \$136,850

Project name: FL-508 CE Renewal FY2024

Project ranking: 2

Project score: Not scored per CoC policy

Funding amount to be submitted to HUD: \$133,430

As published previously on the Keys to Home website as part of the local competition policies and procedures, project applicants may file a written appeal based on: (1) the project was rejected in error, or (2) the project application was scored incorrectly. Appeals for any other reason, such as project ranking or funding recommendation, will not be considered, in the absence of a claim of error in scoring or rejection. In considering appeals, no documentation or

Peaceful Paths Thank you for submitting a project application FL-508 NOFO x



Michael Blessing

to Crystal, Jacob, me, Michael

Wed, Oct 2, 4:02 PM (12 days ago)



Peaceful Paths,

Thank you for submitting a project application to be considered for submission to HUD in response to the HUD FY2024 Continuum of Care Program Competition Notice of Funding Availability.

The FL-508 Continuum of Care (CoC) Rank and Review Committee (RRC) has scored project applications, determined funding amounts to be submitted to HUD for each project, and decided how each project will be ranked when submitted to HUD.

The RRC's decisions regarding your project application(s) are provided below.

Congratulations! Your project(s) has(have) been accepted and recommended for submission to HUD as part of the FL-508 CoC Consolidated Application.

Project name: Joint TH-RRH 2024

Project ranking: 5

Project score: 61.00

Funding amount to be submitted to HUD: \$108,400

Project name: DV RRH Renewal 2024

Project ranking: 7

Project score: 50.00

Funding amount to be submitted to HUD: \$126,139

Project name: DV Bonus 2024

Project ranking: 12

Project score: 66.33

Funding amount to be submitted to HUD: \$113,816

As published previously on the Keys to Home website as part of the local competition policies and procedures, project applicants may file a written appeal based on: (1) the project was rejected in error, or (2) the project application was scored incorrectly. Appeals for any other reason, such as project ranking or funding recommendation, will not be considered, in the absence of a claim of error in scoring or rejection. In considering appeals, no documentation or information will be considered other than the application materials submitted with the original project application. Appeals must be (1) in writing and directed to the Keys to Home CoC Leadership Council by emailing info@keystohome.org, (2) received by the deadline in the timeline, and (3) include the reason for the appeal as either scoring error or rejection in error. The deadline for appeals is October 9, 2024 at 5:00PM.

FL-508 Continuum of Care

Local Competition Selection Results

Agency	Project Name	Score	Status	Rank	Amount Requested from HUD	Reallocated Funds
TaskForce Fore Ending Homelessness	FL-508 CoC Planning Project FY2024	Not Scored	Accepted	Not Ranked	\$104,041	0
TaskForce Fore Ending Homelessness	FL-508 HMIS Renewal FY2024	Not Scored	Accepted	1	\$136,850	0
TaskForce Fore Ending Homelessness	FL-508 CE Renewal FY2024	Not Scored	Accepted	2	\$133,430	0
Family Promise of Gainesville	Family Promise Keepers PSH 2024	72.00	Accepted	3	\$73,300	0
Alachua County Coalition for the Homeless and Hungry	PSH Renewal 2024	62.33	Accepted	4	\$233,390	0
Peaceful Paths	Joint TH-RRH 2024	61.00	Accepted	5	\$108,400	0
Alachua County Coalition for the Homeless and Hungry	PSH Expansion Renewal 2024	58.00	Accepted	6	\$147,278	0
Peaceful Paths	DV RRH Renewal 2024	50.00	Accepted	7	\$126,139	0
Alachua County Coalition for the Homeless and Hungry	2024 PSH	74.00	Accepted	8	\$91,698	0
Family Promise of Gainesville	Partners in Housing RRH 2024	75.33	Accepted	9	\$75,000	0
2 nd Chance at Heart Foundation	Housing Stability for Vulnerable Population (2nd Chance PSH)	83.67	Accepted	10	\$83,000	0
Another Way	Pathways to Housing	68.67	Accepted	11	\$198,307	0
Peaceful Paths	DV Bonus 2024	66.33	Accepted	12	\$113,816	0

← → keystohome.org/funding-opportunities/2024-hud-nofa/


KEYS TO HOME
SERVING NORTH CENTRAL FLORIDA

HOME ABOUT US RESOURCES ASSISTANCE DATA FUNDING OPPORTUNITIES

The U.S. Department of Housing and Urban Development's (HUD) Office of Special Needs Assistance Programs (SNAPS) has published the **Notice of Funding Opportunity (NOFO) for the Fiscal Year (FY) 2024 – FY 2025 Continuum of Care Competition and the Renewal or Replacement of Youth Homeless Demonstration Program grants**. This 2-year Continuum of Care (CoC) Program NOFO is authorized by the Consolidated Appropriations Act, 2024 and includes an application submission deadline for FY 2024 funding and a deadline for FY 2025 funding. Approximately \$3.5 billion is available through this NOFO nationally.

