

## Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

## 1A. Continuum of Care (CoC) Identification

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

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

**1A-1. CoC Name and Number:** VA-521 - Virginia Balance of State CoC

**1A-2. Collaborative Applicant Name:** Commonwealth of Virginia-Virginia Department of Housing and Community Development

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Commonwealth of VA subgrant to Homeward

## 1B. Coordination and Engagement–Inclusive Structure and Participation

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

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- Frequently Asked Questions

<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

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

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

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

(limit 2,500 characters)

1. The Virginia Balance of State (VA BOS) CoC is comprised of 12 regionalized local planning groups (LPG) and five committees (cmte) that are open to the public. Solicitation for new CoC members is conducted at the LPG level through postings on provider websites and in-person recruitment events. LPGs have membership cmtes that conduct regular outreach to local and regional govt. entities, faith communities, private businesses, etc. The CoC lead agency, the Virginia Dept. of Housing and Community Development (DHCD), also leverages relationships with other state agencies to extend invitations to join the CoC. Additionally, the CoC facilitates bi-monthly virtual forums, which are open to the public, to create transparent communication with partners and any member of the public who is interested in learning more about the VA BOS.
2. All information is communicated via the DHCD website, LPGs websites, emails, and newsletter postings. CoC members will also meet one-on-one with stakeholders, develop and distribute brochures, and hold in-person trainings to stakeholders to share information on the LPG efforts to create a crisis response system. Additionally, the CoC has recorded virtual meetings, which providers can refer back to at any point. During monthly meetings, the CoC Program Manager (PM) reports information from the CoC to leadership of the Virginia Dept. of Aging and Rehabilitation Services.
3. Locally, LPGs maintain partnerships with culturally specific organizations to aid in their efforts to address equity in their communities. Additionally, in FY 21 DHCD contracted with Collective InCite, LLC (CI) to provide a Racial Equity and Social Justice training to all of the communities that comprise the CoC. CI provided technical assistance (TA) to each of the LPGs to enhance partnerships with community based organizations (CBO) serving culturally specific communities. The CoC is convening a subcmte that is responsible for developing strategies to outreach CBOs.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. Each LPG has a governing board and cmtes that are public and accessible to stakeholders. CoC membership includes a broad array of stakeholders with knowledge and interest in preventing and ending homelessness. Stakeholders include local govt. officials, planning district commissions (PDC), private funders, advocates including the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA), school divisions, police departments, faith based communities, PHAs, VA hospitals, CSBs (mental health agencies), homeless service providers, CAP agencies, state dept. of veteran services, and dept. of behavior health and developmental services. Additionally, the CoC facilitates public bi-monthly virtual forums to elicit feedback and answer questions from community partners and key stakeholders around preventing and ending homelessness.
2. The CoC provides and solicits information in multiple ways. Each LPG has a board and cmtes designed to address local homeless needs. Information flows back and forth through this structure via LPG representation on the CoC steering cmtte (the main CoC governing board), which meets bi-monthly. During the months that the steering committee does not meet, community partners have the option to engage in more discussions regarding homelessness in their communities via the CoC's bi-monthly virtual forums. Finally, the CoC PM participates in virtual sessions held with partners from across the state to gather input from all LPGs in the CoC.
3. All information gathered during CoC meetings, virtual forums, or input sessions are considered and used to improve the CoC. State appropriations, ESG, and CoC funding have been coordinated to ensure each LPG has a homeless crisis response system ensuring all communities in the geographic area have access to homeless services. Feedback from meetings also inform policy and procedural change that is presented to the steering committee for a vote and formal implementation.

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

(limit 2,500 characters)

1. As per the CoC policies and procedures, the Collaborative Applicant (CA) requested proposals for projects after registration and prior to the release of the NOFO. This is done through the CoC pre-application. On 3/18/2022, the pre-application documents were emailed to LPG lead agencies and the CoC steering cmte who then shared it with stakeholders. The pre-application was then published on the CoC website. On 04/11/2022 and 04/12/2022, the CA facilitated two information sessions dedicated to outlining the pre-application process. LPG partners were then provided with a recording of the information session to refer back to during their completion of both the pre-application and the CoC application for the local competition.
2. The CA provides instructions on project application submission during the initial communication of the local competition. Instructions are included on the CoC application timeline that is provided to CoC Steering Cmte members to share with their community partners, and is published on the CoC website. Additional information regarding project submission was also included during the information sessions held in April 2022. Pre-applications for new projects that have not previously received CoC program funding were due to the CA by 5/20/2022.
3. During the release of the pre-application, the CA communicates project applicant eligibility with the CoC Steering Cmte and community partners. Agencies that are active participants in their LPG are eligible to apply for new funding. Projects are selected according to the CoC's ranking process outlined in the policies and procedures, which are published on the CoC website. Applicants requesting funding for new projects are required to complete a pre-application submitted to DHCD that is posted on the website. Once the projects are selected for submission to HUD, project applicants are notified and the project listing is posted on the CoC website. The steering cmte distributes this information out to CoC stakeholders.
4. All information is communicated on the DHCD website and via emails, PDFs, and other accessible formats are published. Communication regarding the local competition is provided during 1:1 virtual meetings with stakeholders in the CoC communities. Additionally, the CoC has recorded virtual meetings, which are available for providers to refer back to at any point.

## 1C. Coordination and Engagement

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

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

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	



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

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

**(limit 2,500 characters)**

1. DHCD is the state administrator (admin) of ESG for the CoC. Each of the 12 LPGs submit community-based applications for ESG, HOPWA, and state funding through the Virginia Homeless and Special Needs Housing (HSNH) funding. Funded projects must coordinate services with the CoC, use HMIS, participate in CE, adhere to housing first, CoC service standards, and report outcomes at a program and system level. ESG-CV funding follows a similar process for planning and allocation. Each of the 12 LPGs submit a community-based funding request to DHCD. The request is based on the number of individuals experiencing unsheltered homelessness in the 2022 Point-In-Time (PIT) count, data collected from the 2022 Housing Inventory Count (HIC), and HMIS.
2. As both the CoC CA and the state admin of ESG funding, DHCD works to ensure all funds are used to meet the goal of ending homelessness. To measure the effectiveness of ESG funding, DHCD requires the following: Quarterly calls that address spending, TA needs, and the use of data to address system or client needs; Bi-annual progress reports that include client demographics, project utilization, and exit destination; and System outcomes reports (DV, HMIS, and Non-HMIS projects) that include demographics, length of time homeless, PIT count, length of stay, and exit destinations.
3. As the ESG admin, DHCD creates the Consolidated Plan (Con Plan) for the CoC. The CoC provides PIT count and HIC data to DHCD to inform the Con Plan. An example of a use of this data, multiple LPGs identified having a higher than normal PIT count in 2021. This was the impetus of staff resources being deployed to this community.
4. The CoC program manager is part of the HSNH team that establishes system performance measures and collects project outcomes used for the consolidated plan development and CAPER reporting. Each year when DHCD updates the state's Con Plan, statewide input sessions are held to coordinate with each independent Con Plan jurisdiction.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

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

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

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

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

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

(limit 2,500 characters)

The CoC collaborates with education providers on both the state and local levels. DHCD collaborates with SEAs to improve the coordination between housing and education systems. The McKinney Vento SEA in Virginia, Project HOPE, deploys liaisons within LPG school systems to assist districts in connecting students experiencing homelessness with housing resources. Representatives from Project HOPE have played a crucial role in the implementation of the Youth Homelessness Demonstration Program (YHDP) in the VA BOS. Most recently, representatives from Project HOPE participated in an in-person session of the VA BOS YHDP implementation to discuss the operations of the projects that will be implemented by homeless services providers. A work group specifically dedicated to the coordination of YHDP projects and education services will be implemented in the coming months. Additionally, through the LPG representatives on the steering committee, the CoC elicits and adopts feedback received from education partners. LPGs also coordinate with school districts to ensure that students experiencing homelessness are able to access education services. An example of this collaboration occurred when LPG providers coordinated with non congregate shelter(NCS) facilities and school districts to ensure that students were able to access their virtual classes. All partnerships with other education partners are maintained on the local level through LPG providers through memoranda of understanding (MOU).

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

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

**(limit 2,500 characters)**

The CoC adopted the following procedures for services offered to families: case managers verbally and in writing must notify parents of their child's rights to access and receive educational services that include enrolling in school without required documentation, remaining in their school of origin with transportation provided, and free lunch. In addition to the CoC written procedures for services, LPGs are required to adopt procedures to inform individuals and families who become homeless of their eligibility for educational services.

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

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

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

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

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

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

**(limit 2,500 characters)**

1. In order to update CoC-wide policies to address the needs of survivors, there is a seat for the state-wide sexual and domestic violence coalition, VSDVAA, on the main governing board of the CoC. Victim Service Providers are also represented on the other decision-making cmtes that are convened by the CoC. Additionally, the CoC elicits and adopts feedback around CoC-wide policies from other victim service providers via the LPG’s representative on the steering cmtte as well as during the bi-monthly open forums facilitated by the CoC lead agency.

