

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 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 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 2021 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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: MI-517 - Jackson City & County CoC

1A-2. Collaborative Applicant Name: Community Action Agency

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Community Action Agency

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

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

19.	Mental Illness Advocates	Yes	Yes	No
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	No
24.	Organizations led by and serving people with disabilities	Yes	Yes	No
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	No
30.	Substance Abuse Service Organizations	Yes	Yes	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

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 the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 characters)

The Jackson CoC offers invites to attend monthly meetings in multiple ways. Community invitations are offered informally through linkages and connections made in the CoC's collaborative work. Invites are also offered through formal written requests from Co-Chairs when appropriate, electronically by email and through our CoC website letting the community know when and where meetings are held. We attempt to communicate in multiple ways in an effort to reach people where they are at and accommodate those who may have disabilities. Outside of our monthly CoC meeting we are also working to solicit membership into our planning committees and work groups from those community partners that may have an interest or specialized knowledge in a certain area (homeless youth, homeless veterans, event planning such as PIT count, Project Connect or Stand Downs, landlord recruitment/education, etc...). CoC membership has reached out to those with lived experience of homelessness through our shelters, street outreach and housing providers to encourage participation in CoC meetings or planning committees. Our local youth advisory council

members have also been invited to attend CoC meetings and committees. From these invitations they have not only attended CoC meetings but also presented and engaged membership in dialogue around the needs of homeless youth in our community. Our CoC started meeting via Zoom in April 2020. Using this new format has made access to our meeting much simpler for participants and meeting attendance has been up during these months and we are discussing leaving meetings in this format or moving to a hybrid format so that meetings are more accessible to all that would like to attend.

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 2,000 characters)

The Jackson CoC has adopted a cohesive procedure to gather opinions and experiences from countywide networks. Current membership brings CoC information and concerns to the collaborative network for both invitation to meetings and feedback. The CoC is able to strengthen efforts to prevent and end homelessness within our community while reaching out to many subpopulations within our area this way. We have seen increased participation and interest in the work we are doing in ending homelessness locally. Strategies were developed from our homeless response systems map to be responsive to the needs of those experiencing homelessness. CoC meetings are held monthly, at the same time and location, currently virtual, but normally at the local disability service office to remove barriers that some may have with participating. Announcements of meetings with agendas for the next meeting and minutes from the previous month are made available via email and now on the new COC website. We are utilizing this site to not only share meeting information but also to keep the community up to date on local progress with strategies to end homelessness. Meetings are welcoming and open to anyone in the community that would like to attend. Anyone that would like time to speak or share information has the availability to do so monthly. Agendas are created through our Steering Committee meetings, which are also open to anyone that would like to be a part of that planning process. In past year our CoC also completed a housing survey of clients and service providers to learn what new emerging issues and barriers were resulting from COVID so that this information could be taken into consideration in looking at our additional funding streams. The CoC is currently putting together a new presentation for newly elected city officials taking office in the new year to discuss funding and the role of the CoC.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

Our CoC did a public posting on the CoC's website explaining the process and how an agency could apply for available funds. We also shared this with the CoC. We noted in this posting that there was available funding open to new grantees through bonus funding. This posting requested that everyone submit applications through the eSnaps system so that the CoC could review applications as required and approve, deny and rank through the system. It was explained that the CoC would review applications and choose applicants to fund based on the CoC priorities. All information was shared and accessible electronically. CAA as the lead agency was available to assist any applicants with the process as needed.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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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 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)	Nonexistent
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 LGBT 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 2,000 characters)

MSHDA is the ESG and ESG-CV recipient for our community. They allow our local CoC to apply for funding based on what our community evaluates and determines as the needs to be addressed. The local CoC bases these decisions on Quality Committee reports that take into consideration other housing funding including CoC, SSVF, PATH, ESP shelter and youth funding, as well as coordinated entry data, annual homeless count data, PIT/HIC data, System Performance Measures in addition to the previous year's ESG county data. MSHDA representatives for our area attend our CoC meetings periodically but receive minutes each month so that they are aware of changes happening at a local level. The local grantees report to the CoC Quality Committee monthly, quarterly and annually on data outcomes, and financials and also report to MSHDA on a quarterly and annual basis as required. The local agency receiving the ESG and ESG-CV funds enters all data into HMIS and participates in the CoC as well as the PIT count annually. All data is shared with the Quality committee and the full CoC to be used in the decision making process for local funding and creating the Coordinated Plan.

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 gender:

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

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1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

- | | |
|----|---|
| 1. | how your CoC collaborates with youth education providers; |
| 2. | your CoC's formal partnerships with youth education providers; |
| 3. | how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA); |
| 4. | your CoC's formal partnerships with SEAs and LEAs; |
| 5. | how your CoC collaborates with school districts; and |
| 6. | your CoC's formal partnerships with school districts. |

(limit 2,000 characters)

The CoC has McKinney Vento educational representatives at CoC meetings on a regular basis. These representatives give updates on applications, reporting, change in numbers, and need of services for McKinney-Vento students. The homeless youth provider in our community has regular contact with the educational authorities and school districts and is a designated voice for our CoC with them. The CoC's coordinated entry lead agency is a part of the training process for the school liaisons each year on our local homeless system and is able to be a direct resource to this group. There is a Partnership Agreement with our CoC and Head Start that serves the jurisdiction. The school liaisons have direct contact with staff in our coordinated entry system and they are able to utilize combined resources to assist our youth in need. Youth providers and McKinney Vento liaisons participate in our PIT count annually by providing us with numbers as well as places that we can find homeless youth.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	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 2,000 characters)

Our CoC policy requires that each individual agency have their own policy in place regarding eligibility to educational services. It is the provider's responsibility, and they are monitored by the CoC, to inform participants about their educational rights for themselves and/or children in the household. The CoC provider coordinates with the local McKinney-Vento homeless liaisons in the schools to discuss issues with households that are in housing crisis. CoC membership is updated annually of McKinney Vento Homeless Liaisons for the schools in our county.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–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	
2.	Child Care and Development Fund	No	
3.	Early Childhood Providers	No	
4.	Early Head Start	Yes	
5.	Federal Home Visiting Program--(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	
6.	Head Start	Yes	
7.	Healthy Start	No	
8.	Public Pre-K	No	
9.	Tribal Home Visiting Program	No	
	Other (limit 150 characters)		
10.			

You must select a response for elements 1 through 9 in question 1C-4b.

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Annual Training--Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and 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 safety and 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 2,000 characters)

Our local domestic violence provider has offered annual training to CoC membership at a regularly scheduled CoC meeting to address areas around best practices in serving survivors of domestic violence. These trainings are to give all membership, including frontline staff and coordinated entry staff, information on how to most effectively work with DV survivors, ensure that providers understand confidentiality and the importance of this and what the best practices are that are being used for serving survivors. In addition to this our CoC participates in a local collaborative effort to ensure all human service provider front line staff are trained in ACE's (Adverse Childhood Experience) and that agencies adopt and practice trauma informed procedures. Our coordinated entry policy and procedures are reviewed annually for any areas that could or should be updated in the areas of survivor safety and confidentiality.

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

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

Our local DV provider participates in CoC meetings, quality committee and coordinated entry to provide us with data to evaluate community needs in regards to DV survivors. Items that may be reported monthly are nights of shelter bed utilization, unduplicated residential client counts, number of shelter denials due to capacity, number of adults without children, and number of adults with children. We are also able to look at annual HMIS data for those that reported being DV survivors and signed a release of information to enter data into HMIS (data not entered by the DV provider themselves). From this data we can also see additional demographic information as need. Our CoC also periodically surveys, through our local DV provider, to gather needs and housing barriers.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
NOFO Section VII.B.1.e.		

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

Our CoC has established policy and procedures for all housing providers that protect the safety needs of domestic violence, dating violence, sexual assault, & stalking survivors. Housing staff are trained in trauma informed care and work to assist the survivors without retraumatizing in the process. No victim services provider is required to enter data into the HMIS database. Survivors of DV, dating violence, sexual assault & stalking who present themselves to a coordinated entry site will be provided safe, confidential transportation to the nearest available victim service agency if needed. Should survivors choose to not participate in the current coordinated entry assessment, they are not penalized for this and are still offered the same opportunity to housing services in our community. The HARA staff are on site weekly at the local DV shelter to assess needs for anyone staying there but referrals from any providers are also accepted daily and staff can meet survivors at a location of their choice or by phone to screen and assess for housing needs. DV, dating violence, sexual assault & stalking survivors are able to be prioritized for Housing Choice Vouchers and for Public Housing under the homeless preference in our community. Housing Choice Voucher enrollment staff meet face-to-face with survivors at a location of a survivor's choice. Once a survivor enters a housing program, no matter what the funding stream is, they have the option to choose housing in any location that they would like, taking into consideration safety needs for the survivor and their family. Each housing provider must have a detailed emergency transfer plan, which ensures that a participant receiving

rental assistance through or residing in a unit subsidized under a housing program who is a victim of domestic violence, dating violence, sexual assault, or stalking qualifies for an emergency transfer within the criteria stated in 24 CFR 5.2005 (e)(2).

