

Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: GA-508 - DeKalb County CoC

1A-2. Collaborative Applicant Name: DeKalb County, Georgia

1A-3. CoC Designation: CA

1A-4. HMIS Lead: GA Department of Community Affairs

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	

In the chart below for the period from May 1, 2021 to April 30, 2022:

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

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

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

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

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

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

(limit 2,500 characters)

1. The DeKalb CoC extends an open invitation for new members continually through a variety of means. Open invitation to join is communicated to the public via the DeKalb County government website, at all public comment and stakeholder meetings (ex. HUD AAP, ESG/CDBG, HOME ARP), at all general body CoC membership and governance committee meetings, monthly meetings of HMIS and CE User groups as well as all external meetings attended by collaborative applicant staff. The public, agencies and stakeholders are invited and provided contact information, dates for scheduled General Body Meetings and direct appeals to invite new members including current project participants or persons with lived experience (current or recent). 2. During and post COVID all meetings have been held virtually and include ADA compliant transcripts and recordings to ensure effective communication with individuals with disabilities. The DeKalb CoC is ethnically diverse. To address barriers to participation and to engage underserved populations, direct invitations to join have resulted in the joining and ongoing participation of culturally specific communities such as the Latin American Association, Pan Asian Community Services and Refugee Assistance programs in CoC meetings, homeless outreach and biennial point in time counts.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and	
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1. SOLICITS OPINIONS: The DeKalb CoC solicits and considers the opinions of a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness in the jurisdiction by having bi monthly meetings of the CoC General Body, Governance Board, Monthly CoC Planning and Service Coordination meetings, and monthly case manager, CE and HMIS user group meetings. During May 1, 2021 through _____ the CoC had multiple opportunities to solicit and consider the opinions of DeKalb citizens, homeless advocates and community neighborhood groups representing DeKalb County and the City of Decatur. 2. COMMUNICATED INFORMATION: Information both requested and communicated during public meetings include strategies to more effectively engage and coordinate efforts by the community, funded service providers and County government to address the needs of DeKalb's unsheltered population, ways the community can best support the work of the CoC, and how homeless data collected is used to determine funding for housing and wrap around services. 3. CONSIDERED INFORMATION: Concerns, opinions and recommendations gathered in public meetings from Dekalb citizens and homeless advocates were acted upon to improve the County's cold weather shelter response, including new and more timely communication to the public, at-risk and homeless populations regarding cold weather shelter openings, requirements and locations, coordinating transportation to cold weather shelter locations and expanded outreach to transition at risk and homeless individuals and families to temporary non-congregant shelter with connections to permanent housing and supportive services.

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

(limit 2,500 characters)

1. LOCAL COMPETITION OPENING AND REQUEST FOR PROPOSALS FROM ORGS NOT PREVIOUSLY AWARDED: Information and Direct Solicitation posted in the (1) Champion Newspaper, (2) DeKalb County Website & (3) to the DeKalb CoC Email Distribution List. The CoC posted public notices (DATES) announcing the opening of the local competition with direct solicitation for New Project Applications. All postings included the statement “Interested agencies and entities are strongly encouraged to review the HUD COC NOFO announcement in its entirety and the applicant threshold requirements prior to attending the Information Meeting. NEW PROJECT APPLICATIONS AND APPLICANTS WITH EXPERIENCE SERVING DOMESTIC VIOLENCE OR HUMAN TRAFFICKING SURVIVORS ARE ENCOURAGED TO APPLY. Funding Applications for New and Renewal Projects are due August 29, 2022.”

2. PROCESS FOR PROJECT APPLICATION SUBMISSION: CoC Notified through Public Postings how to access the Local Competition Application Guidelines, link to join the virtual NOFO Information Meeting by computer or toll-free phone and the County email address to submit project applications, as well as the date and time and format for submission.

3. HOW COC APPLICATIONS SELECTED FOR SUBMISSION TO HUD : CoC notified the public how the Coc would determine applications to be submitted to HUD for funding consideration through Public Posting of the Local Application Guidelines, Applications for New and Renewal Projects, and the Objective Review Criteria used to evaluate, score and rank project applications, as well as verbally at a virtual NOFO Information Meeting held (DATE). Information contained in the Guidelines (Section D) and presented at the Information Mtg included a full description of the Local Application Objective Review, Rating, Ranking, Reallocation and Appeals process. Competition Timeline contained in Application Guidelines and covered during the Virtual Information Meeting included the date, and method project applicants would be notified of inclusion, rejection or reallocation.

4. EFFECTIVE COMMUNICATION WITH PERSONS WITH DISABILITIES: In addition to written public notification, a virtual NOFO info meeting was held. Meeting transcripts, recordings and PPTs made accessible to effectively communicate w/ individuals w disabilities.

1C. Coordination and Engagement

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

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

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

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

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

(limit 2,500 characters)

1) The DeKalb County Community Development Department serves as the administrator of the DeKalb ESG Annual Program and the ESG-CV Program consults in weekly meetings with all ESG and ESG-CV subrecipients to support COC/ESG/ESG-CV service coordination and outreach. Using a Collective Impact approach, DeKalb County, as ESG, and ESG-CV subrecipients and CoC Collaborative Applicant, has continued working with CoC and ESG and ESG-CV providers and other stakeholders to refine the common agenda, determine outcome measures, and foster a culture of continuous improvement in our homeless service delivery system. Key funding criteria for ESG and ESG-CV funded projects include consistency with HUD priorities, active CoC, Coordinated Entry and HMIS participation. With a 1-year plan goal of serving a minimum of 120 homeless/at risk persons is met in collaboration with CoC and ESG funded agencies. (2) Local CoC monitoring takes place quarterly that evaluates each Subrecipient's program to make sure that the monthly data that is reported is accurate and truly reflects the Subrecipient overall program performance by end of year. Local CoC combines all the relevant content from numerous rules and regulations into one place so that providers can more easily carry out their duties and navigate their responsibilities under the CoC and ESG Programs. The CoC adopted a shared community vision, identified strategically linked outcomes that has redesigned the homeless service system and is being used to align funding so that we reach the collective vision, has clear, defined and measurable indicators, such as number clients served, returns to homelessness and families housed for making funding decisions. (3) Information is provided annually by CoC to the Consolidated Plan jurisdiction includes information on local homeless demographics housing and services – data derived from HMIS, CAPER, PIT & HIC/AHAR. (4) CoC provides annual updates on ESG projects in all Consolidated Plan Department Meetings and workshops. The CoC uses the ESG HMIS data in the funding process for assisting with the decision making for the next ESG application. The Consolidated Plan for DeKalb outlines the jurisdictions 5-year goals for reducing and ending homelessness.

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

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

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

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

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

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

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

(limit 2,500 characters)

The CoC Governance Board Chair represents the CoC and the interests of homeless families and children in three state and local education agencies, the GA Early Education Alliance, Infant Toddler Affordability Planning Agency, and the GA Association for the Education of Young Children.

Another member of the DeKalb Governance Board is a representative of the local education agency (LEA) - DeKalb County School District (K-12). The CoC signed an MOU with the DeKalb School District codifying the shared commitment to collaborate to mitigate the impact of homelessness among children and youth and to aid in the distribution of programmatic eligibility information to eligible families with children in the school district. During the height of the COVID pandemic, the CoC and the LEA agreed to meeting monthly to ensure that the educational (virtual and in-person), technological, transportation and housing needs of homeless families and youth in the foster care system were met.

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

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

(limit 2,500 characters)

The DeKalb CoC coordinates with K-12, Department of Family and Children Services, and early childhood providers to ensure that homelessness and education providers mutually share information regarding resources and opportunities. CoC policy requires that each housing provider designate a liaison that is responsible for ensuring that children and youth within the program are enrolled in school, receive information regarding educational opportunities, take advantage of educational opportunities, and are provided help from the agencies that is geared toward positive educational outcomes. The CoC written standards and procedures adopted by the CoC include the following requirements: (1) Intake process for housing programs that serve families will include questions about the educational status of all children in the household. (2) Each housing program identifies a lead staff person to ensure children are enrolled in school and connected to the appropriate educational services within the community. (3) Parents/Legal Guardians/Unaccompanied Youth will be offered the ability to sign a release of information allowing the housing provider to speak with the school education provider to coordinate services.(4) Housing programs establish policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness. (5) Housing program provides families with information about educational rights and protections for their school aged children and youth upon intake, which is posted, read or otherwise made known to clients upon admission.