2. In FY 20, VSDVAA hired a Housing & Advocacy coordinator who supports the coordination between housing and victim service providers. The CoC PM and VSDVAA Housing & Advocacy Coordinator meet at least monthly to discuss the collaboration between housing and victim service providers in the VA BOS. If either the housing providers or the victim service providers identify any immediate concerns regarding provision of services, the CoC PM and VSDVAA Housing & Advocacy Coordinator work to quickly address the concern. An example of this relationship was demonstrated when a CoC housing provider and a local victim service provider expressed interest in expanding services to support the provision of streamlined trauma-informed services to survivors. The CoC program manager and VSDVAA Housing & Advocacy Coordinator facilitated a discussion between both partners to discuss the project’s design, the requirements of the CoC, and worked with both partners to identify the appropriate funding source to support their efforts.

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

(limit 2,500 characters)

1. Coordination for project staff TA occurs both on the CoC and LPG level. The CoC staff coordinates training with the state sexual and domestic violence coalition, VSDVAA. The VSDVAA assists the CoC in creating trainings that focus on the assessment process; safety planning; victim-centered approach; trauma-informed care; and crisis intervention. DHCD works with VSDVAA to identify the victim service providers in each LPG that are responsible for conducting the training annually. Per CoC CE policies and procedures, "a LPG domestic violence service provider must provide safety planning training to all coordinated entry staff annually. This training must be documented and maintained by the board of each LPG."

2. The Uniformed/Coordinated Entry (CE) and Assessment cmte of the CoC is responsible for evaluating the CE process. There are VSDVAA representatives on the committee who guide any needed changes in the training or protocols for the CE process. DHCD and VSDVAA collaborate on a monthly basis to provide updated information, and to identify areas of focus for TA. The VSDVAA is working with DHCD and LPG representatives to improve training and standardization of CE resources for survivors. On April 7, 2022, partners from VSDVAA provided a TA training regarding victim service providers, and services available to survivors to the Uniformed/CE and Assessment committee. The meeting was recorded and is available to VA BOS representatives conducting coordinated entry for future reference via the CoC's Microsoft TEAMS channel.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below:		
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1. The CoC is able to gather and query data from the VA Data (comparable database administered by the VSDVAA) and de-identified aggregate data in DHCD’s centralized administration and management system (CAMS). In FY 21, 639 households accessed DV service throughout the LPGs. 165 individuals exited to permanent destinations. Of the 165 individuals who exited, 159 households were served with RRH assistance. This represents a decrease of 5.89% in survivors seeking shelter compared to FY 20 (679 survivors) and an 64.11% decrease in households being exiting to permanent housing destinations compared to FY 20 (443 households).

2. The CoC utilizes the de-identified aggregate data collected in VA Data as well as CAMS to aid in the overall evaluation of services available for survivors, CoC staff utilizes this data to evaluate gaps in the community and work with a variety of partners to identify new resources to aid in the community’s response to addressing a survivor’s needs. For example, the de-identified data collected above represents evidence that communities are experiencing a challenge in navigating the affordable housing shortage which has been exacerbated by the pandemic. LPGs of the CoC utilized local community outcomes data, along with qualitative data collected from program participants, to identify the need to reduce the number of referrals survivors must engage with to access permanent housing. This led to additional collaboration with direct service providers to increase permanent housing resources among DV providers within the community through the DV bonus opportunity. The CoC continues to collaborate with VSDVAA to increase access and training for CE to ensure survivors have easy access to safety and permanent solutions. The CoC has recognized this as a need and has partnered with VSDVAA and the Affordable and Special Needs Housing Unit (ASNH) at DHCD to increase capital in LPG communities.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. the emergency transfer plan policies and procedures; and	
	2. the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

1. As per the CoC coordinated entry policies and procedures “If safety is a concern due to fleeing, or attempting to flee domestic violence, or a victim of trafficking the coordinated entry staff will assist the person in developing a temporary safety plan and provide immediate referral to the local domestic violence agency.” The CoC is currently working on updating the coordinated entry policies and procedures to include an outline regarding warm hand-offs to victim service providers, and follow up with the DV community service provider once the survivor is connected to services.
2. The process to request an emergency transfer begins upon the initial contact with the client. When a survivor seeks housing assistance in the CoC, an assessment for diversion is conducted to include a question regarding the household’s safety. If immediate safety is an issue, CE staff assist the household in developing a safety plan, which can include emergency shelter until the survivor connects with local DV staff. Each LPG has DV providers funded by DOJ, HHS, ESG, and/or state funding. Once a survivor is in a safe location, they are screened using the current CoC prioritization tool, the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). Based on the most appropriate and available intervention, survivors are prioritized for housing. 8 of the 12 LPGs have a DV provider administering ESG/state rapid re-housing funds and all survivors have access to rapid rehousing, should that be the most appropriate intervention.

&nbsp;

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

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

(limit 2,500 characters)

The VA BOS operates all housing interventions through a housing first lens, which ensures that all households including survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services that are available within the CoC’s geographic area. The CoC’s coordinated entry policies and procedures outlines that “if safety is a concern due to fleeing, or attempting to flee domestic violence, or a victim of trafficking the coordinated entry staff will assist the person in developing a temporary safety plan, and provide immediate referral to the local domestic violence agency. The household will then be prioritized and served via shelter and permanent housing services to meet their safety needs.” The HUD category 4 definition of homelessness is included in each housing intervention outlined in the CoC’s policies and procedures. Although there is no information regarding a survivor household included in HMIS, LPG providers coordinate directly with victim service providers to ensure survivors are included on by-name lists and community case conferencing meetings utilizing a unique identifier. This is to ensure that all needs of the household are met while maintaining the confidentiality of the household. Advocates for survivors participate on the primary decision making body of the CoC to ensure that if there is a concern regarding access for survivors it is addressed and the CoC policies and procedures are updated accordingly. Additionally, if access to housing and services is identified in any of the LPGs, via quarterly calls, monthly check ins, or bi-monthly open forum meetings, the CoC lead agency staff will work with the Housing & Advocacy coordinator of the VSDVAA to address the concern immediately with the community providers and a tangible solution is identified by all parties.

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

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

(limit 2,500 characters)



1. In the VA BOS, a household’s safety is assessed during the initial engagement with coordinated entry and outreach. As per the CoC coordinated entry policies and procedures “If safety is a concern due to fleeing, or attempting to flee domestic violence, or a victim of trafficking the coordinated entry staff will assist the person in developing a temporary safety plan and provide immediate referral to the local domestic violence agency.” The CoC is currently in the process of updating the coordinated entry policies and procedures to include an outline of additional expectations for assessing safety for households.
2. In order to plan adequately for a household’s safety, a referral to an LPG’s local domestic violence agency is provided during the initial engagement with the household. LPG providers receive an annual training to secure the tools to support safety planning for a household. As per the CoC Coordinated entry policies and procedures, “A LPG domestic violence service provider must provide safety planning training to all coordinated entry staff. This training must be documented and maintained by the board of each LPG.” Additional follow up to address the needs of the household are addressed with provider. The CoC is currently working on updating the coordinated entry policies and procedures to include an outline regarding warm hand offs to victim service providers and follow up with the DV community service provider once the individual is connected to services.
3. The CoC implements client confidentiality policies that ensure VAWA is adhered to. Clients who are receiving services from DV providers in the CoC are entered into an HMIS comparable database, maintained by VSDVAA. Identifying client information is removed for case conferencing. DHCD collaborates with VSDVAA to evaluate CoC policies and procedures to ensure confidentiality is maintained for all clients. VSDVAA representatives are members of the CoC steering, Racial Equity ad hoc, and uniformed/CE and assessment cmtes to ensure that client confidentiality is maintained in the delivery of services throughout the CoC.

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

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

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

Describe in the field below:

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

(limit 2,500 characters)

1. According to the CoC policies and procedures, annually the CoC will evaluate and update system level policies and procedures, and coordinated entry policies and procedures. Annual assessments include evaluations of the current CoC-wide anti-discrimination policy. CoC partners and stakeholders, include homeless service providers, victim service providers, mental health providers, and persons with lived expertise, participate in the process to evaluate the anti-discrimination policy.
2. In FY 21, CoC lead agency staff conducted housing first trainings with providers across the CoC. Information was provided regarding anti-discrimination policies including policies that focused on ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination. The CoC lead agency also contracted with a TA provider to work with each LPG to evaluate community need and discuss the process for developing anti-discrimination policies.
3. CoC lead agency staff participate in quarterly calls in conjunction with state funding administrators. During these calls, CoC staff evaluate the providers compliance with CoC policies and procedures including anti-discrimination policies. LPG leaders conduct monthly and bi-monthly governing board meetings with both state funded and non-funded partners. During these meetings, LPG leaders identify challenges, barriers, and highlight best practices in the community while administering homeless services. This includes community processes to maintain compliance with anti-discrimination policies.
4. If a CoC provider receiving state funds is not compliant with the anti-discrimination policy, staff work with the state funding administrator to identify a corrective action plan. TA is provided to the CoC partner and follow up is required to ensure that the partner is adhering to the corrective action plan. If a non-funded CoC provider is not compliant with the CoC anti-discrimination policy, a corrective action plan is identified by LPG leaders and CoC lead agency staff. Non-compliance is taken into consideration as community partners apply for funding opportunities through the CoC or request letters of support from the CoC. For example, applicants are expected to outline how their project utilizes housing first practices including adherence to anti-discrimination practices that ensures LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
	NOFO Section VII.B.1.g.	
	You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.	
	Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:	