[Click to Download the FY24 CoC Application](#)

[Click to Download the FY24 CoC Priority Listing](#)



FL-508 FY 24 Funding Available

72°F Partly cloudy Search 6:19 PM 11/5/2024



PUBLIC NOTICE: HUD CoC NOFO Application Published

From Keys to Home CoC <info@keystohome.org>

Date Tue 11/5/2024 4:46 PM

To Keys to Home CoC <info@keystohome.org>

Bcc Susan Pourciau <pourciau.susan@gmail.com>; ahassell@ccb dosa.org <ahassell@ccb dosa.org>; aparchment@gnhdc.org <aparchment@gnhdc.org>; Cady Price <cprice@anotherwayinc.org>; csorrow@peacefulpaths.org <csorrow@peacefulpaths.org>; dfanning@ccgnv.org <dfanning@ccgnv.org>; jkupfer@gracemarketplace.org <jkupfer@gracemarketplace.org>; Jon DeCarmine <jdecarmine@gracemarketplace.org>; jt@gracemarketplace.org <jt@gracemarketplace.org>; Kathie DuPree <Kathied@stfranchishousegnv.com>; Lauri Schiffbauer Black <Lauris@stfranchishousegnv.com>; Lori Slaven <slavenl@leeconleehouse.org>; Patricia Langford <plangford@anotherwayinc.org>; rachael@familypromisegainesville.org <rachael@familypromisegainesville.org>; Shari Jones <shari@familypromisegainesville.org>; Tara Provini <tprovini@ccbstaug.org>; tavi as@stfranchishousegnv.com <tavi as@stfranchishousegnv.com>; 2ndchanceatheart@gmail.com <2ndchanceatheart@gmail.com>; amanda@acha-fl.com <amanda@acha-fl.com>; bea.awoniyi@sfcoll ege.edu <bea.awoniyi@sfcoll ege.edu>; ctuck@alachuacounty.us <ctuck@alachuacounty.us>; jonathan.sanabria@va.gov <jonathan.sanabria@va.gov>; Lori Slaven <slavenl@leeconleehouse.org>; mannpr@cityofgainesville.org <mannpr@cityofgainesville.org>; mbrisbane@ciilncf.org <mbrisbane@ciilncf.org>; msherfield@alachuasheriff.org <msherfield@alachuasheriff.org>; rachael@familypromisegainesville.org <rachael@familypromisegainesville.org>; 508 <FL508@keystohome.org>; Karen Slevin <kslevin@gracemarketplace.org>

Hello,

The FL-508 Continuum of Care has published the FY24 CoC Application and Priority Listing on the CoC Website. Click [here](#) to view it or visit www.keystohome.org/funding-opportunities/2024-hud-nofo/.

Thank you,

The Keys to Home Team

W: keystohome.org

E: info@keystohome.org / **P:** 352-505-7770

For housing assistance, please visit our website to find the nearest access point.



2024 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into HDX 1.0 and HDX 2.0 for your use as part of the 2024 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may change depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden. Formulas may include references to hidden rows and columns or data tables. For ease of use, these referenced sources have been hidden but can be unhidden by any user at any time. Raw data sources contained in this workbook are named according to the module and fiscal year from which they originate - e.g. "HIC_2024" is the Housing Inventory Count raw data from Fiscal Year 2024.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

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2024 HDX Competition Report

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2024 HDX Competition Report

2024 Competition Report - Summary

FL-508 - Gainesville/Alachua, Putnam Counties CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX 2.0
2023 LSA	Yes	Government FY 2023 (10/1/22 - 9/30/23).	November 2023 to January of 2024
2023 SPM	Yes	Government FY 2023 (10/1/22 - 9/30/23).**	February 2024 to March 2024
2024 HIC	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024
2024 PIT	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024

1) FY = Fiscal Year

2) *This considers all extensions where they were provided.