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

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

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

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

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

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

(limit 2,500 characters)

1.DV COLLABORATION: CoC Written Standards were developed in collaboration w/ the Women’s Resource Center to End Domestic Violence, the county’s lead VSP that provides housing/support to survivors of DV, dating violence, sexual assault & stalking. CoC-wide policies/ standards include the following provider expectations: Section 2: CLIENT RIGHTS & RESPONSIBILITIES: (1) agency makes available legal rights brochures to clients on topics such as fair housing & emergency transfer; (2) Clients participate in the development of housing, safety & service plans, as well as the selection of housing. (3) Agency has developed/ implemented written procedures to ensure the security & confidentiality of any indiv. or family who applies for &/or receives CoC assistance. Section ____: CLIENT ASSESSMENT, ELIGIBILITY & PRIORITIZATION: Priority for homeless prevention given to persons defined as homeless under Categories 2 & 4 as noted - Individuals defined as Homeless under the following categories are eligible for assistance in Homelessness Prevention (HP) projects, but are not literally homeless. Category 2: Imminent Risk of Homelessness & Category 4 – Fleeing/Attempting to Flee DV; Section 7: AGENCY POLICIES & PROCEDURES: a. Agency must enter data on all persons served & all activities into the CoC HMIS/Client Track System or comparable database; b. Activities funded must comply w/ HUD’s standards on participation, data collection & reporting under the local HMIS/Client Track System. c. Victim service providers must not enter data into HMIS but must use a comparable database. Information in comparable databases must not be entered directly into or uploaded to HMIS/Client Track. 2. TRAUMA INFORMED: New DV Projects are evaluated & rated using objective criteria based on demonstrated need for the project, applicant experience/previous performance in serving survivors of domestic violence, etc., demonstrated understanding & use of trauma informed/victim centered approaches & the ability of the project to house survivors & meet safety outcomes. DV Housing & SSO projects are also evaluated based on the extent to which survivors w/ lived experience are engaged in the program design & implementation. CoC was awarded a DV Bonus Project in 2017& is currently providing rapid rehousing to 17 survivors & their kids. Three new project applications were evaluated using this criteria to ensure all housing/services in the CoC are trauma-informed & can meet the needs of survivors.

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

(limit 2,500 characters)

1) COC PROJECT STAFF TRAINING: The CoC coordinates with the Women’s Resource Center to End Domestic Violence (WRC) to provide annual CoC training on Domestic Violence. Training is provided to the CoC general body, made up of community, faith organizations, non-profit agencies and housing providers serving the continuum. The training is also provided to CoC homeless outreach and Coordinated Entry staff to ensure best practice in engagement, screening, referrals and emergency transfer protocols for homeless persons fleeing DV, Dating Violence, Sexual Assault and Stalking. Annual training topics include defining DV, debunking myths about DV, the intersection of domestic violence and homelessness, engaging and advocating for survivors, safety planning and protocols, trauma informed care and the need for ongoing support services. Of particular interest was training discussion on the impact COVID has had on the power and control dynamics related to abuse due to increased isolation and the unique barriers to safety and housing that result such as unemployment or lack of steady employment, poor credit and rental histories, housing discrimination based on perceived risk of property damage caused by the abuser; Topics also included trauma informed care, victim centered approaches to engaging, assessing and serving victims of DV and practices that respect victim choices, engage victims in safety planning, and validate their rights and legal rights to be safe and free from violence.

2) CE STAFF TRAINING: 2a. Coord. Entry (CE) staff attend the annual CoC training by Women’s Resource Center (WRC); 2b. CE also has WRC present annually at one of the shelter CE case conference meetings; 2c. CE has a specialist (CES) dedicated to working w/ DV agencies and clients; this CES keeps up to date on safety protocols for serving survivors of DV; 2d. Current CE staff attend training annually on trauma informed care (TIC) incl. principles, practices, application, client engagement; 2e. For new CE staff, TIC training is included as part of onboarding process; 2f. CE Project Manager (PM) is PhD level with extensive knowledge of TIC. PM works w/ CE staff to incorporate TIC best practice protocols into engagement with clients and CE process. PM provides additional one on one TIC training for CE staff as needed

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

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

(limit 2,500 characters)

1. DE-IDENTIFIED AGGREGATE DATA SOURCES: The CoC uses data collected from local certified Victim Service Providers (VSP) - Women Resource Center to End Domestic Violence, International Women’s House and Safe Haven. Each VSP in the CoC uses a separate DV instance of ClientTrack to collect and report de-identified client and service data. De-identified aggregate data is also collected from the HMIS Lead Agency. HMIS data is derived from the DV instance of ClientTrack. Each agency provides de-identified aggregate data to the CoC. The CoC also uses ESG data from the local HMIS system about DV victims served, families affected by DV and services provided through non DV shelter and transitional housing. Data collected through ESG CAPER also captures population specific data on DV on persons served, gender, Household composition and services provided by non DV shelters. CoC collects non-identifiable data through CE prescreen and comprehensive assessment process to identify, refer, prioritize and serve homeless persons fleeing DV and requesting shelter through DV or emergency/PH resources.

2. The CoC uses the de-identified aggregate data to assess the scope of community need related to domestic violence, dating violence, sexual assault, and stalking in the jurisdiction, as well as the housing, safety and service needs of homeless DV survivors served and families affected by DV. This data is also used to inform the development of New CoC PH Projects (RRH and TH-RRH) to expand continuum capacity to meet the unique housing, safety and trauma informed service needs of homeless individuals and families affected by DV, including the coordination and allocation of Emergency Housing Vouchers.

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

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

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

(limit 2,500 characters)

The CoC has an Emergency Transfer Plan for DV, DV, SA and Stalking Survivors provided to all CoC funded agencies in 2018. The emergency transfer plan includes policies and procedures for identifying tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. (1) The CoC member organizations and funded project staff communicate to all individuals and families seeking or receiving CoC Program assistance AT INTAKE, their right to and process for requesting an emergency transfer. Both the tenant and the landlord/property management is advised that a tenant in a CoC program assisted unit has a right to request a transfer to another unit if they reasonably believe that if they stay in the current unit that they are at imminent risk of harm. Likewise, if a tenant receiving COC program assistance is a victim of sexual assault that occurred on the premises, they have a right to request an emergency transfer within 90 days of the incident. Training on Emergency Transfer is provided on an annual basis to ensure compliance with VAWA.

(2) The tenant is provided copies of the CoC transfer policy and transfer request form, being further advised of the following - a. that approval of the transfer request is conditioned upon the availability of a unit (on-site or within the CoC) that can accommodate their safety needs and b. that if third party documentation (i.e. a police report) is not available to substantiate their safety concern or the incident then their statement is sufficient. A document listing all available DV resources in the CoC is also provided to the client for reference and assistance in connecting to emergency safe shelter or support, if needed.

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

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

(limit 2,500 characters)

Women’s Resource Center to End Domestic Violence (WRC) is the domestic violence lead agency for the coordinated entry (CE) system in DeKalb County. CoC worked with WRC to develop CE process for people experiencing Domestic Violence/Sex Assault/Stalking (DV/SA/S).

Step 1 – ASSESS/INTAKE: If person calls into CE intake line or WRC 24/7 hotline, household (HH) is assessed for immediate danger of DV/SA/S. As part of opening scripts, staff ask if HH is in immediate danger for DV/SA/S. If person indicates “yes”, then other questions are asked to offer person options / information on how to proceed. 1a) If currently in danger & HH called CE, specialists confidentially refer HH to WRC via phone for assistance. If called WRC, they continue to assist. WRC has services geared towards DV clients, e.g. DV shelter, trauma informed care therapy, legal services. WRC also has connections with other DV agencies in DeKalb County (Safe Haven, International Women’s House), Metro-Atlanta (Partnership Against Domestic Violence) and GA as needed. WRC enrolls HH in ClientTrack HMIS DV specific database. 1b) If not in current danger or does not want DV services, CE continues with CE enrollment, pre-screen (for shelter/prevention) and VI-SPDAT to be prioritized and placed on permanent housing by name list (PH BNL). WRC refers HH to CE for intake, assessments. This gives HH access to ESG, CDBG, CoC and other funded housing assistance. HH enrolled in ClientTrack (CT) HMIS and given CT#

Step 2 – PERMANENT HOUSING: 2a) If HH working with WRC, they have access to DV specific shelter and permanent housing including CoC DV RRH, DeKalb County Human Services funded housing (WRC refers). 2b) If working with WRC but desires ESG, CDBG, CoC & other funded permanent housing assistance, then WRC staff contacts via phone designated CE specialist to coordinate with DV HH to complete CE enrollment, pre-screen and VI-SPDAT. CE refers for housing assistance using CT# and not name for confidentiality. CE asks clients if okay to let agencies who we refer to for housing know of their DV situation so that safety measures can be put in place. 2c) If HH that is working with CE needs DV permanent housing, then CE can also refer directly to the CoC DV RRH project or can contact WRC to connect HH with other funded DV permanent housing and resources