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–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 LGBT 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 to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> 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 2020 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?
Michigan State Housing Development Authority	80%	Yes-HCV	No
Jackson Housing Commission	60%	Yes-Both	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 2,000 characters)

Both of the PHA's listed above in our jurisdiction have homeless preference policies in place for admission. The Jackson Housing Commission is an active member of the CoC and expanded policies for homeless preferences because

of the working relationship within our CoC.

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

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	No
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

Our PHA's are a part of the Coordinated Entry process. Through MSHDA's HCV's we make sure that all homeless households have been prioritized for the waitlist and when pulled they are coordinated with providers to assist with locating and completing applications. The Housing Commission participates in the coordinated entry meetings and prioritizes to households that are homeless. There are no written agreements for participation at this time.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
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1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

N/A

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	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.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Michigan State Ho...

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

Name of PHA: Michigan State Housing Development Authority

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	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

1C-9.	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 2021 CoC Program Competition.	5
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	5
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

All providers receiving permanent housing funds are required to commit to A Housing First approach. During regular reviews of funded programs, and at annual application the applicants are asked about their commitment to Housing First and how their program ensures this is followed. During Quality reviews

providers are questioned on utilization, length of time from project entry to lease up and exits to positive destinations. This data, as reported through STELLA is regularly reviewed by the CoC membership.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	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 2,000 characters)

Street outreach is done through our PATH provider, local SSVF providers as well as through our lead agency for coordinated entry. All programs cover the entire county of Jackson. Outreach is done on a weekly basis covering areas where there are known or signs of street homelessness as well as reaching out to places where potentially those that are street homeless may go to (churches, libraries, park and rides, rest areas, parks, campgrounds). in rural areas of the county we reach out to the area party stores, gas station, or service organizations letting them know that if they are contacted by anyone experiencing homelessness or housing crisis they can refer them back to the HARA for assistance. All staff conducting outreach are equipped with the tools needed to screen someone on the spot should they be found so that nothing is left undone should the person be difficult to find again for contact information, signing of releases, and engaging with how they can contact the agency staff person in the future. All programs also coordinate with the City, local school systems, and youth providers to coordinate outreach to anyone they may be in contact with that is homeless.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

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

1.	Engaged/educated local policymakers	Yes
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2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

	2020	2021
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.”	55	25

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	No	No
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1.	systemically providing 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.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

Agencies have the opportunity to provide information during CoC meetings on mainstream benefits and changes in how those in need can apply or changes in

requirements or rules around eligibility of benefits. We try to schedule monthly trainings for providers on needed information for homeless households including mainstream benefit eligibility and resources (this included areas like applying for MDHHS benefits and SOAR applications). MDHHS staff participate in CoC meetings and offer regular trainings/updates or sharing of changes with our group as applicable in regards to Medicaid, food assistance, state emergency relief applications and other programs that may assist our population.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC’s geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

Our CoC covers the county of Jackson Michigan and our Coordinated Entry system covers that entire area. Our HARA is our central point of intake for the county but we work closely as a community so that there is no wrong door to service. CAA is centrally located, has posted business hours and an afterhours plan for those that may present in need. This agency employs a dedicated Housing Specialist to the coordinated entry system. Our CoC has prioritized that we will serve those experiencing chronic homelessness first and then those with the greatest acuity of need as determined through our coordinated entry system. By utilizing the assessment tool with all providers and having all participate fully in coordinated entry we can ensure that those most in need are being served not only first but in the most appropriate program. Our CoC has put a marketing policy in place for coordinated entry in an effort to educate the public on how to connect to homeless providers easily but also to attempt to reach all that may need housing assistance. As part of the State Innovation Model initiative we have implemented a “no wrong door” process for screening for social determinants of health. This screening occurs in primary care practices, through hospital-based case management services, in the health department, aging service providers, community mental health, housing providers (including the HARA) and others. Housing needs are assessed during the screening and closed loop referrals are made directly to coordinated entry providers. This clinical community linkage system change increases the likelihood that housing needs will be identified and services provided to those less likely to seek homelessness assistance. The CoC currently uses the VI-SPDAT as mandated by state funders. However, our state is attempting to identify a replacement tool in light of the identified limitations and biases in the VI-SPDAT. Providers have received training on implementing the Coordinated Entry data standards for HMIS.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
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NOFO Section VII.B.1.o.

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

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.	No
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.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

Our CoC is doing a quarterly review of STELLA data by race and ethnicity to try and look at existing racial inequities or trends forming in equity within programs. The CoC spent some time this past year educating and advocating to local government by using our data in response to a proposed government initiated homeless ordinance that didn't recognize the disparate impact of racism in the proposed ordinance. We recently started working with students at the University of Michigan to look at the impact or racial inequities in eviction trends happening across our county. Data is being reviewed prior to Covid and within the pandemic.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

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

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

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	No
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

The CoC shared up to date information with providers on the everchanging best practices for keeping people experiencing homelessness safe, while also keeping staff and volunteers safe. Individuals and families living in unsheltered situations, were helped to get into temporary hotel stays while they looked for permanent housing options in the community. Local shelters lowered the number of beds available in order to maintain social distancing and worked with local providers to fund motel space for those that could not come to shelter. Coordination between MDHHS, the local health department, local hospital and medical providers assisted connecting those that were unstably housed with finding safe accommodations for quarantine or isolation needs so that they didn't become homeless during this time and weren't placed at risk. PPE was offered to housing providers and those in the community in need to stay safe. Meeting time was committed each month for providers to talk about best practices or barriers to serving those in need, with other providers so that people could still be moved to housing as quickly as possible. Many of our CoC membership participated in the local Coronavirus task force to help educate on the need and availability of funding so that services were not duplicated. Our CoC has no transitional housing projects.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

CoC housing services providers served on the crisis command task force that was developed to lead the coordinated response to COVID locally. Consensus, so far, is that the task force will function as lead for future public health emergencies. CoC providers will again serve on the task force. Community readiness is improved for the future because we have both new and/or improved working coordination with the health sector and local government, who were the leads for the task force. Also, we have learned from our missteps, to improve for future emergencies. One key learning is better communication about the existing services in place before responding to new demands. We now recognize we would have been efficient if existing providers with staffing and infrastructure in place were used to rapidly expand services instead of setting up parallel services with a new provider who volunteered to jump in, not knowing of other available resources.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

Our CoC looked at where gaps in services existed and how funds could be used to fill these gaps. We allocated funds for Eviction Prevention knowing that it would be important to keep people housed and that incomes would be negatively effected by Covid. We brought on sub-grantees through Legal Services of South Central Michigan and South Eastern Dispute Resolution to assist with the Eviction Mediation process to also assist in the process of keeping those at risk of homelessness in their units. ESG-CV funds also allowed for us to offer funding to our local shelter for hazard pay for staff, PPE and additional operations needs of the only homeless shelter in our county. Funds were also made available for PPE and staffing for the Street Outreach provider in the community through ESG-CV funds. All sanitary and healthcare supplies were coordinated with our local MDHHS office who also was distributing these items as needed so that we weren't duplicating supplies and all had what was needed when it was most needed.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
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2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).
----	--

(limit 2,000 characters)

We follow state/federal CDC guidance for all CoC activities and operations, including any in person services to clients through outreach. We worked closely with our local Health Department and local hospital on how to decrease the spread of Covid as outbreaks occurred around our homeless providers and the population we serve. Local guidance, because this is a county where elected commissioners are refusing to follow CoC guidance for political reasons, are not followed.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
--	--

- | | |
|----|----------------------------------|
| 1. | safety measures; |
| 2. | changing local restrictions; and |
| 3. | vaccine implementation. |

(limit 2,000 characters)