2) **"Met Deadline" in this context refers to FY23 SPM submissions.

Resubmissions from FY 2022 (10/1/21 - 9/30/22) were also accepted during the data collection period, but these previous year's submissions are voluntarily

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

LSA Usability Status 2023

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC	PSH CO
Fully Usable			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Partially Usable							<input checked="" type="checkbox"/>		
Not Usable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	

EST

Category	2021	2022	2023
Total Sheltered Count	1,147	1,302	1,224
AO	901	1,031	910
AC	152	181	200
CO	72	78	98

RRH

Category	2021	2022	2023
Total Sheltered Count	327	406	387
AO	209	214	221
AC	118	192	164
CO	0	0	0

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

PSH

Category	2021	2022	2023
Total Sheltered Count	1,215	1,261	1,020
AO	890	947	810
AC	322	309	204
CO	0	0	0

1) Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children

2) Because people have multiple stays in shelter over the course of a year and stay in different household configurations, a single person can be counted in more than one household type. Therefore, the sum of the number of people by household type may be greater than the unique count of people.

3) Total Sheltered count only includes those served in HMIS

2024 HDX Competition Report

2024 Competition Report - SPM Data

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	1,106	80.5	48.0
1.2 Persons in ES-EE, ES-NbN, SH, and TI	1,219	95.3	55.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	1,402	619.5	190.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	1,506	601.7	192.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated

Metric	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
	Count	Count	% of Returns	Count	% of Returns ⁴	Count	% of Returns ⁶	Count	% of Returns ⁸
Exit was from SO	58	10	17.2%	4	6.9%	4	6.9%	18	31.0%
Exit was from ES	363	59	16.3%	24	6.6%	22	6.1%	105	28.9%
Exit was from TH	68	3	4.4%	0	0.0%	6	8.8%	9	13.2%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	183	14	7.7%	3	1.6%	13	7.1%	30	16.4%
TOTAL Returns to Homelessness	672	86	12.8%	31	4.6%	45	6.7%	162	24.1%

2024 HDX Competition Report

2024 Competition Report - SPM Data

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	1,374
Emergency Shelter Total	1,257
Safe Haven Total	0
Transitional Housing Total	136

2024 HDX Competition Report

2024 Competition Report - SPM Data

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	12
Number of adults with increased earned income	0
Percentage of adults who increased earned income	0.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	12
Number of adults with increased non-employment cash income	0
Percentage of adults who increased non-employment cash income	0.0%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	12
Number of adults with increased total income	0
Percentage of adults who increased total income	0.0%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	9
Number of adults who exited with increased earned income	0
Percentage of adults who increased earned income	0.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	9
Number of adults who exited with increased non-employment cash income	1
Percentage of adults who increased non-employment cash income	11.1%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	9
Number of adults who exited with increased total income	1
Percentage of adults who increased total income	11.1%

2024 HDX Competition Report

2024 Competition Report - SPM Data

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	1,196
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	293
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	903

2024 HDX Competition Report

2024 Competition Report - SPM Data

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1,478
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	371
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1,107

2024 HDX Competition Report

2024 Competition Report - SPM Data

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	444
Of persons above, those who exited to temporary & some institutional destinations	101
Of the persons above, those who exited to permanent housing destinations	83
% Successful exits	41.4%

2024 HDX Competition Report

2024 Competition Report - SPM Data

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1,051
Of the persons above, those who exited to permanent housing destinations	415
% Successful exits	39.5%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	878
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	799
% Successful exits/retention	91.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

FL-508 - Gainesville/Alachua, Putnam Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	1,169	136	1,294	403	204
Total Leavers (HMIS)	980	95	197	250	149
Destination of Don't Know, Refused, or Missing (HMIS)	10	2	0	5	36
Destination Error Rate (Calculated)	1.0%	2.1%	0.0%	2.0%	24.2%

2024 HDX Competition Report

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Notes For I

Measure
Measure 1
Measure 2
Measure 3
Measure 4
Measure 5
Measure 6
Measure 7
Data Quality

2024 HDX Competition Report

Competition Report - SPM Notes
Gainesville/Alachua, Putnam Counties CoC
Reporting Year: 10/1/2022 - 9/30/2023

Each SPM Measure

Note: Cells may need to be resized to accommodate

Notes
Error: The ESSHUniverse_1A field should not be blank. I have filled it out over and over and I keep getting this error
No notes.
No notes.
No notes.
No notes.
No Notes. Measure 6 was not applicable to CoCs in this reporting period.
No notes.
No notes.