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC’s coordinated entry includes:	
1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1. SAFETY: Coordinated Entry (CE) access - 1st opening script question asks about Domestic Violence/Sex Assault/Stalking (DV/SA/S)
 - 1a. If household(HH)/client(CL) experiencing DV/SA/S, CLIENT CHOICE to proceed w/ CE assessment & referral or immediate referral to WRC for shelter & other services incl. permanent housing, counseling, legal assistance. CL information is placed in VSP specific database. DV shelter has confidential address. HH/CL also has access to receive PH via CE. VSP staff contacts CE staff for assessment & to get HH/CL on PH list (cl listed as # & not by name)
 - 1b. Or at CE entry, HH may choose to continue w/ CE enrollment & not seek DV services. CE finds ESG funded shelter (discuss safety with CL on this option & notify ES of cl's safety needs). CE completes assessment w/ HH to get on PH list. Still connect client w/ counseling & other services
 - 1c. A CE specialist (CES) is assigned (liaison) to work w/ VSP & DV clients and agencies
 - 1d. All CES & CE (access point) phone agents, CoC & community partners receive trauma-informed, victim-centered, safety training annually incl. best practices in serving survivors of DV/SA/S
 - 1e. During Covid, reviewed protocols w/ all CES & CE phone agents for increased DV calls
2. PLANNING:
 - 2a. When developing CE, CoC met w/ Victim Service Providers (VSP) - Women Resource Center to End Domestic Violence (WRC), Safe Haven TH, International Women's House, Solicitor Office, Sheriff Office - to get input on CE protocols regarding safety, confidentiality, calls/intake, referrals & emergency shelter(ES)/permanent housing(PH) placement
 - 2b. CE/CoC met w/ new CoC DV RRH project & VSP agency staff to develop assessment & referral protocols that incl. safety & confidentiality for clients to the new DV RRH. Data recorded into VSP database.
 - 2c. Emergency Transfers: CoC's Emergency Transfer Plan for CoC/ESG funded housing incl. VAWA required to inform residents of right to request emergency transfer to ensure safety. To avoid additional trauma, an emergency transfer request can be made by/for victim, no 3rd party documents required, & incl. a list of resources to meet needs
3. CONFIDENTIALITY:
 - 3a. Communicates w/ VSP via phone or if via email, then always use # to identify HH & never name
 - 3b. Communicates w/ DV clients via phone (asks if safe to speak) or via email after determining if safe option
 - 3c. CoC working on email encryption
 - 3d. HH info in VSP database only accessed by single VSP (HMIS comparable)

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

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

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

Describe in the field below:

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

(limit 2,500 characters)

1. COC UPDATES: CoC updates CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback and areas requiring specific attention. 2. COC ASSISTANCE TO AGENCIES: To ensure that all persons, including LBGTQ+ individuals and families receive unfettered access to HUD funded housing, shelter and services, annual training is provided on Affirmatively Furthering Fair Housing and the Equal Access Rule (EA) (9/21/22). During the annual EA training, agencies received specific instruction to review both Agency Anti-Discrimination and Harassment policies, as well as and project level practice, to ensure compliance with the Equal Access Rule. Specific assistance provided to support policy review and updates include, but is not limited to training to (1) ensure staff, volunteers and contractors are aware of and comply with all policies regarding equal gender access; (2) prohibition against asking questions beyond (anatomy, medical procedures, etc.) what is necessary to provide services; (3) use of inclusive language in agency communications, publications, trainings, personnel and policy documents; (4) making agency EA policies/procedures publicly available and (5) including gender identity/expression in the list of attributes protected in agency discrimination policies and procedures.. 3.COC PROCESS FOR EVALUATING COMPLIANCE: For the past two years, the CoC has required Renewal CoC project applicants to provide, as part of the application required documentation, copies of Agency Policy and Procedures Manuals for CoC funded projects. For the FY22 competition, applicants were required to submit copies of both their Agency Emergency Preparedness and Anti-Discrimination polices. All policy documents were reviewed as part of the collaborative applicant review (not scored) to ensure consistency with CoC-wide anti-discrimination policies. 4.COC PROCES TO ADDRESS NONCOMPLIANCE: No stakeholder/ or client complaints have been made known to the Collaborative Applicant. Pre-covid, agency anti-discrimination policies and procedures would be reviewed as part of on-site agency monitoring for program compliance. In the event of noncompliance, a meeting with agency representatives would be held to determine the scope and scale of non-compliance and immediate redress if client access to housing or services has occurred.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of the County of DeKalb, GA	30%	Yes-HCV	No
Housing Authority of the City of Decatur		No	No

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

Describe in the field below:

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

(limit 2,500 characters)

The two largest PHAs in DeKalb County are the Housing Authority of DeKalb County and Housing Authority of the City of Decatur. Not only had the CoC worked with the two largest PHAs in the County; but the CoC has worked with all housing three authorities in DeKalb County and encouraged them to adopt homeless preferences. The Collaborative applicant presented information to Housing Authority executives explaining why homeless preferences were needed within the CoC and encouraged Housing Authorities to actively participate in CoC activities in order to acquire first-hand knowledge of needs. DeKalb and Decatur Housing Authorities collaborate with the DeKalb CoC in its homelessness mitigation activities. Representatives from DeKalb and Decatur Housing authorities are represented on the CoC Governance Board and on CoC Committees, including the Planning and Veterans' Committees. Examples of CoC/PHS Collaboration include the following: The COC collaborated with PHAs to fill 39 units with PHA project-based vouchers dedicated to homeless/disabled households; 15 HCVs for chronically homeless/service resistant homeless 792 VASH vouchers for homeless veterans and 113 Emergency Housing Vouchers for the homeless made available through the American Rescue Plan Act. As a result of presentations and housing authority participation in planning and collaborative mitigation activities, DeKalb Housing Authority adopted a preference for homeless preference. Decatur Housing Authority is considering adopting a homeless admission preference.

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Housing Choice Voucher	Yes

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

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

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

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

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

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

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

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

Name of PHA: Housing Authority of DeKalb County, GA (HADC)

1D. Coordination and Engagement Cont'd

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	19
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	19
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

Describe in the field below:

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

(limit 2,500 characters)

1. CoC EVALUATION: New and renewal project applicants are required not only to indicate that they have adopted or are implementing a housing first approach, but they are also required to describe the process for accepting new clients into the program including a description of the eligibility requirements and a description of the circumstances under which a client can be terminated from the program.

2. FACTORS AND PERFORMANCE INDICATORS: Factors considered in the evaluation of New and Renewal CoC project applications include an evaluation of the projects current implementation of housing first/low barrier practices in the admission, housing, service delivery and termination of project participants. A total of six points can be awarded to new project applicants that demonstrate no preconditions or barriers to entry except as required by regulation or funding source, acceptance of clients regardless of substance abuse, mental illness, criminal history or income/financial resources. Projects are also evaluated based on if a harm reduction model is used for drug and/or alcohol use. Using an objective scoring criteria, applicants can receive a maximum of 6 points for housing first approach to service delivery. Additionally, Renewal Project Applicants receive a score of up to 25 points based on their compliance with Coordinated Entry as measured by the percent of clients referrals accepted and enrolled or rejected. 3. ONGOING EVALUATION: Coordinated Entry Specialists have been instrumental in providing ongoing project monitoring as part of the CE referral process for acceptance (without precondition) of all eligible prioritized clients referred for permanent housing. The CoC provides ongoing monitoring, training to CoC funded projects as well as case staffings to address project challenges serving clients with the highest barriers to housing, i.e. substance abuse/low or no income/employment/motivation, etc.

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

(limit 2,500 characters)

1)CoC OUTREACH EFFORTS DESCRIPTION: The Street Outreach Team (SOT) addresses homeless and chronically homeless unsheltered persons observed on the streets and in encampments reported thru Coordinated Entry, by residents, other organizations, Dekalb County Police Dept. other county wide staff. On an ongoing basis SOT, maintains a By Name List (BNL) of the homeless individuals and their unsheltered locations. Homeless Outreach Teams provide clothing and basic need items. On a monthly basis, the Medical SOT coordinates medical assistance to clients living on the street & provides referrals to services and emergency housing. Then the weekly street engagement focuses on outreach to streets/encampments, assessing and referring to services/housing. The SOT also focuses on the unsheltered homeless who frequent libraries, parks, nature areas, convenience stores, motels, recreation centers, shopping malls, and mass transit stops. (2) COVERAGE: The DeKalb County CoC outreach coverage plan encompasses 100% of the DeKalb County geographic CoC area. (3) HOW OFTEN CONDUCTED: Street Outreach is conducted daily by full-time SOT that identify/locate unsheltered people and complete needs assessments to determine individual needs and to offer emergency housing and services. The SOT begins the case management process on the streets to help clients address their barriers to housing. Assist with obtaining identification documentation, medical care, vaccinations, mental health, and rehabilitation services.

(4) OUTREACH TAILORED TO THE LEAST LIKELY TO REQUEST ASSISTANCE: The local outreach experience shows persons in encampment sites are less likely to request or accept services. The CoC SOT works with the PATH Team and Mental Health Providers to conduct joint outreach efforts to identify other encampment areas and to build rapport and trust. The CoC SOT conducts sweeps with the PATH Team quarterly to cover larger areas of the county quicker in locating the home population. Immigrants not fluent in English often do not request help. Translators and mediators from immigrant service organizations help outreach to these populations. The CoC SOT canvasses other areas to screen individuals and offer services and housing. Data is recorded in HMIS on each person located. Persons may be geo-located and documented with the County's GIS application, facilitating finding specific homeless persons later for follow-up engage, services and housing.