The CoC communicated to homeless service providers through the crisis command task force, which was meeting at least weekly, and our ongoing monthly CoC meetings. Agency response and implementation of COVID related practices and policies was a standing agenda item to learn how providers were responding to the changing restrictions and requirements; who was "open" vs virtual, what best practices were developing to serve clients virtually, what each were implementing to encourage vaccinations, who was mandating, how agencies were linking clients to vaccines and testing when appropriate.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.
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(limit 2,000 characters)

We followed recommended guidance from the state on how to track and prioritize vaccines to those that are experiencing homelessness both in and out of shelter. We assisted those in need of help getting to vaccination sites and tried to help track and educate those that were wanting to be vaccinated.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

Our CoC worked closely with our local DV shelter and the lead agency to address this concern. Callers in need were referred to the DV shelter for safety analysis and coaching. The CoC monitored DV calls and occupancy monthly and the surprising result reported is there wasn't an increase in calls to DV locally. We continue to monitor and analyze where DV victims are going when they don't want to move from home to shelter.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

Coordinated Entry providers were allowed to conduct business virtually (phone, text, email, electronic signatures) and assistance was provided to obtain any necessary technology to make sure all parties involved were safe. The CoC shared and adopted information with providers regarding HUD waivers to allow for housing assistance to continue without face to face contact or putting anyone at risk. Coordinated Entry meetings were all moved to virtual meetings so that collaboration and coordination of need could continue.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/02/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/02/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

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.	Used data from a comparable database to score projects submitted by victim service providers.	No
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | 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 2,000 characters)

We reviewed and considered four key factors in making ranking recommendation decisions, HUD Priorities for funding and the County's funding level for Tier I, local priorities for funding, including any identified changes in local priorities based on emerging issues anticipated for the next funding cycle, program performance results for all renewal grants, and scoring tool analysis (HUD's) based on HUD priorities, local priorities and program performance. During the review process discussion was had regarding difficulty with outcomes for hard to serve populations but there were no projects that scored significantly low enough to need to look at placing them at risk of defunding.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications; |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

(limit 2,000 characters)

The ranking and review process was made available to all CoC members as well as other community members that may wish to be a part of the process. As part of the performance scores for renewals, we reviewed the STELLA data outcomes by race/ethnicity to analyze if services are being provided equitably. Our quality committee regularly reviews program performance, and this is included in the ranking tools "performance" (Quality) score.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	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; |
| 4. | why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and |

5. how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

The Continuum of Care body may reallocate HUD funds, for which it has monitoring oversight responsibility, under any of the following conditions: A change in local or funding priorities, A reduction in funding, A recipient agency chooses to no longer continue administering the CoC program grant, or a recipient agency is no longer able to administer the CoC program grant, The CoC decides that a recipient agency should no longer be allowed to administer the CoC program grant. (The CoC decision would be based on non performance or poor performance by a funded agency that puts the funding at risk.) Reallocation will generally occur at the renewal/ranking stage of the funding cycle. However, if documented unsatisfactory performance issues put continued funding at risk, the reallocation procedures can be activated at any stage in the funding cycle. Consideration of program participants and developing or approving a transition plan for program participants is a key responsibility of the CoC in the reallocation process and decision making. The CoC will also be responsible for notifying HUD and MSHDA funders, CoC membership and other community stakeholders who need to be included in planning this transition. There were no projects that were scored as low performing or less needed within our CoC and therefore no projects that were chosen for reallocation in this application.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes
--	-----

1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

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.	10/15/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/15/2021
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2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

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

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky Community Services
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
---	------------

2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

Our local DV provider does have a comparable database used to collect needed data elements. They provided needed data to our CoC and HMIS lead as requested or required.

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

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	130	10	60	50.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	0	0	0	
4. Rapid Re-Housing (RRH) beds	25	0	25	100.00%
5. Permanent Supportive Housing	78	0	78	100.00%
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 2,000 characters)

During the 2021 count HIC count we had an agency that was moteling households that could not stay at the homeless shelter due to Covid restrictions and limitations. This was a temporary motel that was put into place through community donations and they were not entering into HMIS. This project is no longer in place and we don't foresee that they will be moteling again. However, if this should start up again we will work with them to enter all data into HMIS.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
---	---------

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

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

(limit 2,000 characters)

N/A

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 January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
---	-----

2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
--	-----

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Describe in the field below:

1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses 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 or to end homelessness for individuals and families.

(limit 2,000 characters)

Our CoC has structured the coordinated entry system to assist us in identifying those that are most and least at risk of housing instability. First time homeless households are often those least at risk and referred to diversion services. CoC has placed emphasis on diversion and prevention by implementing programs that can address light touch case management needs for low acuity households and offer supportive services to those already living in affordable housing units or with vouchers to assist residents with maintaining these units. Focus is on building self-sufficiency and utilizing resources in place. The CoC is part of an eviction diversion program through 12th District Court, DHHS, South Central Michigan Legal Services, and Southeastern Michigan Dispute Resolution that assists landlords and tenants with mediation in an attempt to keep people housed and resolve landlord tenant issues without an eviction. The CoC has prioritized ESG and ESG-CV Prevention dollars as well as other Covid funds received within our community, to work with this program. Community Action Agency is the agency responsible for working with diversion and prevention funding in our community. The CoC quality committee is responsible for monitoring that this work is effectively being done.

2C-2.	Length of Time Homeless—Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	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 2,000 characters)

By evaluating the progress in this measure, we are also able to see gaps in our coordinated entry system that could be improved upon. The CoC relies on the coordinated entry system to ensure that households are being quickly evaluated for service, referred and entered into service and then assisted with housing search. If the system is working effectively households should have decreased times between homeless and housing stability. Through the coordinated entry system, we are able to identify those with the highest acuity level, and those with chronic homelessness. The CoC has prioritized that we serve those with chronicity first before moving on to others with less time homeless, these households have priority to housing programs and services first. All funded providers are evaluated on improvements in reducing the lengths of time clients are homeless. This is tracked through HMIS and the regular coordinated entry meetings. The CoC has charged the Quality Committee members with the responsibility to monitor, evaluate and report to the CoC on the on-going results.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

Having a universal screening tool for all providers and utilizing the coordinated entry system has assisted in eliminated over or under housing households but also ensuring households are given the adequate amount of supportive services needed. Having an effective case management team in place across the community that is inclusive of all housing providers allows households to receive the housing skills they need to be self-sufficient in permanent housing even after assistance ends. Allowing participants to receive the level of service needed builds both the relationship with the landlords and the participants. As mentioned before there is a strong emphasis on diversion in the community and utilizing services at the level needed. We are in the process of evaluating our discharge planning across the community to make it a usable and reliable part of the coordinated entry process. Through our previous work with the SIM funding in our community it has helped us set up a structure for working on gaps in our system. Having Coordinated Discharge planning in place will result in appropriate referrals and placements which in turn increases rates of permanent placements. It is important to the coordinated entry process that we are utilizing HCV, PBV and PHA resources in conjunction with CoC and ESG services. The CoC quality committee reviews and evaluates the performance and reports to the CoC. The CoC uses this analysis to direct needed changes by vote of the full board.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
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NOFO Section VII.B.5.e.

Describe in the field below:

- | | |
|----|--|
| 1. | how your CoC identifies individuals and families who return to homelessness; |
| 2. | 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 2,000 characters)

The CoC has evaluated and implemented changes with priority to programming (previously reallocating transitional housing) and priority in service areas (utilizing the screening assessment universally). With the addition of a coordinated entry process that is used across the county and the evaluation of data from this process there will be a more efficient way to measure returns to homelessness. With continued emphasis on supportive services and allowing participants to have the level of service needed providers will be able to offer housing focused case management around areas such as substance use, mental and physical health stability and securing mainstream benefits. Through SIM planning we were able to survey homeless participants and better understand why there may be returns to homelessness. From these responses the following initiatives were coordinated by the CoC, reduce ER utilization-lead by hospital staff and CoC members, reduce evictions-lead by dispute resolution office, legal services, and CoC members, increase SOAR trained staff to increase stable income for participants-lead by CoC members, increase landlord participation in the HCV program-lead by CoC membership, address equity issues of discrimination in housing-lead by CoC membership and financial stability collaborative group. Long-term rental stability is effected by a lack knowledge of how to be a responsible tenant. Providers will ensure that participants are receiving life skills and soft skills needed to be good tenants, including financial counseling, understanding tenant rights, understanding lease agreements, and how to effectively have dialogue with a landlord. The CoC's quality committee is responsible for monitoring this across the CoC and working with providers to improve on gaps in services.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