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Virginia Housing	2%	Yes-Both	Yes
Danville Redevelopment and Housing Authority	2%	Yes-Both	No

<b>1C-7a.</b>	<b>Written Policies on Homeless Admission Preferences with PHAs.</b>	
	NOFO Section VII.B.1.g.	
	Describe in the field below:	
	1. steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
	2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

**(limit 2,500 characters)**

- The CoC has 22 PHAs. Each of the 12 LPGs work to differing degrees with their PHAs depending on capacity and cooperation. The largest provider of the HCV is Virginia Housing (VH), the administrator of HCVs for 13 PHA agencies. DHCD works actively with VH to improve the relationships between the PHAs and the LPGs to ensure coordination to best serve individuals experiencing homelessness. Currently, 31% of the agencies working with VH adopted a homeless preference and 46% have adopted an elderly or disabled preference (often used to assist homeless households). DHCD and LPGs worked directly with PHAs to increase their delivery of housing vouchers to individuals experiencing homelessness. Through the administration of EHVs, 41% (9) of the local PHAs adopted a formal policy to accept referrals from the CoC's CE system. A few of the LPGs are collaborating with PHAs to accept referrals from CE for the HCV programs as well. At the local level, over 50% of the direct administrators or voucher agencies participate as LPG members. DHCD will continue to explore collaboration opportunities, including preparing and submitting a joint application for funding for individuals and families experiencing homelessness, with the LPGs, VH, and the local PHAs.
- N/A

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

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

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

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

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

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

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section VII.B.1.g.	
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	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
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<b>PHA</b>	This list contains no items
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## 1D. Coordination and Engagement Cont'd

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	15
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	15
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

Describe in the field below:

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

**(limit 2,500 characters)**

1. The CoC is committed to the implementation of the housing first approach through all of the LPG communities. As a part of the CoC’s local application for CoC program funding and for state funding for homeless services, community partners are required to outline how they are implementing a housing first approach. Applicants are required to describe how their projects allow entry for program participants regardless of income or lack thereof, current or past substance use, history of victimization, criminal history, sexual orientation, family composition, mental health diagnoses etc.

2. As a part of the evaluation of the applicant’s ability to administer a housing first project, the applicant was required to discuss the performance of both their current HUD funded projects as well as the performance of their other state funded projects. Ranking committee members also evaluated applicants on how well their project addressed the following performance areas: Improving length of time homeless - 30 days; Improving exits to permanent housing - RRH/PSH projects meet the 80% threshold of households exiting to or retaining permanent housing to; Reducing returns to homelessness - 85% of households should not return to homelessness within the first year of being housed and increasing or increased income.

3. Outside of the HUD CoC competition, the CoC participates in monthly check-ins with each of the LPG lead agencies to discuss the housing first implemented practices with each of the community providers. The CoC PM also participates in the monitoring of projects in collaboration with the HSNH program staff to ensure that grantees are implementing a housing first approach. If concerns around housing first practices are raised in either a monitoring or during a monthly check in with the LPG lead agency, the CoC PM collaborates with the lead agency and community partners to create an action plan to ensure that organization practices align with housing first best practices.

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

(limit 2,500 characters)

1. The need for street outreach for individuals experiencing unsheltered homelessness varies in the different LPGs. LPGs with significant need (identified via PIT count or through CE) implement formal street outreach in their LPG communities. This includes canvassing street locations where households experiencing unsheltered homelessness are located, engaging households living in encampments, and engaging households in all other unsheltered settings identified by community partners. In other LPG communities where formal street outreach is not readily available, LPG partners collaborate with emergency services (i.e. EMTs, law enforcement and other community resources) to assist in street outreach (SO) efforts. CE staff is responsible for coordinating SO to establish a relationship, conduct assessment, make referrals, offer services, and follow up until permanent housing is obtained or until clients enroll in a homeless service program.

2. Currently, six of the CoC LPGs are receiving SO funding with two LPGs receiving additional funding for SO through federal PATH. In order to provide coverage for 100% of the CoC's geographic area, communities that do not receive SO funding leverage relationships with emergency services and community resources. In FY22, the CoC plans to leverage SO best practices identified in FY 21 by CoC outreach providers to develop a guide for SO to replicate methods for other LPGs. The guide will incorporate CoC policies and procedures around SO along with specific SO methodologies that partners can implement in their communities.

3. LPGs that have access to state funding, partners will conduct street outreach at least weekly, if not daily. In areas where SO is not available, LPGs determine timeframes to conduct outreach with the assistance from emergency services. All LPGs conduct SO during the annual PIT count.

4. SO in the CoC is designed to engage and build trusting relationships with those who are least likely to access services. Services are individualized to meet the needs of the household experiencing homelessness. SO engagements are focused on meeting the goal identified by the household, including connection to permanent housing resources. For example, if a household declines connection to services, CoC SO teams will continue to engage the household to ensure that they remain safe while experiencing unsheltered homelessness. Both RRH and PSH services continue to be offered to the household.

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

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

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		



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

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	423	492

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

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

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

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

Describe in the field below how your CoC:

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

**(limit 2,500 characters)**

1. The CoC collaborates with state agencies to deliver trainings to LPG partners around mainstream resources. VA has one application, CommonHelp, where a household can apply for all benefits (assistance with food, childcare, heating/cooling bills, healthcare and cash assistance). LPG staff are knowledgeable of this resource and the application process. LPG providers also collaborate directly with the local offices that administer mainstream resources regarding status and changes in clients' benefits.
2. LPG communities include healthcare organizations, including hospitals, private clinics and managed care organizations (MCOs), as a part of their membership who regularly collaborate to assist program participants in receiving healthcare services. Health care organizations regularly report updates on eligibility, referral processes, timelines, new services or contacts, and other vital information regarding healthcare services. If there are any changes with services, a training is available to LPG partners around resource updates. Additionally, LPG case managers are responsible for connecting with staff at healthcare organizations to ensure that clients have access to healthcare and mental health treatment. If there are challenges in accessing services, LPG partners address the barriers between the community partners.
3. LPG staff work with mainstream resource providers and clients to ensure they are accessing all available benefits that will contribute to their housing stability. For example, as part of the Medicaid expansion, Cover Virginia (coverva.org) provides information on benefits and other helpful information (in multiple languages). This resource guides clients and LPG service providers around the effective use of Medicaid and other benefits. Additionally, LPGs have SOAR trained staff who work to ensure those eligible for disability benefits are able to have applications approved.

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

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

**(limit 2,500 characters)**

In order to increase the CoC's capacity to provide non-congregate shelter, the approach from the CoC has been two fold. First, partners have identified the individual organizations that are willing to provide support for non-congregate shelter and the source of funding that will be supporting the shelter operations. LPG partners conduct specific outreach to partners who have expressed interest in administering non-congregate sheltering. Once the partner has been identified, the CoC will work with these organizations to provide TA around shelter operations which will include ensuring that the project is coordinating with community partners through CE, that organizations are following the CoC prioritization policies and procedures, that the project is operating through a housing first lens, shelter case management best practices are being implemented, etc. In the FY 22 Housing Inventory Count (HIC), there were 871 emergency shelter beds which included four new non-congregate shelter providers. The CoC also plans to leverage other funding opportunities, including reallocated ESG-CV funds, the CoC program supplement to address unsheltered and rural funding opportunity, and local community funding, to support our community's efforts to implement non-congregate sheltering.

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

(limit 2,500 characters)

1. As the pandemic continues to persist in the CoC, community partners are connected with their local and state public health offices to develop policies and procedures to respond to infectious disease outbreaks. The CoC continues to engage with state public health agencies regarding homeless street outreach measures, and receives guidance to prevent infectious disease outbreaks. As emergency shelters return to their mode of operations prior to the pandemic, CoC providers adhere to the preventative measures that were previously outlined by the state public health agency, the Virginia Department of Health (VDH). LPG partners collaborate with local public health offices to identify methods to protect individuals and families experiencing homelessness from exposure. If communities are not connected to their local public health office, the CoC staff supports communities in both the connection with local public health offices and the coordination of services in the LPG.
2. To prepare and prevent future exposure to infectious disease outbreaks among people experiencing homelessness, the CoC staff works with the state public health agency, VDH to distribute COVID-19 tests to emergency shelter providers within the LPG communities. The CoC lead agency also participated in weekly meetings with VDH to plan for additional support to homeless service providers to continue to mitigate the risk of exposure to the COVID-19 virus. Locally, the CoC collaborated with LPG partners to identify a contingency plan to support organizations to identify the action plan in place for the organization if clients and staff were exposed to the symptoms related to the health emergency. CoC staff utilized the local guidance identified by the local public health agencies to support the plans for each organization. These plans are communicated to LPG partners to ensure that communities are prepared to support the response if necessary. The CoC continues to leverage the support from state and local public health agencies to develop and update these contingency plans.