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

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

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	143	120

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

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
	Mental Health Programs; Physical Healthcare; Trauma Care	Yes

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

(1) DeKalb County CoC systematically provides up-to date information and training on mainstream resources available for program participants within the CoC geographic area. Presenters representing the local Department of Family and Children Services attend the General Body CoC meetings to ensure that agencies, responsible for project level coordination with participants, have the most up to date information on available mainstream and non-cash benefits such as SNAPs and TANF benefits. The CoC has also presented information from the United Way and the IRS to ensure that participants access new benefits made available through the CARES Act, including child tax credits and Covid Stimulus checks. 2. The CoC also collaborates with the DeKalb department of Public Health, Mental Health providers (DeKalb Community Service Board) and Substance Abuse Treatment Providers (STAND) to assist program participants with receiving healthcare services. For example, the CoC collaborated with the Health Department to coordinate on-site COVID testing and vaccinations and flu shots; Collaborated with DeKalb CSB, a state authorized mental health provider to provide assessment and connection mental health treatment to unsheltered homeless and persons in non-congregant shelter; a recent collaboration with Grady Hospital introduce a specialized Trauma Recovery Center which provides support to to person who are victims of violent crimes, including homeless individuals. 3, SSI/SSDI Outreach: CoC membership and Agency staff are SOAR trained and play a critical role in assisting clients with the SSI/SSDI Application by gathering the necessary medical evidence for the disability determination and by serving as a link between SSA and Claimants in COC projects.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

More homeless individuals now refuse traditional shelter due to the ongoing concerns about the COVID-19 pandemic, Hepatitis c, and an ongoing outbreak of monkeypox, (a viral disease confirmed in May 2022). As homelessness is also associated with a myriad of other negative issues related to economic status, physical health and mental conditions, and social and emotional outcomes. These negative effects manifest in different ways for people who are unsheltered and, most are opting to remain on the streets and not be placed into Congregate shelters. Evidence indicates that individuals who are experiencing unsheltered homelessness are also more vulnerable than people in shelters and deal with higher rates of issues related to physical and mental health and substance abuse. Non-Congregate shelter beds has been instrumental in preventing virus infection among older adults experiencing homelessness and other people whose age or underlying health conditions. Therefore, using the data of the homeless who remain on the streets over the past two years, we have begun to focus on increasing the CoC’s inventory of non-congregate sheltering. We are beginning the process by allocating more funds from ESG-CV and ESG Normal towards Non- Congregate sheltering. It is also the CoC plans to create new ongoing inventory of all shelter bed types by using the HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) funds to develop more beds including non-congregate shelter emergency shelter beds. This will ensure a more permanent solution for housing the unsheltered long term in non-Congregate sheltering. The 2022 Point-In-Time Count and Survey indicated 565 homeless persons in DeKalb County on the night of the Count. Of that number, there were 281 family members in households with children. At the time of the Count, DeKalb County provided over 206 overflow beds (non-congregate temporary emergency shelter beds). These overflow beds were developed by contracting with several local hotels during 2021 and 2022 using ESG-CV funds. It is apparent that the number of unsheltered persons will increase when the limited overflow beds expire utilizing e-these source of funds. The CoC will continue utilizing future ESG-Normal funds to secure more inventory of non-Congregate shelter beds. The Coc will also consider CDBG-CV and CDBG normal funds in allocating more funds in providing specific warp around services such as case management and housing navigation assistance.

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

(limit 2,500 characters)

The CoC has collaborated and worked closely since the beginning of the COVID pandemic to assist the CoC and its member organizations to respond to and prevent the spread of infectious diseases. The DeKalb Public Health Department has made presentations at each CoC General Body Meeting to provide regular updates on CoC and Public Health Guidelines, COVID rates in DeKalb, two week trend analysis and mapping by zip code of areas with the highest levels of community spread., testing and vaccination sites. The CoC has developed coc-wide policies and procedures to assist member organizations respond to infections disease outbreaks but still maintain the ability to provide services essential to the homeless community. Procedures developed include: Agency assessment of essential functions and the reliance that the homeless community has on services; Developing an agency plan to continue your essential business functions in the event of an outbreak; Implementing telework guidelines for employees as needed; Cross-training personnel to perform essential functions so that the work can continue if key staff members are absent; Staying informed and up to date Informed Stay abreast of Covid trends and current CDC Guidance Reinforce Continue to reinforce healthy behaviors for Staff and Clients such as wearing masks, handwashing with soap and water, getting covid vaccines, boosters and flu shots.

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

(limit 2,500 characters)

1. SHARING INFORMATION RLATED TO PUBLIC HEALTH:
 The CoC collaborated with the Public Health Department to develop a vaccination schedule for unsheltered persons in encampment sites and homeless individuals in shelter, non-congregant shelter and Permanent Supportive Housing settings. Schedule was communicated to homeless service providers by electronic email transmission. The DeKalb County website also posts ongoing updates on COVID testing, implementation and community and faith based sites. The CoC also shares information about all the COVID-19 variants, Hepatitis C, and the ongoing outbreak of monkeypox, (a viral disease confirmed in May 2022).

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC’s coordinated entry system:	
	1. covers 100 percent of your CoC’s geographic area;	
	2. uses a standardized assessment process; and	

3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.
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(limit 2,500 characters)

1)COVERAGE: Coord Entry (CE) covers CoC’s entire geographic area via intake/assessment phone line. Street outreach teams serve as mobile access points. Homeless or at risk can access CE at any point. Partner w/ service providers/landlords/media/hospitals/gov’t staff to blast flyer w/ CE info/process & intake phone #. Post on CoC & state websites. Clients spread CE access points by word of mouth.

2)ASSESSMENT: CE uses phased approach for assessing households (HH). Step 1 – All clients are enrolled in CE project & complete standardized CE prescreen in HMIS to triage ppl who are literally homeless, at risk homeless, fleeing domestic violence (DV), etc. Based on this step, HH can be placed on by name lists (BNL) for shelter, prevention (stay where HH lives & need help paying arrears) or at risk homeless (living doubled up or self-pay hotel & need security deposit/rental assistance for new place). Step 2 – After pre-screen for literally homeless or DV HH, standardized comprehensive assessment (VI-SPDAT) is completed via HMIS. VI-SPDAT prioritizes ppl most vulnerable for housing via assessment score. Upon completion of VI-SPDAT, auto ranked on prioritized permanent housing list. All CE specialists are trained extensively on the assessment process and best practice techniques for engagement with clients while completing assessment tools.

3)UPDATED: 3a. CE holds 2 monthly meetings: 1. Shelter case conference with ESG/CDBG agencies and 2. PH/TH case conference with ESG/CoC and other partnering agencies. At meetings, CE project manager and staff provide status of BNLs, referrals & CE updates so agency staff can ask questions/provide feedback. There is meeting segment where agency staff share how their clients are struggling & other gaps while other segment allows staff to report successes so CE can see what is going well. Along with CE staff, DeKalb County’s ESG & CoC liaisons, housing manager and system administrator attend meetings to hear of any issues & to either address them at meetings or research the problem with a follow up at next meeting. Sometimes one on one case conferences are requested to address client/agency issues. Since all CE specialists answer phone lines, they hear from clients directly as to any issues with assessments & BNLs. Also, all CE specialists have BNL they monitor daily for referrals, allowing CE staff to see where there are problems or areas going smoothly w/ referral process/placement

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

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

(limit 2,500 characters)

1) LEAST LIKELY: Partner w/ agencies to blast flyer w/ CE info/process & phone line # i.e. United Way 211, medical centers incl. behavioral/mental health, police, service providers, schools, Dept. Health, Latin American Assoc, Center for Pan Asian Services, VA Community Resource & Referral Center, etc., 2nd chance apt management, Dep. Family & Child Services; Post on CoC & state websites; Clients spread CE access pts by word of mouth; Outreach teams inc. mental health & substance abuse specialists(PATH & ACT)

2)PRIORITIZE: CoC uses phased approach at CE access; Step 1- prescreen to triage ppl who are literally homeless, at risk homeless, stably housed, fleeing DV, etc & need assist; Step 2- comprehensive assessment (VI-SPDAT) for ppl who literally homeless or DV & in need of perm housing. VI-SPDAT prioritizes ppl most vulnerable for housing via score inc. factors: A. Major physical, mental or behavioral health challenges, substance probs or functional impairments; B. Hi utilization of crisis services i.e. ERs, jails & psych facilities; C. Frequency of unsheltered esp. youth; D. Vulnerability to victimization; E. Hi # prior homeless episodes; F. Length time homeless; G. Criminal history; Upon completion of CA, auto ranked on prioritized perm housing list.