- | | |
|----|--|
| 1. | your CoC's strategy to increase employment income; |
| 2. | how your CoC works with mainstream employment organizations to help individuals and families 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 2,000 characters)

The CoC has organized our monthly CoC meetings to set aside time to have community service providers train membership on programming changes or updates, application processes, eligibility determination and answer questions. A new initiative from our Jackson Collaborative Network is a series of criminal record expungement fairs, to improve employment and housing opportunities. CoC members participate in the fair outreach by identifying and referring

housing clients who could benefit. Our CoC is also given updates by the local Work Force Development agency monthly on open jobs and this is disseminated to all membership to share with their participants. Employment training and services are assessed through the SDOH screening. CoC member organizations can connect clients to employment resources through the closed loop referral process which insures a warm handoff. The Work Force Development agency reaches out directly to the client improving the likelihood that the client will be successfully engaged. The CoC co-chairs take the lead on making sure that there is a strategy in place to educate providers. The CoC quality committee monitors how grantees are implementing these resources within their programs. They also monitor how often income increases for program participants is occurring and assist the grantees with identifying barriers to continuing to increase income among program participants.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and |
| 2. | is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants. |

(limit 2,000 characters)

The CoC has organized our monthly CoC meetings to set aside time to have community service providers train membership on programming changes or updates, application processes, eligibility determination and answer questions. A new initiative from our Jackson Collaborative Network is a series of criminal record expungement fairs, to improve employment and housing opportunities. CoC members participate in the fair outreach by identifying and referring housing clients who could benefit. Our CoC is also given updates by the local Work Force Development agency monthly on open jobs and this is disseminated to all membership to share with their participants. Employment training and services are assessed through the SDOH screening. CoC member organizations can connect clients to employment resources through the closed loop referral process which insures a warm handoff. The Work Force Development agency reaches out directly to the client improving the likelihood that the client will be successfully engaged. The CoC co-chairs take the lead on making sure that there is a strategy in place to educate providers. The CoC quality committee monitors how grantees are implementing these resources within their programs. They also monitor how often income increases for program participants is occurring and assist the grantees with identifying barriers to continuing to increase income among program participants.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

- | | |
|----|--|
| 1. | your CoC's strategy to increase non-employment cash income; |
| 2. | your CoC's strategy to increase access to non-employment cash sources; and |

3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.
----	--

(limit 2,000 characters)

The CoC has created a workgroup to focus on building the SOAR program in our community. We would like to have more trained SOAR providers as well as a process to assist those trained SOAR providers with burdensome pieces of the process so that there are less stumbling blocks and more time to assist additional eligible participants with this need. We recognized this in a gap in our system analysis and this is an initiative that we are actively working on with a focus of gaining capacity with SOAR in our community. SOAR training in Michigan is coordinated and conducted by DHHS which is only starting to schedule again after a COVID hiatus. The CoC's workgroup members are responsible for monitoring increased number of trained SOAR providers and how to insure there are enough supports in place for trained providers.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) 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
---	----

3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
--	----

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	No

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section 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 2,000 characters)

N/A

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

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. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

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 2,000 characters)

N/A-our CoC does not currently have these projects to designate to.

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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.	

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 2021 Priority Listing.

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

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	244
2.	Enter the number of survivors your CoC is currently serving:	54
3.	Unmet Need:	190

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, 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 2,000 characters)

We took the data collected through Coordinated Entry screenings that asked if homeless household were survivors of DV in this current fiscal year and then we looked at program level data that showed which of these households screened were enrolled into a permanent housing program during this same current time frame. We know that we are not able to meet the needs of survivors without preferencing this population specifically into a permanent program. Currently we see that DV survivors often aren't eligible for PSH programs and with limited RRH funding they often don't have a high enough acuity level to be prioritized into these programs first.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

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
Community Action ...

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

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

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 2021 Priority Listing:

1.	Applicant Name	Community Action Agency
2.	Rate of Housing Placement of DV Survivors–Percentage	22.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	88.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

- | | |
|----|---|
| 1. | how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and |
| 2. | the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects). |

(limit 1,000 characters)

We used our HMIS data to look at number of DV survivors we have seen this past year through Coordinated Entry (this includes those living in DV shelter locally) and then also the number that were placed into permanent housing and who exited to temporary vs permanent destinations.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

- | | |
|----|---|
| 1. | ensured DV survivors experiencing homelessness were assisted to quickly move 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. | connected survivors to supportive services; and |
| 4. | moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends. |

(limit 2,000 characters)

DV survivors are assisted through our local Coordinated Entry process and screened for appropriate housing referrals. This ensures that they are receiving all housing options available to them to move them to the best possible

assistance quickly. Households that are screened while homeless during coordinated entry are placed on the HCV waiting list as well as the coordinated entry housing list to be placed in the appropriate housing program for their acuity level. With these DV Bonus funds households fleeing DV would be preferenced into this housing program at time of referral for appropriate programs. DV survivors are connected to the local DV provider who is truly the expert on dealing with their trauma and needs that they have. They can assist with needed supports to keep them safe and continue working towards self-sufficiency. Referrals are also made to other local providers to assist with other areas of need that there may be (benefits, transportation, education, etc...). While clients are in subsidized housing programs they are receiving regular home visits focused around their housing stability. Each household has a housing stability plan that they have created with their case manager and coordinated with other providers as needed to ensure there is no duplication of service. This plan allows each participant to have achievable goals they are working towards with the end result being that they will be able to sustain housing on their own when our assistance ends. Once assistance ends the participant still has an open connection to our staff and services should they need them, to offer support with housing crises that may come up. We will often suggest to landlords as well that if they have issues that can't be resolved with the tenant to reach out to us and we would be happy to step back in as a mediating agent to help support continued housing stability.

4A-4c.	Ensuring DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:	
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

Each participant creates a safety plan with a trained staff person to address unforeseen or unpredictable situations that may occur. These are focused around the participants housing stability and saefey in their home. We coordinate with our local DV provider to assist with additional safety planning as needed should they need more support then what we could offer. ; If conversations are happening in person we have private space within our office with doors that shut so that conversations are not happening in a public area or where others waiting could hear. We also are able to meet survivors at the local shelter if appropriate or have virtual intakes with them to meet their needs. When initially setting up an intake we ask who will be present for the intake and if there is more then one adult we suggest that we do their intakes separately so that they each have a chance to express needs/concerns with staff independently. Each adult in the home has their own housing goals they are

working on as well. All housing participants choose their own scattered site housing in the community. They meet the landlords and are present for our inspections of the unit. Staff have conversations with participants regarding choosing safe areas to live in that won't open them up to possible exposure to an abuser. With this programs there will be no congregate living spaces facilitated by our agency. There are no shared living spaces facilitated by this program. However, as part of choosing housing and creating safety plans it is discussed with the participant that they not share where their new unit is located with others that may share that with the abuser or the abusers contacts.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

We start safety planning with DV survivors from the onset of our interactions with them. We are cognizant of where we meet with survivors at either in the office or in the community, and how we collect and store data on the household. Looking at where they are staying at, who they have as emergency contacts on releases, what the steps are that need to be taken to keep them safe. Our agency and staff are trained to take a trauma informed approach to our work. We attempt to assist them with finding safe affordable housing that will meet their needs and address their housing instabilities with services while not causing additional trauma to the household. With DV survivors there are often many factors that we take into consideration when setting up safety plans and housing stability plans with them. We look at where are safe areas for them to live at, who they should and should not allow in their homes, what actions can be taken if they find themselves in an unsafe situation while at their home.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

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

- | | |
|----|--|
| 1. | prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences; |
| 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 trauma; |
| 4. | emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations; |
| 5. | centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination; |
| 6. | providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and |
| 7. | offering support for parenting, e.g., parenting classes, childcare. |

(limit 5,000 characters)