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

**(limit 2,500 characters)**

1. DHCD collaborated with VDH to create guidance for individuals and families experiencing unsheltered homelessness. The CoC recognized those experiencing unsheltered homelessness would find it difficult to mitigate risks that contribute to contracting COVID-19. CE staff were instructed to prioritize individuals experiencing unsheltered homelessness for NCS opportunities who could not be diverted from the homelessness system. As the pandemic continues to persist in communities, the CoC facilitates monthly meetings with LPG partners to ensure that information is shared related to public health measures to support households experiencing homelessness. If the CoC receives communication that requires immediate dissemination to partners, the CoC lead agency will communicate the information via email or phone call to community partners.

2. The CoC lead agency meets regularly with partners at VDH to discuss the needs of homeless service providers and households experiencing homelessness. The CoC receives updates from providers to highlight the needs of organizations providing street outreach or emergency shelter. For example, both CoC street outreach and shelter providers identified the need for additional personal protective equipment (PPE) in FY 21. The CoC collaborated with VDH to access additional PPE for community partners as they continued to operate street outreach and shelter programs. Additionally, DHCD communicated any adjustments to program operations that were identified by VDH to prevent or limit infectious disease outbreaks among program participants.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

**(limit 2,500 characters)**

1. Per the CoC CE policies and procedures, each LPG has either a centralized coordinated access point or multiple coordinated access points to ensure persons from across the geographic area are able to enter the homeless system. Each LPG has a published housing crisis line where persons can access services. Community partners are provided this information monthly at LPG meetings. If SO is available in the community, partners are made aware of the main contact for SO to engage the client.
2. Once a household contacts the coordinated entry access point, all access points triage the household based off the current need (prevention or homeless services). Based on need, the households immediate crisis is addressed (mediation, housing search, resource referral, emergency shelter referral, etc.). All households who are not unsheltered or in shelter are screened for diversion. This occurs by having a strengths-based conversation with the household to help them identify alternatives to shelter. Once immediate crisis is averted, an assessment is conducted to prioritize further services to obtain and/or stabilize housing. This assessment is conducted utilizing either of the two standardized CoC prioritization tools. Referrals to prevention, rapid re-housing, and permanent supportive housing (where available) are made based on prioritization. This process is conducted over the course of three to five days, but many access points complete this process within 48 hours of initial contact with the CoC access point.
3. Feedback regarding the CE process is collected through each individual LPG. The LPG coordinates the collection of feedback from community partners as well as from households with lived expertise. LPG evaluation methods include but are not limited to the following: feedback collected from community partners and households during case conferencing, through a formal anonymous survey administered annually via email or physical mail, or via committee of individuals with lived expertise who are compensated for their participation and feedback. Additionally, the CoC Uniformed Coordinated Entry and Assessment committee is exploring other methods to collect feedback from community partners and households with lived expertise that will prioritize the compensation of project participants who are willing to provide their feedback to improve current CoC policies and procedures.

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

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

(limit 2,500 characters)

1.LPGs of the CoC leverage partnerships with emergency services and community partners (i.e. local businesses, school systems, etc.) who interact with households experiencing homelessness. Providers facilitate trainings to ensure the community is aware of housing resources. Marketing material for CE (i.e. pamphlets, resource guides, business cards, etc.) with contact information for access points are available at the offices of LPG partners, this is to ensure that households in crisis has access to information without needing to interact with staff and to protect the household's confidentiality. Events are held to provide information about CE resources and contact information for access points.

2.The CoC uses two standardized assessment tools for prioritization: the prevention prioritization tool which includes homeless vulnerability and housing barriers assessments and the VI-SPDAT as the tool for those who are literally homeless. Adjustments were made for the pandemic; communities were instructed to prioritize those who were unsheltered and those who were at the highest health risk if they were to contract COVID-19. The Uniformed/CE and Assessment Cmte of the CoC is updating the prioritization tools to ensure the tools are trauma-informed and address racial equity.

3.Once the housing crisis is triaged and it is determined that the household is at imminent risk of homeless (14 days or less), CE staff conduct the prevention prioritization assessment. The CoC conducts the VISPDAT no more than 3 to 5 days after the household is referred to shelter or once an outreach worker is able to establish rapport with an unsheltered household.

4.The VA BOS individualizes the implementation of CE to ensure that services meet the unique needs of the household. The CoC does not implement unnecessary barriers for individuals regardless of sexual orientation or gender identity to access housing services in the CoC. Each access point must provide support to households who speak multiple languages through language line services or staff support. CoC staff work with access points to ensure households with limited mobility are engaged where they are located or in offices that are ADA accessible to ensure that CE services are available to households. The CoC ensures all services are administered through an equitable and culturally competent lens to ensure households who identify as Black, Indigenous and/or as People of Color have fair and equal access to housing support.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	03/31/2022

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

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

(limit 2,500 characters)

1. DHCD leads the efforts for the VA BOS CoC to conduct an annual assessment of HMIS data collected from homeless service providers to examine the outcomes and provision of services for racial disparities. Staff complete this evaluation utilizing the National Alliance to End Homelessness' (NAEH) Racial Equity Tool and U.S. Census Data. In addition to assessing the CoC-wide data for racial disparities, the CoC completes an assessment for each individual LPG community utilizing the tools above. This is to aid in the LPG partner's identification of trends of racial disparities for their local communities and advocate for the needs of individuals who identify as Black, Indigenous and/or People of Color (BIPOC) who are experiencing homelessness. The results of these analyses are presented to the CoC governing board, Racial Equity Ad Hoc Cmte of the CoC, as well as LPG partners to brainstorm and identify action steps for the communities to engage with to ensure racial equity practices are prioritized in communities throughout the CoC. The Racial Equity Ad Hoc Committee is currently comprised of seven members with the majority of members (approx. 57%) identifying as BIPOC with additional intersectional identities.

2. The CoC identified significant racial disparities that exist among the LPG communities. HMIS data demonstrated that between HUD Fiscal Years FY 17 and FY 20, an average of approximately 39% of individuals experiencing homelessness identified as African American while only representing 17.6% of the individuals living in the BOS LPG communities in 2019. This is in stark contrast to White counterparts who present on average as approximately 54.5% of the individuals experiencing homelessness while representing 78.6% of the population in the BoS CoC communities. Additionally, between FY 17 and FY 20, less than 1% of individuals experiencing homelessness identified as Native American while representing 1.4% of individuals that identify as American Indian or Alaska Native alone in the CoC communities. FY 21 HMIS data continues to portray a similar trend where individuals who identify as African American are presenting for homeless services at two times the rate of how the population is represented in the LPG communities (38% represented in HMIS data versus 17.6% represented in the community).

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes

5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

**(limit 2,500 characters)**

The CoC is currently convening a cmte, Racial Equity Ad Hoc subcmte, dedicated to identifying barriers faced by people of color, educating, and addressing racial equity within the LPGs. This cmte is responsible for adding to the strategic plan of the CoC to address racial equity, which will include a method to monitor projects focusing on their delivery of services to people of color. Additionally in FY 21 DHCD, the lead agency of the VA BOS, contracted with a community partner, CI, to provide a Racial Equity and Social Justice training to all of the LPGs in the CoC. The curriculum included multiple workshops and TA around racial equity available for providers within the CoC; a racial equity 101 training for lead agency staff; and a provision of written tools and resources that will be available to communities beyond the initial TA. The Racial Equity Ad Hoc subcmte to lead the CoC's efforts in addressing the action plan that will eliminate the barriers faced by people of color within the communities. Several LPGs have begun evaluating their local policies and procedures to improve the delivery of housing assistance through a racially equitable lens.

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

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

**(limit 2,500 characters)**



The Racial Equity Ad Hoc subcmte of the CoC supports the efforts in addressing the action plan that will eliminate the barriers faced by people of color within the LPG communities, including identifying the measures of success for the CoC in addressing racial disparities and tracking the progress of the implementation of the CoC-wide action plan. Currently, the cmte has been identifying the timeframe within FY 22 to accomplish the short-term goals identified by the cmte. CoC short-term goals include but are not limited to creating a resource guide for LPG partners to refer back to when addressing equity in their communities, convening peer learning spaces to discuss through some of the unique challenges of addressing equity in extremely rural communities, and conducting a strengths and weakness analysis for each LPG that will contribute to the local action plans to address equity. The goals and action plans are available to cmte members via Microsoft TEAMS so members are able to monitor the progress of these action items outside of meetings.

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

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

**(limit 2,500 characters)**

As per the CoC charter, there is at least one seat on the CoC steering committee, the main governing board of the CoC, reserved for individuals with lived expertise. A similar process is maintained for other decision-making processes that the CoC initiates. Recruitment for representation of individuals with lived expertise is announced via the LPG representative sitting on the CoC Steering Committee. The LPG representative will disseminate this information to their partners, via newsletter, announcements during in person meetings, or emails sent out to community partners. Descriptions of the initiatives, and roles, and responsibilities of members are provided to partners as a part of the outreach efforts to individuals with lived experience to ensure that individuals are fully informed of the process that they will be participating in. In this description, the CoC lead agency staff will identify whether the initiative has the opportunity to be compensated or not. The CoC lead agency staff conducts additional targeted outreach to providers and households with lived experience to identify members for leadership roles and decision making processes. This can involve engagement with individuals outside of traditional working hours to ensure that there is no conflict for the individual with lived expertise. The CoC is in the process of formalizing compensation methods for individuals with lived expertise who participate in CoC leadership roles and decision-making processes.