3) TIMELY MANNER: 3a. After CE entry/prescreen, ppl who need ES are placed on list & monitored daily by CE specialists (CES) to place ppl in ES as soon as beds available. 3b. After prescreen, CA completed immediately to place ppl directly on PH list. Highest scored households are contacted by CES w/n 72 hours on PH list to discuss housing options. Connected w/ outreach or housing case managers to get document ready. Once matched w/ eligible housing, referred & assisted quickly (w/n 14 days for PSH/TH & 90 days for RRH)

4)REDUCE BURDENS: Coord Entry (CE) covers CoC's entire geographic area via intake/assessment phone line. Street outreach teams serve as mobile access points. Feedback received- easier for clients to contact CE via phone then go to a physical location as CoC is 271 sq miles & difficult for ppl without cars, physical problem, health problem to get around. Central phone line allows ppl to call back for status update easily

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	06/13/2022

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

Describe in the field below:

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

(limit 2,500 characters)

1. ANALYSIS: CoC reviews annually PIT count night enumeration & survey data, coordinated entry data via HMIS, service provider data via HMIS and U.S. Census Bureau, Quick Facts, DeKalb County, GA, 2021 information for racial disparities. Analysis is completed by Ph.D. researcher (PIT & CE project manager). The data is presented annually at CoC meeting.

2. NO RACIAL DISPARITIES: DeKalb County’s general population is majority Black / African American (54.6%) [U.S. Census Bureau]. DeKalb County, GA, is 1 of 22 majority Black / African American counties in GA and 1 of 104 majority Black / African American counties in the U.S. The expectation would be that the majority of homeless people in the CoC would be Black / African American which it is. The issue is that the proportion of homeless people who are Black/African American is skewed much higher than the general DeKalb County Black / African American population. The 2022 DeKalb County homeless point-in-time count indicated that the majority of the homeless population were Black / African American (88%). [Unsheltered persons were 78% Black / African American while the sheltered population was at a higher rate of 92%.] Additionally, the majority of people that outreach finds and engages on the streets are majority Black / African American (87%). Similarly, the majority of the population requesting services and housing via coordinated entry in HMIS are Black / African American (95%). The majority of homeless people that DeKalb County permanently houses via Rapid Re-Housing and Permanent Supportive Housing are Black / African American (94%). The rate of Black / African American people staying in shelters is slightly higher (97%). Based on the data that the CoC has available, there does not appear to be evidence of racial disparity between the homeless assistance need, provision and outcome. Thus, the majority of people who are homeless are Black/African American and the majority of people who receive housing assistance are Black/African American.

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

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

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

8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

Analysis to date does not indicate the existence of racial disparity in the provision or outcomes of housing. CoC findings show that the majority of homeless persons were Black / African American (PIT found 88%) and the majority of homeless persons housed in Rapid Re-Housing and Permanent Supportive Housing persons were Black / African American (94% permanently housed). This is due to the CoC, CoC Board, planning committee and partnering agencies taking strategic steps to address racial disparity for our homeless population previously and on an ongoing basis. Steps include those mentioned in 1D-10b. Additionally, the CoC staff, outreach team members, and CE specialists are representative of the population served in the CoC. Also, the CoC has been taking steps over the past few years to increase funding support for permanent housing for people at risk of homelessness, e.g. renters, households sleeping doubled up with family / friends, people staying long term at hotels self-pay. By focusing efforts on this at risk of homelessness population, the CoC hopes to prevent Black / African American households from becoming homeless at a higher rate.

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

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

(limit 2,500 characters)

One of the measures used to track progress is analysing the Homeless Point in Time count; which collects demographics on homeless individuals. We also use APR and CAPER reports when comparing assisted clients and their racial disparities. The CoC has built enrollemtn reports in HMIS that specifically target demographic data for ALL funded and noin-federal funded projects reporting in HMIS.

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

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

(limit 2,500 characters)

The CoC employs a variety of outreach efforts to engage persons with the lived experience of homelessness in leadership roles and key decision making processes. The CoC Governance Charter specifies that the composition of the CoC Governance Board include a representative with lived experience. The Board Member was elected by unanimous vote of the CoC General Body in large measure because of her personal experience with unsheltered family homelessness, professional experience on the staff of two CoC member organizations and her current commitment to expand and increase access to community based healthcare for un and underinsured individuals in the continuum. The Board member also serves on the CoC Planning and Service Coordination Committee and has been actively engaged in the development, review and rating of new and renewal CoC projects applications. Another member of the CoC Planning Committee was actively recruited, not only as a representative of the CoCs lead youth serving agency but also because of her lived experience as a former foster care youth. The CoC actively recruited three new members to serve on the Youth Advisory Board. All three members have lived experience with the local foster care system and have experienced housing insecurity and homelessness post discharge. The YAB members have assumed key leadership roles in the CoC, sharing their voices and perspectives on the following issues: Gaps in the current homeless youth service system, key methods to engage and incentivize youth participation and in the planning for housing and service models that are uniquely suited to assist youth transitioning to self sufficiency and housing stability - including joint transitional housing/RRH models and shared housing models for LBGTQ+ youth. At every CoC General Body meeting (conducted bi-monthly) the membership is encouraged to invite new members, colleagues, partners and stakeholders to join the CoC and to extend a personal invitation to current or former program participants. Finally, the DeKalb CoC employs an individual with lived experience on the Collaborative Applicant staff. This employee serves as a Coordinated Entry Specialist providing direct engagement and service delivery (assessment and referral) to persons seeking housing and emergency homelessness assistance in the continuum.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	6	9
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	9
3.	Participate on CoC committees, subcommittees, or workgroups.	6	9
4.	Included in the decisionmaking processes related to addressing homelessness.	6	9
5.	Included in the development or revision of your CoC's local competition rating factors.	1	1

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

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

(limit 2,500 characters)

The CoC provides professional development opportunities for persons with lived experience through membership on key decision-making committees such as the CoC Planning and Service Coordination committee and the CoC Governance Board. Youth with lived experience are provided valuable professional development opportunities through their participation on the CoC Youth Advisory Board, attendance at CoC meetings and trainings and participation in workgroups. Youth with lived experience participate in the biennial point in time count and are compensated. Likewise formerly and currently homeless veterans are employed (compensated) for their participation during the point in time count. The CoC also has also employed persons on the Collaborative Applicant/Coordinated Entry staff. Several CoC membership organizations provide both professional development and employment opportunities to persons with lived experience. For example, a new RRH project applicant (PH Bonus) with experience operating a shelter and early childhood development center for homeless families, provides Child Development classes and training to enable interested participants to become early childhood educations. The agency regularly hires graduates of the program to work in their Early Childhood Development and Education center. In addition, CoC member organizations offer workshops on soft skill and resume building and partner with employment and training organizations like Goodwill, First Step Staffing, and other employment programs to refer participants for training and job sourcing.

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1) how your CoC routinely gathered feedback. The CoC Routinely Gathers information from the Homeless Services Providers monthly to get feedback on the progress and challenges of the clients we serve. The feedback CoC staff receives from homeless clients is documented in the case notes within HMIS. Their experiences are also communicated during the monthly case managers meetings and case conferencing meetings. During these meetings, the agencies discuss what is shared with them from the clients, such as the challenges most are facing in order to maintain their housing and their inability to secure safe housing with demands of landlords. Also, clients are faced with high rents, increasing rents from landlords searching for higher profits. Many who seek prevention assistance have shared that their ability to obtain working class jobs is insufficient to cover all their basic needs. Those who are seeking housing have shared with staff the increasing rents, lack of ability to pass credit checks and their ability to obtain documentation at no cost in securing housing.

2) the steps your CoC has taken to address To mitigate this issue, the CoC is working with our agencies to devote sufficient planning time and resources to build collaborative peer learning across all the CoC to help clients cope with stress and their many challenges. We plan to increase the technical knowledge, skills, infrastructure, to success-fully engage with people with lived experience. We will address where disparities exist, recruit staff with lived experience who understand and can better prioritize underrepresented, underserved, and/or under-resourced individuals. The CoC will work with staff to understand how to get the client to share more of their experiences. To do this we will recommend that the staff simply ask people if they're willing to talk about their experience. No one should presume that someone wants to share their lived experiences. And then asking open-ended questions about their experience and being more in discovery mode and listening, rather than trying to guide the conversation to get the answers that you want. The CoC will implement for example, a hosted a peer support group for its lived experience experts and staff with lived experience to provide support to each other in the workplace. In addition, agencies partnered with individuals with lived experience to provide ongoing technical support to agency staff.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	

Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:

1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

1. Reforming zoning and land use policies - over the last 12 months our DeKalb County Government- Planning & Sustainability Department has tried to address ways to add more housing in the Light Industrial District (LIND) by adjusting future use of the land use map. This zoning change from LIND to Town Center (TC) designation will allow for multi-family residential development mixed with commercial structures which will serve many communities across the county. This proposed TC (Town Center) future land use designation is consistent with the Dekalb County Comprehensive Plan. Town Centers zoning recommendations encourages better land use, economic development, with improved green space and creates higher-density housing. The preferred density for areas of this type in TC is up to 60 dwelling units per acre. High Density Residential- Residential development shall reinforce the Town Center by locating higher density housing options adjacent to the center. Housing in a Town Center shall be targeted to a broad range of income levels.