All participants choose where they would like to live in the community based on their own needs and preferences (transportation, school location, employment). Once it is established where appropriate areas are then that is where housing search is focused. Participants look at homes before inspections are scheduled to be sure that they are units that they feel meet their needs. Participant need for on going assistance is evaluated on a monthly basis with the case manager and participant so that the correct level of service is being given. Participants in program are an equal partner in determining the services and level of services that they receive. We recognize that the unit the client moves into is their home and we treat that as an important part of our services. We also recognize that not all participants will do things in their home the same way that we do things in our home and we try to take that into consideration when determining assistance we are offering to the participant. Our staff are trained to deal with trauma however, we will rely on our DV partner to be the expert in this area and assist us in dealing with DV trauma and what the participant may need. We currently utilize the SPDAT to focus on the strengths that participants have and assist us in goal setting. These assessments are done regularly so that case manager and participant can see achievements made in areas on the SPDAT and move towards new areas where they can build confidence and mastery of skills. Staff in our office have been given nondiscrimination training as well as equal access training and should have the skills to implement these in the workplace. We will connect participants to community partners who can assist with these opportunities. Our expert DV provider can assist in peer to peer groups and mentorships, but other local providers can assist us in connecting to volunteer opportunities or local spiritual opportunities that may be available to strengthen the participants natural supports. We will assist in connecting parents to the local supports that they are in need of to enhance their parenting skills or meet the needs they have as a parent. Our office is currently the WIC office in the community so we have many resources for parents of young children but recognize there are many resources in the community for parents of children of all ages.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

Each participant has a separate set of needs that they have while securing housing. We assess each situation to determine what services the participant is in need of and then make that part of the individual plan as we search for housing. Many households are scared to go places in the community on their own so case managers will assist them to get to needed places in the community to secure items needed for permanent housing, for example the Secretary of State office for a new ID. Staff will assist households with meeting landlords at potential units so that they are comfortable to look around and ask important questions about the unit. Assisting with transportation so that the

participant can take care of housing related needs, looking at housing with the participant so that they feel comfortable asking questions, helping to set up bank accounts so the participant has their own account for money they may be receiving to be deposited into, taking the family grocery shopping at the local store for the first once moved into the unit to ensure they know where the store is and feel safe being there, assisting with securing needed items to furnish their unit at move in and making sure all of those items are able to be moved into the unit.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establish and maintain 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 trauma;
4.	place emphasis on program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

All participants entering program are choosing the housing they would like in the community. They are encouraged to view the home before completing a landlord application or paying a fee to ensure it is a unit they can truly live in. Participants in program are an equal partner in determining the services and level of services that they receive. We recognize that the unit the client moves into is their home and we treat that as an important part of our services. We also recognize that not all participants will do things in their home the same way that we do things in our home and we try to take that into consideration when determining assistance, we are offering to the participant. Our staff are trained to deal with trauma however, we will rely on our DV partner to be the expert in this area and assist us in dealing with DV trauma and what the participant may need. We currently utilize the SPDAT to focus on the strengths that participants have and assist us in goal setting. These assessments are done regularly so that case manager and participant can see achievements made in areas on the SPDAT and move towards new areas where they can build confidence and mastery of skills. Staff in our office have been given nondiscrimination training as well as equal access training and should have the skills to implement these in the workplace. We will connect participants to community partners who can assist with these opportunities. Our expert DV provider can assist in peer to peer groups and mentorships, but other local providers can assist us in connecting to volunteer opportunities or local spiritual opportunities that may be available to strengthen the participants natural supports. We will assist in connecting parents to the local supports that they are in need of to enhance

their parenting skills or meet the needs they have as a parent. Our office is currently the WIC office in the community so we have many resources for parents of young children but recognize there are many resources in the community for parents of children of all ages.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

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).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/15/2021
1C-7. PHA Homeless Preference	No	PHA Homeless pref...	11/16/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/16/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/16/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting -P...	11/16/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting-Pr...	11/16/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posted CoC-Ap...	11/16/2021
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting -Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting-Projects Accepted

Attachment Details

Document Description: Web Posted CoC-Approved Consolidated Application

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/01/2021
1B. Inclusive Structure	11/15/2021
1C. Coordination	Please Complete
1C. Coordination continued	11/15/2021
1D. Addressing COVID-19	11/15/2021
1E. Project Review/Ranking	11/15/2021
2A. HMIS Implementation	11/08/2021
2B. Point-in-Time (PIT) Count	11/08/2021
2C. System Performance	11/16/2021
3A. Housing/Healthcare Bonus Points	11/08/2021
3B. Rehabilitation/New Construction Costs	11/08/2021

FY2021 CoC Application	Page 55	11/16/2021
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3C. Serving Homeless Under Other Federal Statutes	11/08/2021
4A. DV Bonus Application	11/16/2021
4B. Attachments Screen	11/16/2021
Submission Summary	No Input Required

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time __ _ _	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

Refused

3. In the last three years, how many times have you been homeless? _____

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

Refused

b) Taken an ambulance to the hospital? _____

Refused

c) Been hospitalized as an inpatient? _____

Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? **Y** **N** Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? **Y** **N** Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? **Y** **N** Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or _____
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- legal status in country
- children that may reside with the adult at some point in the future
- ageing out of care
- income and source of it
- safety planning
- mobility issues
- current restrictions on where a person can legally reside

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

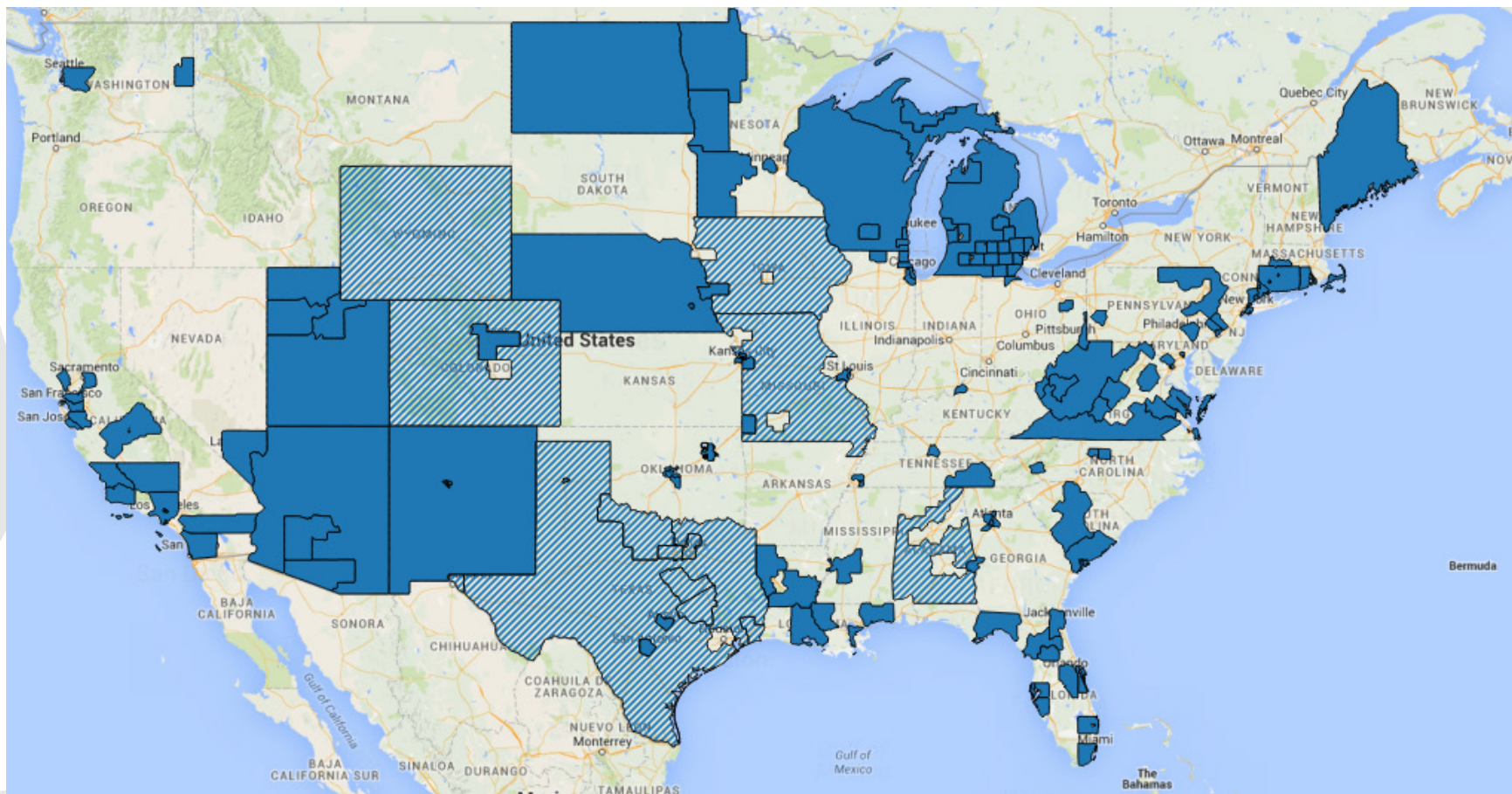
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

Chapter 4

qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

MSHDA Policy

MSHDA administers the following types of targeted funding:

- Veterans Assistance Supportive Housing (VASH)
- Non-Elderly Disabled (NED) (formerly Mainstream I)
- Mainstream Voucher Program (non-elderly and disabled)
- Family Unification Program (FUP)
- Emergency Housing Vouchers (EHV)

Regular HCV Funding

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

4-III.C. SELECTION METHOD

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

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

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

MSHDA Policy

MSHDA will offer a preference to any family that has been terminated from its Housing Choice Voucher (HCV) program due to insufficient program funding. These families will be drawn before all other waiting list preferences once program funding is reinstated to sufficient levels as determined by MSHDA.