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

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

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

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness. NOFO Section VII.B.1.r.	
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Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

Among the LPG communities of the VA BOS, there are employment opportunities for individuals with lived expertise. Many organizations have hired individuals with lived expertise and have offered promotion opportunities to those individuals. Additionally, LPG partners share professional development opportunities to all employees and other CoC members, including individuals with lived expertise, focused on system level planning and homeless services coordination. LPG partners have also offered compensation opportunities to individuals with lived expertise for their participation in local decision-making processes. The CoC is in the process of formalizing compensation methods for individuals with lived expertise who participate in CoC leadership roles and decision-making processes.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness. NOFO Section VII.B.1.r.	
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Describe in the field below how your CoC:

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

(limit 2,500 characters)

1. In FY 21, the CoC requested feedback regarding services from partners, including people with lived expertise and people who have received assistance through the CoC or ESG program on their experience receiving assistance. The feedback requested focused on specific CoC initiatives. For example, as the CoC gathered feedback regarding the current CoC prioritization tool, the VISPDAT, the CoC lead agency staff informed partners to share the survey with individuals with lived expertise. Feedback is also gathered from individuals with lived expertise via the CoC committees that those with lived expertise participate on. Additionally, individuals with lived expertise participate in anonymous surveys and focus groups that are administered and conducted annually by LPG partners regarding services offered within the community.

2. The feedback received by the CoC is utilized to update existing policies and procedures and or CoC processes. For example, community partners, including individuals with lived expertise, identified that questions on the current CoC prioritization tool were not trauma informed nor were the questions constructed through a racial equity lens. The CoC lead agency staff collected this information and presented this back to the Uniformed Coordinated Entry and Assessment Committee to consider while creating a new prioritization tool to implement in the CoC. Additionally, the annual feedback that is received by LPG partners is utilized to make programmatic adjustments during the implementation of projects. Adjustments that are made on the programmatic level are reported to LPG partners during quarterly check-ins with the community. If the feedback is identified as a best practice in the community with significant success among households experiencing homelessness, there is a discussion to adopt the practice within the CoC policies and procedures.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1. The CoC lead agency works closely with the ASNH team at DHCD to discuss opportunities to develop capital within the CoC geographic area. The CoC collaborates with the ASNH team to discuss increasing capital in the LPG communities and ASNH staff aid in the efforts to identify funding opportunities to leverage in these areas. Conversations around expanding capital can include discussions around barriers in zoning and land use policies to permit more housing development and who would be the appropriate local partner to contact. Additionally, LPG partners meet with locality officials to discuss reforming zoning and land use policies to permit more housing development. For example, LPG partners, CoC staff, a local property owner, locality officials and community development partners met to discuss the process of rezoning a 20-acre property in the southwest part of Virginia that was initially a church property to become a residential property for future affordable housing. The property was approved to be rezoned in 2021 and a project for additional affordable housing development is being submitted through the supplement to address unsheltered and rural homelessness.
2. The CoC lead agency staff works internally with their partners on ASNH to discuss regulatory barriers that impact the development of housing in LPG communities. ASNH staff provide insight in meetings with LPG partners who are interested in increasing capital in their communities regarding regulatory barriers and identifying local partners who can assist in advocating to reduce these barriers. LPG partners conduct regular outreach to locality leadership to discuss regulatory barriers that impact the delivery of services in the community which can include affordable housing development.

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

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

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

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

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/08/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

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

1E-2a.	<b>Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.</b>	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen. Complete the chart below to provide details of your CoC's local competition:
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1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	11
3.	What renewal project type did most applicants use?	PH-RRH

1E-2b.	<b>Addressing Severe Barriers in the Local Project Review and Ranking Process.</b>	
	NOFO Section VII.B.2.d.	

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

**(limit 2,500 characters)**

1. During the CoC ranking and rating process, applicants were required to submit the annual performance report (APR) from HMIS or a comparable database (i.e. VADATA) for current projects. The ranking cmte was then instructed to assess the project based on how they met each of the following benchmarks: 80% of RRH/PSH participants exit to or retain permanent housing and 85% of project's households did not return to homelessness in the first year of being housed. For new applicants that never received funding before, the ranking cmte was instructed to evaluate the application based on how the project would meet the benchmarks.
2. During the CoC ranking and rating process, applicants were required to submit an APR from HMIS or VADATA for current projects. From this report, members of the ranking cmte were instructed to assess projects based on how the project addressed length of time a household experiences homelessness with the goal of a household experiencing homelessness for 30 days prior to their connection to permanent housing. For new applicants that never received funding before, members of the ranking cmte were instructed to evaluate the application based on how the project intends to meet this benchmark.
3. The CoC identified the most severe barriers and vulnerabilities that impact services are zero income, active substance use, mental or physical conditions, criminal histories, and family composition. To address these needs, the CoC outlined in the system level policies and procedures that all projects are required to use a Housing First model, prioritize based on vulnerability (using VI-SPDAT), and ensure there are no barriers to project entry. Project applicants are required to discuss how the project meets the needs of participants coming from unsheltered homelessness, emergency shelters or fleeing domestic violence. New project applicants outlined how their LPG identified this project was a necessity for their community.
4. The CoC ranking cmte tiered projects based on performance level, application quality, and housing first implementation. PSH projects were evaluated on dedicating 100% of units to individuals experiencing chronic homelessness. For those identified as potentially low performing projects due targeting the hardest to serve populations but were necessary projects in the CoC, The CoC PM provided each project applicant with feedback from the ranking cmte regarding their performance and discussed modifications to their projects.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	
	Describe in the field below:	
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

**(limit 2,500 characters)**

1. In July 2022, the CoC convened a workgroup dedicated to addressing the severe service needs of individuals and families within the CoC who provided feedback for all CoC funding opportunities. Of the 11 member workgroup, a majority (approx. 55%) of individuals identified as BIPOC. The CoC also conducted outreach to recruit partners for the CoC’s ranking and rating process, which included outreach to people of color. 60% of the members who participated in the ranking cmtc identified as people of color.
2. The CoC staff informed the workgroup of the threshold information for the review of applications and discussed areas of focus the CoC should dedicate themselves to while reviewing projects. Members identified racial equity as a priority while reviewing and ranking projects for the local competition. Members provided feedback regarding the questions that focused on racial equity in the CoC’s supplemental application required for the local competition.
3. 60% of the members who participated in the CoC’s review, ranking and rating process identified as people of color. Cmtc members provided feedback on the projects included in the priority listing. All feedback from cmtc members, including a review of how the project promotes racial equity in the community, was provided to applicants.
4. Applicants responded to the following question during the local competition: “How will your project serve traditionally marginalized populations (including but not limited to: Black Indigenous and People of Color, LGBTQIA+ community, households with accessibility concerns including language and mobility, households with limited or no personal phone or internet access, youth experiencing homelessness, families experiencing homelessness, veterans experiencing homelessness, households experiencing chronic homelessness, households experiencing unsheltered homelessness, etc.)?” The CoC evaluated the project applicant and community around their implementation of racial equity in their delivery of services. “How will your project promote racial equity in your community? (Please include your evaluation process for racial disparities and the results of this evaluation)”. Ranking cmtc members evaluated each project based on the responses to the questions and provided scores according to the applicant’s response. The top five projects have successfully moved from evaluating their system to taking action and creating a strategic community plan to elevate racial equity.

<b>1E-4.</b>	<b>Reallocation—Reviewing Performance of Existing Projects.</b>	
	NOFO Section VII.B.2.f.	
	Describe in the field below:	
	1. your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any projects through this process during your local competition this year;	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

**(limit 2,500 characters)**



1. DHCD first identifies which projects had a history of returning HUD funding. The CoC then identified whether the applicant was within their first renewal of their project or if the project had been renewed in previous rounds of the competition. Then DHCD assessed the amount returned from each year of the project's operation based on the HUD quarterly spending reports provided by the SNAPS office. The CoC program manager utilized this information as well as the project's APR that was required for the submission of the application for the local competition to determine whether a reallocation of funding was necessary.
2. The CoC did not identify projects to reallocate through this process during the local competition through this process.
3. During this process, one applicant approached the CoC lead agency regarding their project and the need to reduce their funding request to adequately meet the need in their community for the population their project was intending to serve. The applicant reduced their funding request which ultimately allowed other project applicant's to maintain their funding requests without the need to reallocate funding.
4. N/A

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

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

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/12/2022

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/12/2022
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1E-5b.	Local Competition Selection Results—Scores for All Projects.  NOFO Section VII.B.2.g.  You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	
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	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank—if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.  NOFO Section VII.B.2.g.  You must upload the Web Posting—CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	
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	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/26/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.  NOFO Section VII.B.2.g.  You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/28/2022
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## 2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/29/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

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

**(limit 2,500 characters)**

1. The VSDVAA administers VADATA, the HMIS comparable database to all DV providers within the CoC. VADATA has the capabilities to collect the same data elements that are required to be collected from the HUD-published 2022 HMIS Data Standards. As the HUD HMIS Data Standards are updated, the VSDVAA and the CoC communicate with one another to ensure that VADATA has the capacity to meet the requirements for data collection set forth by HUD. For example, the CoC provided training in FY 21 regarding the updates to the required data collection in HMIS in which VSDVAA representatives were present to ensure that VADATA is also in alignment with the requirements. Additionally, the HMIS administrator of the CoC, Homeward, meets regularly with representatives from the VSDVAA to ensure that VADATA meets all HUD HMIS Data Standards.
2. The VA BOS CoC is compliant with the 2022 HUD HMIS Data Standards. Compliance with HUD data standards is managed by Homeward.