2. Reducing regulatory barriers to housing development - The Dekalb County CoC has created a program for seniors to assist them with remaining in their housing. The program keeps them from being evicted from their homes due to code violations. The program called Special Purpose Home Repair Program (SPHRP) is designed to assist DeKalb County seniors (aged 62 and over) and disabled adults (aged 21 and over) in repairing property conditions that threaten the subsistence of their homes or present threats to health or safety due to hazardous and/or unsanitary conditions. The Dekalb County Community Development Department administers the program and provide funding assistance through grants. This grant is to eligible applicants in the form of a deferred payment forgivable loan. The loan is forgiven if the applicant maintains the property as the primary residence for a five-year period. Seniors then do not need to worry about modifying their homes. Generally, most seniors live on a fixed income due to limited funds from pensions and other means. This program will eliminate then from having to seek other housing and continue to live in their current homes. This program also redirects some citizens facing code enforcement violations to the SPHRP program. It can protect up to 24 seniors or disable residents who have received code violations until they can be assisted by the program.

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

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

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

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

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/12/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

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

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
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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)?	150
2.	How many renewal projects did your CoC submit?	17
3.	What renewal project type did most applicants use?	PH-PSH

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

(limit 2,500 characters)

1. Successful Housing Outcomes
2. Permanent Housing Outcomes
3. Severity of Need
4. Hardest to Serve

3. SEVERITY OF NEED CoC considered needs & vulnerabilities of specific homeless sub pops in the review & ranking process including: CH – severe physical, mental, behavioral challenges, substance abuse/functional impairments; Literal Homelessness –large families w/ history of housing instability, evictions/poor rental histories; Limited/no income; Homeless &/or trafficked Youth & DV Surv. at risk of re-abuse/victimization.

3. SEVERITY OF NEED CoC considered needs & vulnerabilities of specific homeless sub pops in the review & ranking process including: CH – severe physical, mental, behavioral challenges, substance abuse/functional impairments; Literal Homelessness –large families w/ history of housing instability, evictions/poor rental histories; Limited/no income; Homeless &/or trafficked Youth & DV Surv. at risk of re-abuse/victimization. 2. REVIEW FACTORS: Renewal Projects awarded points for EACH homeless sub-pop served. 2 pts for subpops with high severity of need/vulnerability, i.e. CH, DV/Trafficking victims & HH w/ Children. 1 point for projects serving subpops with SA/Mental Illness, HIV/AIDS. Renewal projects 100% dedicated, Dedicated Plus or that Prioritize CH for roll over beds - awarded 2 points. New projects that serve/ prioritize CH - awarded 4 points. NEW PROJECT

(REVISE) BONUS POINTS: Awarded to eligible new projects based on listed considerations i.e. 1.New Supportive Services Only (SSO) projects for coordinated entry system – 4 Pts - CE is the CoCs homeless response system & requires adequate funding to fully implement; 2.New PSH serving chronically homeless individuals, unaccompanied youth, & families or are DedicatedPLUS - 3 Pts - Sufficient PSH necessary to prioritize service resistant CH individuals w/ greatest vulnerabilities & unaccompanied youth w/ supportive service needs. 3.New Joint TH-RRH projects serving homeless ind., unaccompanied youth, & families coming directly from the streets or emergency shelter or fleeing DV -2 PtsInadequate shelter coverage in the CoC. Fixed or scattered site TH, with ability to transition participants rapidly to RRH, helps address need for immed. access to short term, interim housing until permanent housing is secured. 4.New HMIS Expansion - HMIS is required for CoC Program & CE compliance- 1 Pt- HMIS expansion= full integration of the CE assessment, referral & matching requirem

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	
	Describe in the field below:	
	1. how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
	2. how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	

3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

(limit 2,500 characters)

Promoting Racial Equity in Local Review and Ranking:

1. The DeKalb CoC Planning and Service Coordination Committee is comprised of persons of different races, with at least 80% reflecting those over-represented in the CoC homeless populations and including persons with lived experience.

2. This committee is responsible for working with the Collaborative Applicant to develop the application guidelines, applications for new and renewal projects and associated objective rating factors.

3. The Local Application Review Team was also comprised of persons of different races, including those over-represented in the local homeless population and one person with lived experience (within the last 7 years). The review team was responsible for the objective review and ranking of new and renewal project applications.

4. Project applicants (new and renewal) were rated and ranked based on the degree to which their project identified any barriers to participation (e.g. lack of outreach).

Project applicants were required to include a project description including the community need, target population(s), number to be served, and expected outcomes and barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and (d) what steps will be or have been taken by the project to eliminate the identified barriers. A total of 5 points could be awarded for this question.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	

Describe in the field below:

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

(limit 2,500 characters)

1. COC REALLOCATION PROCESS: The CoC considers reallocating funds from existing renewal projects to fund new or expand higher performing projects. The following factors are considered in determining which projects are candidates for reallocation: (1) Projects that do not align with HUD and COC policies and priorities; (2) Projects that are underperforming, as measured by APR scores; (3) Projects indicating that they will not or cannot implement the scope of work submitted in the previous NOFO application and (4) Projects that show a 2-3 year trend of underspending, or projects that indicate that funding is in excess of their ability to spend. The factors considered are communicated to the public and all project applicants in the Application Guidelines, Section D. If a project is potentially identified for reallocation, the Collaborative Applicant (CA) discusses agency performance with the Review Committee (RC) and the project agency. The CA makes a recommendation to the Governance Board. The Governance Board makes the reallocation decision and the CoC votes to accept. Funding results are publicly posted and the Reallocated Project notified in writing outside of e-snaps by the HUD required deadline. 2. CoC did identify one project based two of the reallocation criteria indicated above (capacity to implement/under performance/spending) on the criteria above as potential candidate for reallocation. 3. CoC did not reallocate funds in the FY22 competition. 4. The CoC did not reallocate funds in the FY22 competition for the following reasons: The identified agency has a history of exceptional project performance and client outcomes. The agency has undergone a significant turnover in executive leadership and operational staff in the past year, which adversely impacted their ability to implement all CoC program requirements. The new leadership and operational staff has committed to intensive training and has been receptive to technical assistance and guidance provided by the Collaborative Applicant. The agency project also has a subrecipient with an excellent performance history serving CH homeless with SPMI.

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

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

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022
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	1E-5b. Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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	1E-5c. 1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/28/2022
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	1E-5d. Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/28/2022
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Eccovia
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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.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/28/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

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

(limit 2,500 characters)

1. DeKalb DV organizations have a separate ClientTrack (HMIS) implementation to track all HUD required data. This HMIS is isolated and only accessible by the agency.

2. The ClientTrack system is HUD compliant with all current HUD data Standards

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

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

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	366	50	316	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	63	25	38	100.00%
4. Rapid Re-Housing (RRH) beds	120	36	84	100.00%
5. Permanent Supportive Housing	1,401	0	1,248	89.08%
6. Other Permanent Housing (OPH)	0	0	0	

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

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

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

(limit 2,500 characters)

The DeKalb County CoC bed coverage rate for ES beds, TH beds, and RRH beds was 100%. The bed coverage rate for PSH beds was 89%. The CoC had no SH beds nor OPH beds.

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

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

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

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

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

	Enter the date your CoC conducted its 2022 PIT count.	02/17/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/28/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

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

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

(limit 2,500 characters)

CHRIS 180 (DeKalb County CoC funded homeless youth focused agency) helped plan homeless count, identified youth specific hotspot locations, & conducted count with 4 special coverage teams.

1) ENGAGEMENT IN PLANNING: CoC reached out to youth provider in October to request participation in homeless PIT count. Provider served on planning committee, helped create youth counting/surveying process & youth survey questions, & led / staffed homeless youth focused count teams. Planning committee met monthly with youth focused group also meeting once monthly.

2) YOUTH INVOLVED IN COUNT: 4 special coverage teams comprised of staff & (paid) residents from CHRIS 180 (4 staff and 15 youth). Teams went to known homeless youth hot spots (locations informed by homeless youth/provider). Youth on count teams approached other youth who appeared homeless because youth are more willing to engage with peers & homeless youth are more easily able to identify other homeless youth. The homeless survey included the HUD PIT Count Youth Survey – Addendum. The survey questions (i.e. about foster care, stays in juvenile detention center, educational status) were asked of any identified youth

3) STAKEHOLDERS SELECTING LOCATIONS: 3A) Youth focused agency has outreach workers who conduct street outreach weekly and identified locations where homeless youth most likely to be found. 3B) CHRIS 180 program director asked homeless youth residents and staff where to find unsheltered homeless youth. 3C) Known homeless youth hotspot locations included South DeKalb Mall, downtown Decatur, certain parks, colleges (Georgia Piedmont Technical College & GA State University Perimeter College); 3D) CHRIS 180 provided list of identified youth focused hotspot locations by 1st week in January

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

(limit 2,500 characters)

1. Sheltered Count CHANGES: NOT APPLICABLE - CoC didn't make any changes to its implementation of sheltered PIT count. 3 months prior to count CoC developed detailed provider questionnaire based on HUD's "Notice for Housing Inventory Count (HIC) & PIT Count Data Collection for CoC & ESG Program". In Dec, Coc notified all DeKalb County agencies of upcoming PIT count via email & at meetings. Several days prior to count we sent out survey w/ detailed instructions to all CoC sheltered agencies to return completed form day after PIT. The week after PIT, we follow up w/ providers on any missing data. Submitted surveys were compared to HMIS & prior year's HIC to check for any inconsistencies. Agencies are contacted to explain or correct discrepancies so that we have most accurate & valid numbers. We have reliable data by repeatedly using HUD best practice method