A homeless preference is only assigned to the applicants on the HCV waiting list who are also a Michigan resident.

Applicants will be sorted and drawn in the following hierarchy of HCV Waiting List Preferences:

1. **Homeless County of Application Residency** (Applicant who is homeless and is living or working in the county of application)

In general, the homeless preference is valid for 120 days. In order to retain the homeless preference, the homeless service agency must recertify that the applicant meets the homeless preference every 120 days while on the HCV waiting list.

2. **Disabled County of Application Residency** (Applicant who is disabled and is living or working in the county of application)

Chapter 4

3. **County of Application Residency** (Applicant who is living or working in the county of application)
4. **Disabled Michigan Residency** (Applicant who is disabled, is not living or working in the county of application but is living or working in Michigan.)
5. **Michigan Residency** (Applicant who is not living or working in the county of application but is living or working in Michigan).
6. **Disabled Out of State Residency** (Applicant who is disabled but is not living or working in Michigan).
7. **Out of state Residency** (Applicant who is not living or working in Michigan).

Except for the homeless preference, all other local preferences must be verified at the time the applicant is selected from the waiting list. Failure to provide documentation to verify a local preference will result in denial of assistance. The applicant may reapply to the waiting list when the waiting list is open again.

Following is a list of documents that can be provided to verify a local preference:

Proof that that the head of household, spouse, or co-head currently lives in the County if County residency was claimed:

- A copy of a valid driver's license which includes a current address
- A copy of a valid state ID card which includes a current address
- A copy of a valid Medicaid card which includes a current address
- A valid Social Security printout letter which includes a current address
- A copy of a valid voter's registration card which includes a current address
- A letter from the Homeless Shelter, HARA, or Lead Agency indicating residency

Proof that the head of household, spouse, or co-head currently works in the County if County residency was claimed:

- A letter from the employer stating the applicant is employed in the County.
- A letter from the employer stating the applicant will be employed in the County.
- A copy of a valid paycheck stub with the employer's address showing the business is located in the County.

Proof that the head of household, spouse, or co-head currently lives in Michigan if Michigan residency was claimed:

- A copy of a valid driver's license which includes a current address in Michigan
- A copy of a valid state ID card which includes a current address in Michigan
- A copy of a valid Medicaid card which includes a current address in Michigan
- A valid Social Security printout letter which includes a current address in Michigan

ADMIN Change Summary 6/2017

Page #	Original Language	New Language	Reason
4-3	<p><u>PHA Policy</u> Families may obtain application forms from the PHA's office during normal business hours. Families may also request – by telephone or by mail – that an application be mailed to them via first class mail.</p> <p>Completed applications must be returned to the PHA by mail, by fax, or submitted in person during normal business hours. Applications must be complete in order to be accepted by the PHA for processing. IF an application is incomplete, the PHA will notify the family of the additional information require.</p>	<p><u>PHA Policy</u> Families can apply online through the Jackson Housing Commission website www.jacksonhousing-mi.org or at the JHC Administrative Offices located at Reed Manor by filling out an application online in the office.</p> <p>Applications must be completed during the time that the waiting list is open. Applications that are not complete will not be accepted to the waiting list.</p>	To match current practice.
4-5	<p><u>PHA Policy</u> The PHA will send written notification of the preliminary eligibility determination within 10 business days of receiving a complete application</p>	<p><u>PHA Policy</u> The PHA will send written notification of the preliminary eligibility determination within 10 30 business days of receiving a complete application</p>	To match current practice.
4-8	<p><u>PHA Policy</u> The PHA will give public notice by publishing the relevant information in suitable media outlets including, but not limited to: The Jackson Citizen Patriot, The DHS Office and The Jackson Public Housing Facilities</p>	<p><u>PHA Policy</u> The PHA will give public notice by publishing the relevant information in suitable media outlets including, but not limited to: The Jackson Citizen Patriot, Jackson M-Live, The Blazer, CAA, Jackson City Hall, Local Apartment Complexes, The DHS Office and The Jackson Public Housing Facilities</p>	To match current practice.
4-10	<p><u>PHA Policy</u> The family's response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by the PHA not later than 15 business days from the date of the PHA letter.</p> <p>If the family fails to respond</p>	<p><u>PHA Policy</u> The family's response must be in writing and may be delivered in person, by mail, by email, or by fax. Responses should be postmarked or received by the PHA on or before the return date on the letter, which is a minimum of 15 business days.</p>	To match current practice.

	<p>within 15 business days, the family will be removed from the waiting list without further notice.</p> <p>If the notice is returned by the post office with a forwarding address, the notice will be resent to the address indicated. The family will have 15 business days to respond from the date the letter was re-sent.</p>	<p>If the family fails to respond on or before the return date on the letter, the family will be removed from the waiting list without further notice.</p> <p>If the notice is returned by the post office with a forwarding address, the notice will be resent to the address indicated and by email to the email address on file. The family will be given a new deadline to respond, which will be at least 15 business days from the date of the 2nd attempt.</p>	
4-14	<p><u>PHA Policy</u></p> <p>The PHA will offer a local preference which will require a minimum of one of the following documents: rent receipts, leases, utility bills, employer or agency records, school records, drivers licenses, voters registration records, credit reports, statement from household with whom the family is residing. Also to any family that has been terminated from its HCV program due to insufficient program funding.</p>	<p><u>PHA Policy</u></p> <p>The PHA will offer several local preferences: Jackson County Residents: Current residents of Jackson County</p> <p>Involuntarily Displaced Preference: Applies to victim of a Natural Disaster; or a victim of Domestic Violence.</p> <p>Elderly Preference: Elderly preference applies when the head of household, spouse, or co-head is aged 62 or older.</p> <p>Disabled Preference: applies when the head, spouse, or co-head is considered disabled.</p> <p>Homeless Preference: Applies to applicants who lack a fixed, regular and adequate nighttime residence.</p> <p>Reunification Preference: Applies to applicants who are actively participating in a formal family reunification program.</p> <p>Veteran Preference: Applies to an applicant that the head of household, spouse, or co-head is</p>	To match current practice

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

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

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

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

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

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

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

PHA Policy

The PHA administers the following types of targeted funding:

None at this time

Regular HCV Funding

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

4-III.C. SELECTION METHOD

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

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

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

PHA Policy

The PHA will offer a local preference which will require a minimum of **one** of the following documents: rent receipts, leases, utility bills, employer or agency records, school records, drivers licenses, voters registration records, credit reports, statement from household with whom the family is residing. Also to any family that has been terminated from its HCV program due to insufficient program funding.