2024 HDX Competition Report

2024 Competition Report - HIC Summary

FL-508 - Gainesville/Alachua, Putnam Counties CoC

For HIC conducted in January/February of 2024

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted Total Year-Round, Current, Non-VSP Beds	Adjusted HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	278	177	177	0	177	100.0%
SH	0	0	0	0	0	NA
TH	55	55	55	0	55	100.0%
RRH	132	132	132	0	132	100.0%
PSH	801	801	801	0	801	100.0%
OPH	175	175	175	0	175	100.0%
Total	1,441	1,340	1,340	0	1,340	100.0%

2024 HDX Competition Report

2024 Competition Report

FL-508 - Gainesville/Alachua,

For HIC conducted in January

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	278	63	101	0	101	62.38%
SH	0	0	0	0	0	NA
TH	55	0	0	0	0	NA
RRH	132	0	0	0	0	NA
PSH	801	0	0	0	0	NA
OPH	175	0	0	0	0	NA
Total	1,441	63	101	0	101	62.38%

2024 HDX Competition Report

2024 Competition Report
 FL-508 - Gainesville/Alachua,
 For HIC conducted in January

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	278	240	278	86.33%
SH	0	0	0	NA
TH	55	55	55	100.00%
RRH	132	132	132	100.00%
PSH	801	801	801	100.00%
OPH	175	175	175	100.00%
Total	1,441	1,403	1,441	97.36%

2024 HDX Competition Report

2024 Competition Report - HIC Summary FL-508 - Gainesville/Alachua, Putnam Counties CoC For HIC conducted in January/February of 2024

Rapid Re-housing Beds Dedicated to All Persons

Metric	2020	2021	2022	2023	2024
RRH beds available to serve all pops. on the HIC	201	187	241	299	132

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) Data included in these tables reflect what was entered into HDX 2.0.

5) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

6) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

7) For historical data: Aggregated data from CoCs that merged are not displayed if

2024 HDX Competition Report

2024 Competition Report - PIT Summary FL-508 - Gainesville/Alachua, Putnam Counties CoC For PIT conducted in January/February of 2024

Submission Information

Date of PIT Count	Received HUD Waiver
1/22/2024	Not Applicable

Total Population PIT Count Data

Category	2019	2020	2021	2022	2023	2024
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and full unsheltered count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	251	219	264	282	260	270
Safe Haven Total	0	0	0	0	0	0
Transitional Housing Total	55	60	49	56	48	38
Total Sheltered Count	306	279	313	338	308	308
Total Unsheltered Count	498	601	364	587	698	444
Total Sheltered and Unsheltered Count*	804	880	677	925	1,006	752

1) *Data included in this table reflect what was entered into HDX 1.0 and 2.0. This may differ from what was included in federal reports if the PIT count type was either sheltered only or partial unsheltered count.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into

Taskforce Fore Ending Homelessness
PO Box 1659
Ft. Lauderdale, FL 33302

November 1st, 2024

Dear Taskforce Fore Ending Homelessness:

I am writing to express our support for Family Promise of Gainesville's Partners in Housing RRH 24 program that is being applied for in the FY2024 HUD CoC Program Competition NOFO.

UF Nursing works with Family Promise daily to achieve our mission, provide personalized nursing care, and prepare graduates who lead, care, and inspire health change in the community. It's our goal to ensure nursing students fulfill their minimum requirement of 45 clinical hours, while also encouraging them to embark on impactful projects that benefit both your organization and the community you serve.

UF Nursing following services:

- Family Planning Services
- Children's Physicals and Immunizations
- Community Health Fairs
- Childhood Development Education

UF Nursing will provide leveraged support, for \$18,750 annually, which is 25% of the total project, beginning July 1, 2025, through June 30, 2026. This support will consist of in-kind services through UF Nursing that can be available for any program participant. We believe that collaboration between healthcare and community service providers leads to more comprehensive care that better meets clients' needs. We are optimistic that homeless services will improve as a result.

Sincerely,



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Care Lead Inspire