2. UNSHELTERED COUNT CHANGES: SAME - CoC used 2 count types for unsheltered PIT: 1) Complete coverage – volunteers drive all CoC finding unsheltered people in 1 night. Each team has designated enumeration area they cover to avoid double counting. 2) Hot Spot (HS) - survey on same night at known, hidden locations (provided by police and outreach workers) where people sleep. Hotspot enumerators (e.g. case workers, outreach workers, VA staff) are experienced w/ street populations. Hotspot teams have police escorts. Volunteer & hot spot teams deploy at same time to avoid double counting. CHANGES - 2a. In past all teams were trained on PIT night face to face at 4 deployments site locations. For 2022 due to Covid concerns volunteer enumeration teams were trained virtually via Zoom on PIT night, created prior to count night & met at pre-determined home or office. Hot Spot teams still trained at a deployment site on PIT night to meet up w/ their police escort & receive equipment such as masks, sanitizers, flashlights, bright colored vests. 2b. In past all teams surveyed but due to Covid only hot spot teams completed face to face surveys while enumeration teams completed visual counts only. Both survey & counts were done via mobile app. 2c. HUD approved PIT date change request due to Covid concerns

3. AFFECT OF CHANGES: 3a. Community volunteers willing to count if able to do so safely via Zoom & visual count in cars w/ people they know. So still had large # of volunteers & thus able to cover all designated areas of DeKalb County as usual. 3b. Feb. PIT night was warm so more people sleeping outside

2C. System Performance

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

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

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section VII.B.5.b.	
	In the field below:	
	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) DETERMINE RISK FACTORS: Analyzed data from past 10 homeless PIT surveys, coordinated entry assessments, HMIS and other risk factor research. Factors include: economic (i.e.no job, can't pay rent), COVID response, housing (i.e. eviction, can't find affordable housing), family (i.e. Domestic Violence, divorce) & mental health

2)ADDRESS AT RISK BECOMING HOMELESS: Households at risk of homelessness access coordinated entry (CE) to complete pre-screen which includes needs assessment to request prevention services. Referral made by coordinated entry (CE) specialists to the ESG & other funded agencies based on who has available funds to set appointments. Client meets with prevention agency for eligibility screening and if meet criteria, agency works with landlord to pay outstanding arrears, late fees and current month rent to prevent homelessness.

Individuals and families at risk of becoming homeless are eligible to receive ESG and ESG-CV funded Homeless Prevention Services (financial/utility/rental/arrear); The CoC also coordinates with Faith Based entities and the United Way to provide prevention services to at-risk families moving from hotels to permanent housing; Collaborative partnership exists with Georgia Power to identify persons at-risk of homelessness due to utility shut offs.

3) RESPONSIBLE: Collaborative Applicant and planning committee in conjunction with the CoC Governance Board

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

(limit 2,500 characters)

1)STRATEGIES:

1A. Reduce Barriers: CoC adopted housing 1st model; Coordinated Entry (CE) specialists (CES) address problems that arise w/ high barrier clients via case conferences & client discussion; Identify housing properties willing to work w/ bad credit, recent evictions & criminal records;

1B. Bridge Housing: CoC added non-congregate apartments (Step Up, Caring Works, & CHRIS 180) and over 200 hotel rooms (HUB Community Development Corporation) where agency staff provides intensive case management & wrap around services for jobs, daycare, transportation, MH intervention, & housing search to quickly (w/n 90 days) place into permanent housing via CE;

1C. Outreach Engagement: Upon 1st engagement, outreach identifies people on street who want perm housing & get paperwork ready for PSH; Crossroads Community Min., First Presb. Church & Sal Army help clients obtain free documents that are required for housing/jobs/schooling i.e. birth certificates, identification, SS card; Outreach staff work w/ street population for homeless verification, medical docs, finger printing, est. SSI payee, TB test, etc. to be doc ready via constant engagement to get perm. housed;

1D. Jobs: Salvation Army, Decatur Cooperative Ministry & other agencies connect clients with job agencies, i.e. Worksource Development, Goodwill, First Step Staffing (can place in job immediately)

2) 2A. IDENTIFY: Clients call into CE intake phone line. CE specialists complete coordinated entry (CE) enrollment, prescreen & comprehensive assessment (VI-SPDAT) in HMIS. Longest LOTH is factor in VI-SPDAT for higher score & automatically ranked higher on permanent housing by name list (PH BNL); Street outreach staff complete weekly outreach efforts throughout DeKalb County to locate new homeless persons and connect with already known homeless. Street homeless people are enrolled in outreach program in HMIS. Outreach team has an outreach BNL to keep track of LOTH.

2B. HOUSE LONGEST LOTH: CES review PH BNL & receive notice of PH openings daily; Priority for CES to match & refer as soon as housing available; CES coordinate b/n outreach/ES & RRH/PSH (Goal - ES stays less than 90 days); Goal to refer highest scored longest LOTH w/n a week of being on PH BNL to PSH for immediate housing; Goal that cnce referred for RRH, clients housed w/n 60 days

3) RESPONSIBLE: ESG & CE Coordinators

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

(limit 2,500 characters)

1)INC TO PH: CoC meets with each agency yearly & trains at monthly CoC mtgs
 1a) Emergency Shelter (ES) connects clients with resources for income, help with client documentation getting them ready for move in, and work with CE to refer to available PH options. CE has the clients based on a prioritized By Name List (BNL). CE and the ES program staff conduct monthly case conferencing to review clients status.

1b) No safe haven programs in CoC

1c) For TH, case managers work with clients to develop individual stability plan to sets goals, (i.e. jobs, GED, sobriety, budget) to accomplish for exiting to PH. TH case managers work with Ce specialist to find PH options.

1d) RRH agencies partner with Open Doors (OD) to connect clients to apartments where they have relationships w. landlords to place high barrier households (i.e. poor credit, evictions, income ratio disparity, criminal records). OD has list over 100+ apt complexes that are affordable & work with. high barrier hholds. RRH case mgrs connect clients fr job training & placement at Workforce Development, 1st Step Staffing, Next Step Staffing, and Goodwill training programs.

2)RETAIN/EXIT TO PERM HOUSE: CoC focuses on providing agencies with resource for clients to increase cash & noncash income while in PH; Clients meet with the case managers once a month to review thier Individual Service Plan (ie budgeting). CoC funded projects have access to medium or long term rental assistance.

3) RESPONSIBLE: Collaborative Applicant and planning committee in conjunction with the CoC Governance Board

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

(limit 2,500 characters)

1)IDENTIFY: The CoC uses preexisting HMIS data for clients coming through Coordinated Entry (CE) to identify clients that have returned to homelessness.

2)STRATEGY: The CoC analysis data from HMIS to identify hard to serve clients that may be at a higher risk of returning to homelessness. Once those clients are identified, plans are made with program case managers to address possible barriers that may impede the clients ability to gain long term housing. Strategies may include homeless prevention programs to assist with housing costs, coordination between client and landlords to address issues before evictions, and case managers monitor progress (including rental payments) for at least six months after rental payments have ended.

3)RESPONSIBLE: CE coordinator & housing navigators

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

(limit 2,500 characters)

1. To increase employment income the CoC agencies assess participants for job interests at engagement, as part of the CoC-wide Comprehensive Assessment/ Coordinated Entry process. The CoC's plan incorporates agencies using the CoC referral process to refer participants directly to partners/organizations that can assist in employment. Employment opportunities, and placement are discussed during the bi-weekly CoC case conferencing meetings. Employment opportunities are distributed to all agencies for posting. The CoC's objectives encourage providers to emulate workplace norms, emphasize employment, ensure access to transportation, and provide appropriate clothing, so that participants can retain employment and increase employment income

2.The CoC partners with Goodwill Industries, DeKalb WorkSource, First Step Staffing, and local employment agencies to provide training, resources, and tools for CoC service providers in order to equip them to assist the homeless to succeed in the workplace and to provide job opportunities for clients

3. Collaborative Applicant and planning committee in conjunction with the CoC Governance Board oversee the CoC's strategy to increase jobs and income from employment.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	

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

(limit 2,500 characters)

1)The CoC partners with the Social Security Administration to help clients navigate the process for applying for SSI, SSDI, Medicaid and Medicare benefits. The CoC also provides training through CoC and Case manager meeting for speakers to instruct the process for agencies to better serve clients with applications. CoC works with the local Department of Family and Children services to secure TANF, SNAP, and WIC benefits.

2)Collaborative Applicant and planning committee in conjunction with the CoC Governance Board oversee the CoC's strategy to increase non-cash benefits and supplemental income

3A. Coordination with Housing and Healthcare

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	
	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
Our House - Rapid...	PH-RRH	1	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Our House - Rapid ReHousing

2. Enter the Unique Entity Identifier (UEI): T2 - PHB 1

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 1

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

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

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

CoC is not requesting funding for housing rehabilitation or new construction

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

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

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

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

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

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

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

(limit 2,500 characters)

CoC is not requesting funding for projects serving families or youth experiencing homelessness as defined by other Federal statutes

4A. DV Bonus Project Applicants

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

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

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

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.e.	