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

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

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

PHA Policy

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

Order of Selection

The PHA system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

PHA Policy

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

ACOP Change Summary 5/2017

Page #	Original Language	New Language	Reason
3-20	A <i>pattern of use</i> is defined as three misdemeanor or felony convictions in the previous three years. A conviction will be given more weight than an arrest.	A <i>pattern of use</i> is defined as three misdemeanor or felony convictions in the previous three years. A conviction will be given more weight than an arrest.	HUD PIH Notice 2015-19
3-20	Any household member is currently registered as a sex offender under a state sex offender registration program.	Any household member is subject to a lifetime registration requirement under a state sex offender registration program.	Alignment with HUD requirement
3-22	Has a pattern of unsuitable past performance in meeting financial obligations, including rent within the past five years	Has a pattern of unsuitable past performance in meeting financial obligations, including rent within the past three years	Keeping with current practice
3-30	VAWA 2013 expanded notification requirements to include the obligation for PHAs to provide applicants who are denied assistance with a notice of VAWA rights and the form HUD-50066 at the time the applicant is denied.	VAWA 2013 expanded notification requirements to include the obligation for PHAs to provide applicants who are denied assistance with a notice of VAWA rights and the form HUD-5382 at the time the applicant is denied.	Update to HUD guidance language
3-30	Therefore, if the PHA makes a determination to deny admission to an applicant family, the PHA will include in its notice of denial information about the protection against denial provided by VAWA in accordance with section 16-VII.C of this ACOP as well as including a copy of the form HUD-50066. The PHA will request that an applicant wishing to claim this protection notify the PHA within 10 business days.	Therefore, if the PHA makes a determination to deny admission to an applicant family, the PHA will include in its notice of denial information about the protection against denial provided by VAWA in accordance with section 16-VII.C of this ACOP as well as including a copy of the form HUD-5382. The PHA will request that an applicant wishing to claim this protection notify the PHA within 14 business days.	Update to HUD guidance language
4-14	The PHA will use the following local preference: Applicants over the age of 62 and disabled applicants will be given preference for housing.	One point will be granted by the PHA for each of the following local preferences: Involuntarily Displaced Preference: Applies to victim of a Natural Disaster; or a victim of Domestic Violence...	Alignment with local and HUD priorities

		<p>Elderly Preference: Elderly preference applies when the head of household, spouse, or co-head is aged 62 or older.</p> <p>Disabled Preference: applies when the head, spouse, or co-head is considered disabled.</p> <p>Homeless Preference: Applies to applicants who lack a fixed, regular and adequate nighttime residence...</p> <p>Reunification Preference: Applies to applicants who are actively participating in a formal family reunification program.</p> <p>Veteran Preference: Applies to an applicant that the head of household, spouse, or co-head is a current member of the military, a veteran, or the surviving spouse of a veteran.</p>	
4-24	No existing language.	<p>Upon making an eligibility determination, the PHA must provide the family a notice of VAWA rights as well as the HUD VAWA self-certification form (form HUD-5382) in accordance with the Violence against Women Act of 2013, and as outlined in 16-VII.C. The notice and self-certification form must accompany the written notification of eligibility determination. This notice must be provided in both of the following instances: (1) when a family is notified of its eligibility; or (2) when a family is notified of its ineligibility.</p>	Alignment with HUD requirement
8-3	Information about the protections afforded by the Violence against Women Act of 2005 (VAWA) to victims of domestic violence,	A copy of the VAWA notice of occupancy rights (see section 16-VII.C)	Alignment with HUD guidance

PART III: TENANT SELECTION

4-III.A. OVERVIEW

The PHA must establish tenant selection policies for families being admitted to public housing [24 CFR 960.201(a)]. The PHA must not require any specific income or racial quotas for any developments [24 CFR 903.2(d)]. The PHA must not assign persons to a particular section of a community or to a development or building based on race, color, religion, sex, disability, familial status or national origin for purposes of segregating populations [24 CFR 1.4(b)(1)(iii) and 24 CFR 903.2(d)(1)].

The order in which families will be selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences that the family qualifies for. The availability of units also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 960.206(e)(2)]. The PHA's policies must be posted any place where the PHA receives applications. The PHA must provide a copy of its tenant selection policies upon request to any applicant or tenant. The PHA may charge the family for providing a copy of its tenant selection policies [24 CFR 960.202(c)(2)].

PHA Policy

When an applicant or resident family requests a copy of the PHA's tenant selection policies, the PHA will provide copies to them free of charge.

4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

PHA Policy

The PHA will use the following local preference:

Applicants over the age of 62 and disabled applicants will be given preference for housing.

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40% of the families admitted to public housing during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a PHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the PHA's HCV program during a PHA fiscal year that exceed the 75% minimum target requirement for the voucher program, shall be credited against the PHA's basic targeting requirement in the public housing program for the same fiscal year. However, under these circumstances the fiscal year credit to the public housing program must not exceed the lower of: (1) ten percent of public housing waiting list admissions during the PHA fiscal year; (2) ten percent of waiting list admissions to the PHA's housing choice voucher program during the PHA fiscal year; or (3) the number of qualifying low-income families who commence occupancy during the fiscal year of PHA public housing units located in census tracts with a poverty rate of 30 percent or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

PHA Policy

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

From: [Jamin Bradley](#)
To: [Reaume, Laura](#)
Cc: [Jane Myers \(jcmymers@gmail.com\)](mailto:jcmymers@gmail.com)
Subject: Re: CoC application Notice
Date: Thursday, September 2, 2021 7:58:51 AM
Attachments: [Screen Shot 2021-09-02 at 7:57:42 AM.png](#)

Just posted it now. I've attached your screenshot.



SEPTEMBER 2, 2021

COC APPLICATION NOTICE

Please consider this notice by the Jackson City and County Continuum of Care (MI-517) that the US Department of Housing and Urban Development 2021 Continuum of Care Program Notice of Funding Opportunity is available. Eligible organizations wishing to apply for funding can do so through the eSnaps system no later than September 24, 2021. Information on registration for this system is [available here](#).

In addition to renewal funding there is also \$43,215 available in CoC Bonus Funding and \$100,793 available in DV Bonus Funding for Jackson county. For additional information on this grant application [please click here](#).

The Jackson CoC is asking that all renewal and new applications be submitted in eSnaps by 5:00 pm on September 24, 2021. The Jackson CoC Quality Committee will review all applications the week of September 26, 2021 and ask for any corrections and clarifications from applicants by October 1, 2021 so they can have a recommendation ready for the CoC meeting that will be held on October 5, 2021 at 10:00 am through the [virtual zoom platform](#). At this regular scheduled CoC meeting a vote on ranking of submitted applications will take place.

All applicants will be notified of the status of their application in writing, no later than November 1, 2021 and the full application will be shared and posted on the [CoC website](#) no later than November 16, 2021.

On Aug 31, 2021, at 6:20 PM, Reaume, Laura <lreaume@caajlh.org> wrote:

Jane and Jamin, below is the notice of funding opportunity for the CoC application this year. Jane could you please share with the CoC group and Jamin can you please post on the CoC website. I'll also post on the CAA website as the lead agency. Jamin once you post it can you send me a screenshot that clearly shows the date and time it is posted for our application process? Thanks! Laura

Please consider this notice by the Jackson City and County Continuum of Care (MI-517) that the US Department of Housing and Urban Development 2021 Continuum of Care Program Notice of Funding Opportunity is available. Eligible organizations wishing to apply for funding can do so through the eSnaps system no later than September 24, 2021. Information on registration for this system is available at <https://www.hudexchange.info/programs/e-snaps/>

In addition to renewal funding there is also \$43,215 available in CoC Bonus Funding and \$100,793 available in DV Bonus Funding for Jackson county. For additional information on this grant application please follow the link below.

[FY 2021 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](#)

The Jackson CoC is asking that all renewal and new applications be submitted in eSnaps by 5:00 pm on September 24, 2021. The Jackson CoC Quality Committee will review all applications the week of September 26, 2021 and ask for any corrections and clarifications from applicants by October 1, 2021 so they can have a recommendation ready for the CoC meeting that will be held on October 5, 2021 at 10:00 am through the virtual zoom platform [https://caajlh-zoom.us/j/85457182458?pwd=aHIPWEdQU281WWVteDVFMnJaQlZz09](https://caajlh-zoom.zoom.us/j/85457182458?pwd=aHIPWEdQU281WWVteDVFMnJaQlZz09) At this regular scheduled CoC meeting a vote on ranking of submitted applications will take place.

All applicants will be notified of the status of their application in writing, no later than November 1, 2021 and the full application will be shared and posted on the CoC website www.jxncoc.com no later than November 16, 2021

Laura Reaume (she, her, hers)
Director of Community Programs
Community Action Agency
517-784-4800
www.caajlh.org

<image003.png>

Scoring Tool Criteria (October 1, 2021)

Met all threshold requirements – 5

Renewal grant –5 points

Performance (Quality) Score – 0 – 3 points; 0 for non-performance; 1 for substantially poor performance based on APR and Application Performance questions (page 24); 2 for minor performance/quality issues reported; 3 pts for no performance issues

HUD priority – 2 points if application addressing a current HUD priority HUD identified in this year's NOFO. 0 points if not a current HUD priority

Community Priority – 3 points if addressing CoC local priority, 0 points if not a local priority

Emerging Issues – 1 point if identified as a newly emerging issue that is not a current community priority

A tiebreaker score from 2 – 4 will be provided to applicants with tied scores. Tiebreaker ranking determined by the impact of potential loss of program impacts community at large/CoC strategic Plans; then potential loss of program to residents, and finally capacity of agency's sustainability if program not funded. 4 points to a proposal with greatest potential impact on community work; 3 points for the program considered greatest loss to homeless residents; and 2 points if agency cannot be sustained if program unfunded and 1 point for any longstanding program that significantly supports homeless work that funding is considered not replaceable in short term.