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

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

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	979	242	525	71.23%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	164	40	62	50.00%
4. Rapid Re-Housing (RRH) beds	492	14	461	96.44%
5. Permanent Supportive Housing	284	0	128	45.07%
6. Other Permanent Housing (OPH)	114	0	23	20.18%

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

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

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

**(limit 2,500 characters)**

1. The recruitment for new homeless projects to HMIS is ongoing for the CoC. The CoC is using the following steps to address HMIS participation: technical assistance for all LPG providers regardless of funding source and participation in the cloud-based statewide HMIS warehouse. Although there was a decrease in HMIS coverage for emergency shelter beds (2.51% from FY 21), the emergency shelter coverage rate for HMIS providers increased by 29.94% compared to the coverage provided FY 21. The decrease is a result of the overall 11.75% decrease in the number of available emergency shelter beds reported on the 2022 HIC. Despite the 45.07% HMIS coverage rate for PSH beds, the CoC increased HMIS coverage of PSH by 6.94% and increased the available PSH beds in the CoC by 2.16% since FY21. Although only 50% of TH beds coordinate their services HMIS, the CoC increased the HMIS coverage for TH beds by 34.78% from the FY 21 year. Although 20.18% OPH beds are covered in HMIS, there was an approximate 395.65% increase in OPH beds available to the CoC. This was due to the increase in EHV's available. The CoC continues to partner with TH and OPH providers to ensure coordination of services for households receive adequate support.

2. HMIS-specific TA is provided to all community members regardless of funding source. If HMIS participation interest is identified, the community members will be linked with the CoC HMIS administrator, Homeward, for assignments for licensures and additional HMIS training. The strategies for the provision of HMIS TA to all community partners has improved the overall participation of partners in CoC operations. This is evident by the increases in the HMIS coverage rate per project type as represented in element 1 compared to HMIS coverage in FY 21. The CoC is an active participant in the Virginia Homeless Data Integration Project (HDIP). The Virginia HDIP aims to maximize investments in ending homelessness by exploring and implementing data integration. In addition to incorporating data from HMIS, the technical aspects of the project will allow easier and more accurate integration of other data sources (such as criminal justice, health care, and education). As the HDIP continues to be developed, demonstration training will be provided to all LPG partners in order to recruit new users to HMIS.

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

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

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

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

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

	Enter the date your CoC conducted its 2022 PIT count.	01/26/2022
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<b>2B-2.</b>	<b>PIT Count Data–HDX Submission Date.</b>	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/29/2022
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<b>2B-3.</b>	<b>PIT Count–Effectively Counting Youth.</b>	
	NOFO Section VII.B.4.b.	

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

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

(limit 2,500 characters)

1. Each LPG conducts outreach to providers across their local communities and informs them of the PIT count. This includes conducting outreach to public child welfare agencies, school districts and other youth providers in the communities. LPG partners include stakeholders to discuss the questions that will be asked of youth experiencing homelessness and how to effectively engage with youth experiencing homelessness. Additionally, the CoC provides recorded training to all stakeholders participating in the PIT count regarding the operations of the PIT count including youth providers. In CY 2023, the CoC plans to engage partners participating in the YHDP implementation to aid in the planning for a PIT count dedicated to youth experiencing homelessness.
2. Youth are informed of the 2022 PIT count via their LPG representatives and through older adult partners facilitating youth initiatives including youth action boards. In the CoC communities where youth action boards are established, youth play an integral role in planning for the PIT count. Through these workgroups, youth provide feedback to community partners around the PIT count and its operations. Additional feedback from community partners, including youth, regarding the PIT count is elicited through communication from the LPG representative on the CoC steering committee.
3. Stakeholders and youth provided ample feedback regarding the locations to engage youth experiencing homelessness. CoC partners engaged with educators and school districts to ensure that they were trained on the administration of the youth PIT survey. Additionally, youth conducted events in LPGs of the CoC to engage youth in the community who may be experiencing homelessness. The CoC hopes to engage with youth and stakeholders to formalize the operations of a CoC wide PIT count dedicated to engaging youth experiencing homelessness and will leverage the resources currently being coordinated through the CoC's YHDP implementation.

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

**(limit 2,500 characters)**

1. The CoC did not conduct any changes in the methodology to count sheltered individuals between the 2021 and 2022 PIT counts.
2. During the FY 21 PIT count the CoC shifted to an observation only unsheltered PIT count. To ensure there was no duplication in the count, CoC staff conducting the observational unsheltered point-in-time count were instructed to provide information around the Point-In-Time Count to those who were observed that night. If individuals contacted the coordinated entry line, staff were instructed to ask about the information provided during the night of the Point-In-Time observational count. Additional outreach was provided to individuals experiencing unsheltered homelessness on the night of the PIT. During the FY 22 PIT count, CoC communities returned to canvassing and face-to-face interviews with individuals experiencing unsheltered homelessness. Staff administered a survey to each household engaged on the night of the PIT count. The CoC, in collaboration with VDH, provided guidance to partners to mitigate the risk and prevent any potential spread of the COVID-19 virus.
3. During the FY 22 PIT Count, the CoC experienced an approximate 113% increase in individuals experiencing unsheltered homelessness compared to the FY 21 PIT Count. This is largely due to the adjustments made in FY 21 due to the impacts of the COVID-19 pandemic. Outreach to individuals experiencing unsheltered homelessness improved through the increase in providers supporting CoC communities in the 2022 PIT count. Improved coordination increased the knowledge of CoC partners in locating individuals experiencing unsheltered homelessness. Additionally, the CoC requested an extension for the 2022 unsheltered PIT count, due to increase rates of COVID-19 virus spread at the time of the PIT count. This allotted more time to providers and clients to contact community partners for assistance and spread awareness of homeless services.
- 4.N/A



## 2C. System Performance

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

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

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.</b>	
	NOFO Section VII.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

**(limit 2,500 characters)**

1. The CoC reviews both the quantitative data provided from emergency shelters as well as the qualitative data provided from the homeless providers in the community to determine the characteristics of individuals who experience homelessness. Initially, the CoC identified 21 characteristics that may make a household more vulnerable to homelessness. Of these 21, four were identified that may yield the greatest vulnerabilities: unaccompanied youth under 18, a single adult with 4+ children, a head of household who has experienced homelessness in the past 3 years, and household income below 15% AMI. The LPGs described the following risk factors that have contributed to the vulnerabilities that influence an individual’s experience of homelessness: the lack of affordable housing and increase of households experiencing unemployment due to the pandemic.
2. The CoC continues to leverage prevention funds to divert households from homelessness as opposed to eviction prevention. This way, limited prevention resources target those most likely to become homeless. Additionally the CoC plans to support individuals and families at risk of becoming homeless through follow up from CE systems. The Uniformed Coordinated Entry and Assessment committee is dedicated to formalizing the technical assistance that will be available to access points to ensure they are supporting individuals and families at risk of becoming homeless. The CoC PM also works closely with the ASNH team at DHCD to discuss opportunities to develop capital within the CoC geographic area. The CoC is working towards strengthening relationships with their workforce development providers to ensure opportunities for employment are made available to those experiencing homelessness.
3. Each of the 12 LPGs has one org that oversees prevention services. The CoC PM works with each LPG to ensure they are reviewing data and using state prevention funds in accordance with CoC system level procedures. Relationships with workforce development providers happen on both the LPG and CoC level. The CoC PM is responsible for collaboration with the ASNH team to raise capital for affordable housing in the CoC communities.

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

(limit 2,500 characters)

1. As the pandemic continues to persist in communities, the CoC identified that it was necessary to update the CE prioritization process. By reviewing and updating the CE prioritization process, the hope is to create additional mechanisms to identify individuals experiencing homelessness for an extended length of time. Additionally, the CoC will continue to divert households from homelessness by mediating with landlords, family and friends, or identifying alternative mainstream services. If diversion is not possible, emergency shelters have received training on low-barrier procedures. This helps to ensure that households with the greatest needs are able to access shelter and then obtain the housing resources needed.
2. The CoC utilizes a tool provided from the NAEH that assists emergency shelters in evaluating shelter inflow, outflow and length of stay. The CoC HMIS administrator created a report for this tool which helps identify those households staying the longest and enables shelters to evaluate the following on a monthly basis: total unique households served; total households entering shelter; total households exiting shelter; total household exiting to a permanent destination; average length of shelter stays for all households exiting to any destination; the average length of shelter stays in days for all households exiting to a permanent destination; and the average length of shelter stays for all stayer households. Communities also utilize weekly case conferencing as a method of identifying individuals and households with the longest lengths of time homeless.
3. The CoC program manager at DHCD works with each LPG to ensure they are reviewing data and using state prevention funds in accordance with the CoC system level procedures. The Uniformed/CE and assessment committee, comprised of representatives from the LPGs, will be responsible for overseeing the updates in the CE prioritization process.