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

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

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

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	4,500
2.	Enter the number of survivors your CoC is currently serving:	134
3.	Unmet Need:	4,366

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

1) The CoC calculated the number of DV survivors needing housing or services by subtracting the number of Survivors requesting housing from the number actually housed based on the availability of safe shelter beds in the continuum.

2. Data used to calculate the number includes sheltered and unsheltered victims, service only clients and clients served through outreach efforts.

2) Victim service providers have access to enter data into a isolate instance of ClientTrack. This uses the same HUD required data elements and reporting as our community instance of CT but is only accessible by the DV providers.

3) The CoC is making efforts to increase bed capacity specifically for DV clients. 25 new beds have come online this year and there are plans in place to increase capacity and working with coordinated entry efforts to expand placements.

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

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
Women Resource Ce...

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

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

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

1.	Applicant Name	Women Resource Center
2.	Project Name	Women Moving On
3.	Project Rank on the Priority Listing	1
4.	Unique Entity Identifier (UEI)	T2 - DV1
5.	Amount Requested	\$356,297
6.	Rate of Housing Placement of DV Survivors—Percentage	80%
7.	Rate of Housing Retention of DV Survivors—Percentage	70%

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

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

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

(limit 1,500 characters)

1. The project applicant calculated the rate of housing placement by dividing the total number of clients exiting safe shelter to a permanent housing destination by the number of clients exiting safe shelter. The rate of housing retention of DV Survivors by _____. (HOW IT IS MEASURED and AT WHAT INTERVALS). The rate accounts for exits to safe and permanent housing destinations.

2. As a Victim Service Provider, the Women's Resource Center uses Caseworthy, a database comparable to HMIS. Caseworthy is used by all domestic violence shelters throughout the state who receive funding from the Criminal Justice Coordinating Council. Data collection includes name, age, race, gender and county of residence from clients when they call the crisis hotline or enroll in one of the VSPs housing programs. A comparable database is also used to track the services provided to each client served.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Describe in the field below how the project applicant:		
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;	
3.	determined which supportive services survivors needed;	
4.	connected survivors to supportive services; and	
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1. The WRC has provided emergency shelter to survivors of DV for 35 years. Provision of transitional housing services began in 2019. Outcomes for the 10 families currently served include 100% remain stably housed, 80% increased income, 50% reached a credit score 740/ 50% w/ average scores of 550 - 640. 2 have bought homes, and one completed B.A. WRC provides both TH and RRH to DV survivors in CoC. Survivors exiting DV safe house or referred by CE have option to enroll in TH (24 month/scattered site housing w/DV specific/trauma informed support) or RRH (6 mo w/trauma support). Master leases in Agency name w/ survivors named on a sublease agreement or RRH subsidized units in the survivor’s name and in participant choice location (unless located elsewhere for safety). WRC works w/ housing partners to ease leasing req. & expedite move to safe affordable housing for participants w/ low credit/other barriers. Housing first model, makes services available to clients w/ with high barriers and most impacted by complex challenges of surviving DV and living with systemic oppression, such as African American DV survivors. Participants eligible with self-declaration of DV and an AMI of 50 - 30% or less.
2. Survivors may be referred to CE while in safe shelter for permanent housing are prioritized using the standardized assessment tool (VISPDAT) which assigns a priority rating based on vulnerabilities such as families with children or chronically homeless individuals/survivors.
3. Anxiety, depression & mental health are among primary concerns for DV survivors - WRC addresses barriers with individual therapeutic support (cognitive behavioral. therapy), counseling (peer led resiliency and self-care support groups).
- 4 Upon entry survivors connected to partner advocate, for safety planning, legal services, continuing education, credit improvement, saving and debt reduction, employment and vehicle purchase assistance. Supportive services all geared toward helping the survivor regain emotional, financial, physical and housing stability.
5. Partner advocate works closely with survivors to identify safe, affordable housing that can be sustained with current and/or increased financial resources after subsidy end.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1. WRC intake staff conduct initial interviews with DV survivors either in a own private office as well as other secure spaces within the facility that can be used for private interviews. While initial intake is conducted with both members of a couple, Advocates then meet separately with each individual member of a couple/family to prevent potential coercion of survivors.
2. When working to identify housing, DV survivors have a high level of autonomy in choosing where they want to live. WRC intake and case management staff work closely with clients to ensure housing meetings the safety needs of the survivor.
3. Information and locations are kept secure by maintaining a locked facility where visitors must be admitted by a staff member, and an on-site maintenance staff member that monitors facility needs, such as lighting fixtures, to ensure the safety of residents. When working with landlords, property managers, and housing providers, WRC communicates the importance of confidentiality of location and tenant information. Survivors provide must provide informed consent when sharing personally identifying information to safeguard identity and housing location.
4. WRC staff receive comprehensive training on client safety and confidentiality. Intake staff receive training on use of the Caseworthy System (HMIS Comparable Data Base), ,

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

(limit 2,500 characters)

1. WRC intake staff conduct initial interviews with DV survivors either in a own private office as well as other secure spaces within the facility that can be used for private interviews. While initial intake is conducted with both members of a couple, Advocates then meet separately with each individual member of a couple/family to prevent potential coercion of survivors.
2. When working to identify housing, DV survivors have a high level of autonomy in choosing where they want to live. WRC intake and case management staff work closely with clients to ensure housing meetings the safety needs of the survivor.
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4. WRC staff receive comprehensive training on client safety and confidentiality. Intake staff receive training on use of the Caseworthy System (HMIS Comparable Data Base), ,

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. WRC intake staff conduct initial interviews with DV survivors either in a own private office as well as other secure spaces within the facility that can be used for private interviews. While initial intake is conducted with both members of a couple, Advocates then meet separately with each individual member of a couple/family to prevent potential coercion of survivors.
2. When working to identify housing, DV survivors have a high level of autonomy in choosing where they want to live. WRC intake and case management staff work closely with clients to ensure housing meetings the safety needs of the survivor.
3. Information and locations are kept secure by maintaining a locked facility where visitors must be admitted by a staff member, and an on-site maintenance staff member that monitors facility needs, such as lighting fixtures, to ensure the safety of residents. When working with landlords, property managers, and housing providers, WRC communicates the importance of confidentiality of location and tenant information. Survivors provide must provide informed consent when sharing personally identifying information to safeguard identity and housing location.
4. WRC staff receive comprehensive training on client safety and confidentiality. Intake staff receive training on use of the Caseworthy System (HMIS Comparable Data Base), ,

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(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)

1. WRC intake staff conduct initial interviews with DV survivors either in a own private office as well as other secure spaces within the facility that can be used for private interviews. While initial intake is conducted with both members of a couple, Advocates then meet separately with each individual member of a couple/family to prevent potential coercion of survivors.
2. When working to identify housing, DV survivors have a high level of autonomy in choosing where they want to live. WRC intake and case management staff work closely with clients to ensure housing meetings the safety needs of the survivor.
3. Information and locations are kept secure by maintaining a locked facility where visitors must be admitted by a staff member, and an on-site maintenance staff member that monitors facility needs, such as lighting fixtures, to ensure the safety of residents. When working with landlords, property managers, and housing providers, WRC communicates the importance of confidentiality of location and tenant information. Survivors provide must provide informed consent when sharing personally identifying information to safeguard identity and housing location.
4. WRC staff receive comprehensive training on client safety and confidentiality. Intake staff receive training on use of the Caseworthy System (HMIS Comparable Data Base), ,

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(e)		
Provide examples in the field below of how the new project will:		
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;	
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

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4. WRC staff receive comprehensive training on client safety and confidentiality. Intake staff receive training on use of the Caseworthy System (HMIS Comparable Data Base), ,

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(f)		
Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.		

(limit 2,500 characters)

1. WRC intake staff conduct initial interviews with DV survivors either in a own private office as well as other secure spaces within the facility that can be used for private interviews. While initial intake is conducted with both members of a couple, Advocates then meet separately with each individual member of a couple/family to prevent potential coercion of survivors.
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4. WRC staff receive comprehensive training on client safety and confidentiality. Intake staff receive training on use of the Caseworthy System (HMIS Comparable Data Base), ,

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2022
1B. Inclusive Structure	09/27/2022
1C. Coordination and Engagement	09/27/2022
1D. Coordination and Engagement Cont'd	09/27/2022
1E. Project Review/Ranking	09/27/2022
2A. HMIS Implementation	09/27/2022
2B. Point-in-Time (PIT) Count	09/27/2022
2C. System Performance	09/27/2022
3A. Coordination with Housing and Healthcare	09/27/2022
3B. Rehabilitation/New Construction Costs	09/27/2022
3C. Serving Homeless Under Other Federal Statutes	09/27/2022
4A. DV Bonus Project Applicants	09/27/2022

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Submission Summary

No Input Required