The ranking done by the review/ranking community based on the criteria is then made as a recommendation to the full CoC membership, with the supporting rationale for the scoring. The full CoC membership votes to approve the ranking recommendation, or rejects the ranking criteria scores and approves alternative criteria/scores to rank the projects meeting threshold requirements.

Scoring Tool Criteria (October 1, 2021)

Met all threshold requirements – 5

Renewal grant –5 points

Performance (Quality) Score – 0 – 3 points; 0 for non-performance; 1 for substantially poor performance based on APR and Application Performance questions (page 24); 2 for minor performance/quality issues reported; 3 pts for no performance issues

HUD priority – 2 points if application addressing a current HUD priority HUD identified in this year's NOFO. 0 points if not a current HUD priority

Community Priority – 3 points if addressing CoC local priority, 0 points if not a local priority

Emerging Issues – 1 point if identified as a newly emerging issue that is not a current community priority

A tiebreaker score from 2 – 4 will be provided to applicants with tied scores. Tiebreaker ranking determined by the impact of potential loss of program impacts community at large/CoC strategic Plans; then potential loss of program to residents, and finally capacity of agency's sustainability if program not funded. 4 points to a proposal with greatest potential impact on community work; 3 points for the program considered greatest loss to homeless residents; and 2 points if agency cannot be sustained if program unfunded and 1 point for any longstanding program that significantly supports homeless work that funding is considered not replaceable in short term.

The ranking done by the review/ranking community based on the criteria is then made as a recommendation to the full CoC membership, with the supporting rationale for the scoring. The full CoC membership votes to approve the ranking recommendation, or rejects the ranking criteria scores and approves alternative criteria/scores to rank the projects meeting threshold requirements.

Ranking Recommendation and Rationale
from Quality/Review Committee – 10/1/2021

Rank	Project Application Name	Amount of HUD Request	Applicant
1	HMIS	\$55,979	CAA
2	SSO	\$99,417	CAA
3	Jackson Housing Leasing (PSH)	\$235,368	TTI
4	Mechanic/PP PSH	\$309,502	CAA
5	Rapid Rehousing	\$153,496	CAA
6	Rapid Rehousing Expansion -Bonus	\$43,000 (estimate)	CAA
7	DV -Bonus	\$100,000 (estimate)	CAA

Ranking Rationale

We reviewed and considered four key factors in making this ranking recommendation:

1. HUD Priorities for funding and the County’s funding level for Tier I (which is \$853,762- the total for all renewal projects this year)
2. Local priorities for funding, including any identified changes in local priorities based on emerging issues anticipated for the next funding cycle
3. Program performance results for all the renewal grants
4. Scoring tool analysis (HUD’s) based on HUD priorities, local priorities and program performance.

Our findings based on this review:

- HUD priorities for funding are unchanged – so current ranking takes into account that the HUD prioritizes renewing of all current funded programs
- The HUD Tier I funding allocation is sufficient to fully fund all renewal program applications
- We haven’t heard any rumors or received direction from HUD indicating that Tier II projects are *not* feasible because of funding. This also supports our recommendation to go ahead with submitting applications for bonus funds, but have them ranked in Tier II
- Local priorities are unchanged, even with COVID increasing demand for all types of housing supports
- Program performance results from renewal applications all are sufficient/ no deficiencies, so scoring on this metric is equal.
- Local impact on the potential loss of a particular program was the deciding factor in ranking one project over another- HMIS most critical if not there to support the whole CoC network; SSO is the most flexible to assist households during COVID; TTI PSH with all scattered sites is less able to handle a funding reduction that reduces the number of households served than CAA’s Mechanic/PP PSH program that has operating costs in the budget, so it ranks higher and finally, Rapid Rehousing is serving the fewest households and is a newer program, so although a program that needs to be expanded based on need, if lost will have the smallest negative impact on homeless households that can be served.

Project Application Name	Threshold	Renewal	Performance	HUD Priority	Local Priority	Emerging Issue/not priority	Tie-breaker points (1-4)	Total Points
HMIS	5	5	3	2	3		4	22
SSO	5	5	3	2	3		3	21
Jackson Housing Leasing (PSH)	5	5	3	2	3		2	20
Mechanic/PP (PSH)	5	5	3	2	3		1	19
Rapid Rehousing	5	5	3	2	3			18
Rapid Rehousing Expansion - Bonus	5	0	0		3			8
DV -Bonus	5	0	0	2	0			7

Jackson County Continuum of Care

TTI, Inc.
2319 W. Main St. Ste A
Jackson, MI 49203

October 15, 2021

Dear CoC Project Applicant:

This letter is to inform you in writing that your project application to the Jackson Continuum of Care, for renewal and reallocated funding for the grants listed below were reviewed for eligibility by the CoC Quality Committee. Their recommendation to approve all program applications submitted by TTI, Inc. for the grant amount requested was voted and approved at the Continuum of Care's membership meeting on October 5th. The approval was for the amount requested. As also required by the HUD submission process, all approved renewals were ranked by the CoC membership. The rank of TTI's project is identified by the number listed below.

Project

Jackson Housing Leasing Program (3)

If you have any problems or questions in completing this submission process by the deadline, please contact staff at Community Action Agency, who has CoC administrator privileges on e-snaps.

Thank you for your continued participation in the Jackson Continuum of Care and your commitment to ending homelessness in our County.

Sincerely,

Kate Martin

A handwritten signature in black ink that reads "Katherine Martin". The signature is written in a cursive style with a long horizontal line extending to the right.

Co-Chair, Jackson Continuum of Care

Jackson County Continuum of Care

October 15, 2021

Dear CoC Project Applicant:

Congratulations! This letter is to inform you in writing that all project applications from CAA to the Jackson Continuum of Care, both for renewal and new funding were reviewed for eligibility by the CoC Quality Committee. Their recommendation to approve all the applications submitted by CAA at the grant amount requested was voted on and approved by the Continuum of Care's voting members at our regular membership meeting on October 5, 2021 . The approval for each was for the amount requested.

At this time, the next step in the HUD submission process is ensuring that your applications are finalized and uploaded prior to the due date. If you have any problems or questions in completing this submission process by the deadline, please contact staff at Community Action Agency, who has CoC administrator privileges on e-snaps.

Thank you for your continued participation in the Jackson Continuum of Care and your commitment to ending homelessness in our County.

Sincerely,

Kate Martin

A handwritten signature in cursive script that reads "Katherine Martin". The signature is written in black ink and includes a long horizontal flourish at the end.

Co-Chair, Jackson Continuum of Care

Jackson County Continuum of Care

TTI, Inc.
2319 W. Main St. Ste A
Jackson, MI 49203

October 15, 2021

Dear CoC Project Applicant:

This letter is to inform you in writing that your project application to the Jackson Continuum of Care, for renewal and reallocated funding for the grants listed below were reviewed for eligibility by the CoC Quality Committee. Their recommendation to approve all program applications submitted by TTI, Inc. for the grant amount requested was voted and approved at the Continuum of Care's membership meeting on October 5th. The approval was for the amount requested. As also required by the HUD submission process, all approved renewals were ranked by the CoC membership. The rank of TTI's project is identified by the number listed below.

Project

Jackson Housing Leasing Program (3)

If you have any problems or questions in completing this submission process by the deadline, please contact staff at Community Action Agency, who has CoC administrator privileges on e-snaps.

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Co-Chair, Jackson Continuum of Care

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Co-Chair, Jackson Continuum of Care

NOVEMBER 15, 2021

IMPORTANT 2021 COC DOCUMENTS

You can click the buttons below to be taken to important COC documents for 2021.

BEFORE STARTING COC APPLICATION

RANKING AND RATIONALE

SCORING BASED ON TOOL

SCORING TOOL CRITERIA

♥ 0 LIKES ◀ SHARE