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

(limit 2,500 characters)

1. The CoC will continue to implement housing focused case management in emergency shelter, rapid exits to housing, and access to RRH as methods to ensure individuals exit to a permanent housing destination. Emergency shelters in the CoC implement the following strategies to reduce barriers to permanent housing: housing first approach, housing focused services, rapid exits from shelter and evaluation of program performance to identify areas of improvement. Additional outreach regarding homeless services is being provided to landlords and is supported through ESG-CV funding deployed in the LPG communities.
2. Housing stabilization case management is provided through homeless service providers within the CoCs, which focuses on supporting the household in maintaining their permanent housing placement. This case management works to stabilize a household in the following ways: connection to mainstream resources, employment opportunities, connection to education services, etc. LPGs have formed Landlord Cmtes with the goal of bringing together property owners and housing specialists/counselors from homeless service organizations across the CoC. These cmtes seek to engage property owners in conversations to determine how homeless service providers can best meet property owner needs while increasing their acceptance of households of families with high barriers into permanent housing. These practices are effective manners of improving the CoC's retention in housing as the CoC maintains a 97% retention of households in permanent housing between FY 20 and FY 21.
3. The CoC PM at DHCD works with each LPG to ensure they are reviewing system and project level data to assess their communities performance in connecting individuals with permanent housing. The CoC program staff at DHCD conduct a semi-annual review of community wide system data and project level data. The information gathered from these assessments includes the number of households connected to permanent housing. Additionally, the Uniformed/CE and assessment cmte, comprised of representatives from the LPGs, will be responsible for overseeing and monitoring the outcomes from the shifts made to coordinate.

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

(limit 2,500 characters)

1. The CoC utilizes HMIS data collected from CE, emergency shelter, and permanent housing projects to analyze individuals and households entering and re-entering the homeless system. Each LPG manages a CE project in HMIS, which has helped identify those who are re-entering the crisis response system more timely. Over the past year, the CoC has also taken steps to evaluate this data further to understand the racial makeup of individuals who are re-entering the homelessness system on both the CoC and LPG level.
2. As per the CoC system level procedures, the CoC is targeting prevention funds to serve those most likely to become homeless and not on eviction prevention. The CoC currently prioritizes those who have previously been homeless as well as those with high barriers to obtaining housing (large households, youth, multiple episodes of homelessness, income under 15% AMI). By targeting those with previous episodes of homelessness, LPGs are able to prevent re-entries into homelessness. The CoC plans to leverage the TA provided from CI to improve the CoC's relationships with culturally specific CBOs in LPGs with high rates of individuals returning to homelessness who identify as people of color. It is evident that these strategies are effective as the CoC maintains a 96% retention rate of individuals remaining housed within the first 12 months of their placement in permanent housing based on the FY 21 system performance measure report.
3. The CoC PM oversees system level data and facilitates the Uniform/CE and Assessment committee, which addresses system processes such as targeting and prioritizing. The Racial Equity ad hoc committee is responsible for assessing the racial data and formalizing the strategic plan to reduce the rate of returns among communities of color.

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

**(limit 2,500 characters)**

1. Many LPGs across the CoC have internal workforce development programs. Homeless service staff in the LPGs meet regularly with workforce development staff to address the needs of job seekers (who have experienced homelessness or unstable housing) to secure meaningful employment, competitive wages, and career advancement. Additionally, the CoC is working in partnership with DMAS to develop a cross-systems approach to address the employment needs of individuals experiencing homelessness. DMAS is designing a benefit program for Medicaid eligible individuals to access supportive services for both housing and employment.
2. The CoC partners with mainstream employment organizations to advertise for available positions, provide opportunities for apprenticeships and to identify education opportunities for individuals and families to increase their cash income. These partners also provide input in the planning efforts to increase cash income within the LPGs. Mainstream partners aiding the CoC in these efforts include DMAS, Virginia Employment Commission, Dept. of Aging and Rehabilitative Services, Virginia Department of Labor and Industry, Dept. of Social Services, Community Action Agencies, and Dept. of Juvenile Justice.
3. The CoC oversees system level partnerships and aids LPGs in planning discussions. These partnerships are established at the local level and are replicated across the CoC.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

**(limit 2,500 characters)**

1. Along with the partnership created to increase employment income, the CoC is working on a strategy to increase access to non-employment income. To improve access, the CoC ensures case managers work to reduce barriers for clients by providing transportation and educating clients regarding the eligibility criteria of the benefits. LPGs have SOAR trained staff who work to ensure those eligible for disability benefits are able to have applications approved.
2. The CoC PM at DHCD oversees system level partnerships and supports LPGs in connecting with organizations on the local level to increase access to non-employment cash income.

### 3A. Coordination with Housing and Healthcare

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

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	
	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

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

### 3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	NOFO Section VII.B.1.s.	

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

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

**(limit 2,500 characters)**

Not applicable



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

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

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

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

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

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

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

(limit 2,500 characters)

N/A

## 4A. DV Bonus Project Applicants

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

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

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.e.	

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

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

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

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

1.	Enter the number of survivors that need housing or services:	639
2.	Enter the number of survivors your CoC is currently serving:	297
3.	Unmet Need:	342

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

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

**(limit 2,500 characters)**

1. The number of survivors the CoC is currently serving was collected from the Virginia HMIS comparable database, VADATA as well as the DHCD centralized administration and management system (CAMS) . The information was calculated from the number of individuals served in DV emergency shelters and the number of individuals who exited those DV shelters to permanent destinations, including to rapid-rehousing programs in their LPG community.

2. The HMIS comparable data base, VADATA, and DHCD’s CAMS were the sources of data to calculate the need for housing or services for survivors.

3. The CoC is currently seeking funding to meet the need in communities that have demonstrated the capacity necessary to distribute the CoC DV bonus funding. Despite experiencing a 5.89% decrease in survivors seeking shelter compared to FY 20 (679 survivors), in FY 21 there was a 64.11% decrease in survivors exiting to permanent housing destinations compared to FY 20 (443 households). The CoC is seeking funding to increase the number of projects serving survivors in the LPGs. This is to ensure a streamlined process for survivors and their families to access permanent housing opportunities. The focus of the DV bonus projects will be to provide individualized services to meet the unique needs of survivors and their families. The CoC is dedicated to ensuring that survivors and their households access safe and affordable housing. The CoC collaborates with VSDVAA to identify the capacity needs of other DV providers and increase the provision of services to meet the needs of survivors in the LPGs. Our CoC works alongside the VSDVAA to collect the data that accurately reflects the needs of survivors in the CoC communities. Additionally, the CoC will continue planning with DV providers to leverage state funding to assist in their efforts to meet the needs of survivors in their communities.

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

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

Applicant Name
New Directions Ce...
Services to Abuse...

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

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

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

1.	Applicant Name	New Directions Center Inc
2.	Project Name	NDC RRH_DV Bonus
3.	Project Rank on the Priority Listing	DV12
4.	Unique Entity Identifier (UEI)	C9T1AB566KC6
5.	Amount Requested	\$190,000
6.	Rate of Housing Placement of DV Survivors–Percentage	62%
7.	Rate of Housing Retention of DV Survivors–Percentage	85%

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

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

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

**(limit 1,500 characters)**

1. The rate of housing placements was calculated by dividing the number of households who exited to permanent housing (HUD defined PH) by the number of households who exited the shelter project within the FY 21 year. Then, retention was calculated from the number of households who remained in PH 3 months after obtaining permanent housing and did not re-enter the current shelter projects.
2. The rates account for exits to safe housing destinations as defined by the survivor.
3. Data source: VADATA (a comparable database)

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

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

(limit 2,500 characters)

1. New Directions Center’s (NDC) written policies are aligned with a Housing First approach to quickly and successfully connect survivors and their families who are experiencing homelessness due to domestic violence with permanent housing, with no preconditions or barriers to entry, such as sobriety, treatment, or service participation requirements.
2. Clients are referred to NDC through a community access point to connect them with agency services. The Valley Homeless Connection (VHC) team helps coordinate eligible clients’ housing needs and links them with other resources and services, using the community’s By-Name-List to prioritize assistance based on each client’s vulnerability and severity of service needs. When a client calls the centralized housing crisis hotline, VHC triages the presenting housing crisis and provides the necessary assistance to meet the client’s immediate housing need (prevention, emergency shelter, and/or other referrals). Staff from the agency’s emergency shelter works with the local planning group (LPG) to develop and execute plans to move those impacted by domestic violence to the appropriate By-Name-List. Using the LPG’s coordinated entry system allows individuals and families experiencing homelessness due to domestic violence to be assisted in a timely and effective manner.
3. Staff conducts an initial assessment at the time of intake and interview process. Staff provide guidance to program participants to help identify individual and evolving needs.
4. Program staff participate in biweekly case conferencing with the VHC to match households experiencing homelessness due to domestic violence with appropriate resources. Agency advocates are responsible for establishing and/or maintaining partnerships with allied professionals and community agencies to ensure all program participants have access to the services for which they are eligible.
5. Staff conduct ongoing assessments and provides wraparound services in the form of voluntary case management and advocacy services, including legal advocacy, financial education, job readiness and employment support, counseling, skill-building peer support groups, outreach and education opportunities for community members and landlords, housing search support and inspections, and case conferencing with partners in the LPG. Staff focus on helping participants identify and utilize community resources to meet their individual and evolving needs to ensure continued stability.

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

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

(limit 2,500 characters)

1. The agency's trauma-informed system seeks to utilize the principles of safety, trust, cultural relevance, choice, collaboration, and empowerment in every aspect of its supportive advocacy work. This includes all procedures and paperwork used during the client intake and interview process. To protect participant confidentiality, NDC encrypts all computer-based files, stores documents (i.e., signed consent forms) in locked file cabinets, and does not use any personal identifiers in its records. Client services are provided through a voluntary service model.
2. NDC implements a trauma-informed, low-barrier, voluntary, and participant-driven approach to services, including retention services tailored to each survivor's unique, and oftentimes complex, housing needs. Services are provided in partnership with community experts and are informed by survivor-defined safety planning and information-sharing with the survivor's informed consent. Transfer policies are in place to provide second placement if needed for safety and services are adapted to meet the individual needs of each survivor and support their right to self-determination.
3. NDC's safety and confidentiality policies extend to all client information and site locations. All staff, volunteers, and vendors are informed of these policies and practices and sign agreements to demonstrate their knowledge of and adherence to these. Clients also sign agreements that they will keep all information pertaining to programs, staff, volunteers, and other clients confidential.
4. NDC follows the guidelines and recommendations issued by its grant funders, the Virginia Sexual and Domestic Violence Action Alliance, state practices, and other sources of expertise around safety and confidentiality practices. Staff members receive extensive onboarding training at the time of hire, as well as annual continuing education on all aspects of client advocacy, including the importance of safety and confidentiality policies and practices.
5. Safety planning is an important cornerstone of NDC's crisis intervention and advocacy services and is often the very first step taken to start clients on their path to a life free from domestic violence. The agency's emergency shelter is equipped with security alarms as well as cameras at all points of entry which staff can view on-site or remotely in real time. Agency staff helps program participants determine their immediate safety needs and addresses any concerns with chosen units.

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

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

**(limit 2,500 characters)**

New Directions Center staff work closely with all program participants to ensure that safety is at the forefront of every participant’s plan during the course of program participation. While there is no formal evaluation process as such in place, on-site visits from grant monitors as well as technical assistance opportunities offered by the Virginia Sexual and Domestic Violence Action Alliance to its member agencies, provide the necessary space to review and evaluate these safety considerations and to identify any areas in need of improvement and devise solutions to address any gaps.

Additionally, all New Directions Center staff members receive ongoing safety education and trainings through the Department of Criminal Justice Services, the Department of Social Services, the Virginia Sexual and Domestic Violence Action Alliance, the National Network to End Domestic Violence, and the Virginia Victim Assistance Network to enhance their ability to ensure the safety of domestic violence survivors, whether they are residential clients in the agency’s shelter program or community clients receiving other forms of supportive advocacy.

All New Directions Center’s policies and procedures around confidentiality and safety are written – and regularly updated – pursuant to the guidelines and recommendations issued by the agency’s grant funders, the Virginia Sexual and Domestic Violence Action Alliance, prevailing state practices, and other sources of expertise around these concerns. All program physical locations, program participant locations, and identities are kept confidential.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:		
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;	
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

**(limit 5,000 characters)**



1. The agency’s philosophy upholds flexibility, individualized support, client choice, and autonomy and, to that end, all services offered are intended to incorporate each survivor’s own needs and decisions. In addition, there are no requirements to meet goals to receive funding.
2. New Directions Center believes that voluntary services help survivors of domestic violence regain their rights to dignity, self-determination, and freedom. As such, this housing services program follows a voluntary services model with no preconditions or barriers to entry, such as sobriety, treatment, or service participation requirements. In addition, all agency advocates receive regular training that is focused on trauma-informed care, cultural competence, and survivor-centered support, and are actively involved in community partnerships to support and promote survivors’ rights to self-determination.
3. All New Directions Center staff are trained in how to best provide program participants with information on how to identify past and ongoing trauma, the process of recovery and healing from trauma, and the sources of support available to address the effects of trauma on individuals, families, and the community. Agency staff receive regular training from experts in the field of trauma (such as the Virginia Victims Assistance Network and the National Coalition Against Domestic Violence) in how to incorporate survivor-defined goals and personal needs in their case management approaches and within a framework of inclusion, equality, and responsiveness that can be adapted to meet each participant’s own unique past experiences, current needs, and future goals.
4. New Directions Center’s emergency shelter, case management, and other support services include crisis intervention, trauma-informed care, and individual and/or group counseling. At the time of their intake, program participants are asked to identify their short- and long-term goals, which range from the purely practical, such as applying for social services benefits or renewing their driver’s license, to the much more personal, such as reconnecting with an estranged family member or feeling more secure in a relationship. To help them achieve these goals, agency staff members collaborate with one another and with allied professionals to help each client access the resources they need and identify the areas in which they may require greater support and the areas in which they already possess the strengths they need.
5. New Directions Center’s mission is underpinned by a philosophy that values and promotes individualized support, client choice, and autonomy and, to that end, all services offered are intended to integrate each survivor’s own needs and decisions in their plan of care. Additionally, agency advocates receive regular training focused on trauma-informed care, cultural competence, equal access, non-discrimination, and survivor-centered support, and are actively involved in community partnerships to decrease barriers to services and to reinforce and promote survivors’ rights to self-determination.
6. In addition to working with the Valley Homeless Connection team to help coordinate program participants’ housing needs, New Directions Center also works with other CoC agency members to address the additional needs of homeless survivors of domestic violence in our serving area and to promote opportunities for connection through activities such as peer-to-peer groups, mentorships, and other community collaborations. The agency is also currently engaged in conversations with various allied organizations, such as Valley Community Services Board and the United Way, to determine what other key partnerships would be beneficial to support the success of this program.
7. New Directions Center’s wraparound support services include engaging with participants to help them identify and utilize community resources to meet each

household’s individual and evolving needs to help ensure their continued stability. To this end, agency staff are responsible for establishing and/or maintaining ongoing partnerships with allied professionals and community agencies to make sure that all program participants have the information and/or referrals they need to access supportive services such as parenting classes, legal assistance, and health education.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

**(limit 5,000 characters)**

New Directions Center’s program staff will participate in biweekly case conferencing with the Valley Homeless Connection to closely match individuals and families experiencing homelessness due to domestic violence with appropriate resources. Case management staff from the agency’s emergency shelter will also work with the local planning group (LPG) to develop and execute specific plans to move those impacted by domestic violence to the appropriate By-Name-List. Vacancies will be reported to the LPG so that an individual or family who is experiencing homelessness because of domestic violence can be assisted effectively and in a timely manner. Agency staff will provide ongoing assessments and wraparound support services in the form of voluntary case management and advocacy services, to include legal advocacy, financial education, job readiness and employment support, individual counseling, skill-building peer support groups, outreach and education opportunities for community members and landlords, housing search support and inspections, and case conferencing with community partners in local planning groups. Staff will also focus on engaging with program participants to help them identify and utilize community resources to meet each household’s individual and evolving needs to help ensure their continued stability. To this end, staff will be responsible for establishing and/or maintaining ongoing partnerships with allied professionals and community agencies to make sure that all program participants have access to the services for which they are eligible.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

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

1.	prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;

4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. The agency’s philosophy upholds flexibility, individualized support, client choice, and autonomy and, to that end, all services offered are intended to incorporate each survivor’s own needs and decisions. In addition, there are no requirements to meet goals to receive funding. The agency will maintain this practice in the implementation of the new project.
2. NDC will continue to provide voluntary services help survivors of domestic violence regain their rights to dignity, self-determination, and freedom. As such, this housing services program follows a voluntary services model with no preconditions or barriers to entry, such as sobriety, treatment, or service participation requirements. In addition, all agency advocates receive regular training that is focused on trauma-informed care, cultural competence, and survivor-centered support, and are actively involved in community partnerships to support and promote survivors’ rights to self-determination.
3. All NDC staff are trained in how to best provide program participants with information on how to identify past and ongoing trauma, the process of recovery and healing from trauma, and the sources of support available to address the effects of trauma on individuals, families, and the community. Agency staff receive regular training from experts in the field of trauma (such as the Virginia Victims Assistance Network and the National Coalition Against Domestic Violence) in how to incorporate survivor-defined goals and personal needs in their case management approaches and within a framework of inclusion, equality, and responsiveness that can be adapted to meet each participant’s own unique past experiences, current needs, and future goals. Additionally, staff will seek support from partners within the community and CoC to access trainings pertaining to the best practices in the delivery of housing services.
4. NDC’s emergency shelter, case management, and other support services include crisis intervention, trauma-informed care, and individual and/or group counseling. At the time of their intake, program participants are asked to identify their short- and long-term goals, which range from the purely practical, such as applying for social services benefits or renewing their driver’s license, to the much more personal, such as reconnecting with an estranged family member or feeling more secure in a relationship. To help them achieve these goals, agency staff members collaborate with one another and with allied professionals to help each client access the resources they need and identify the areas in which they may require greater support and the areas in which they already possess the strengths they need. These services will continue to be offered during the implementation of this project.
5. The agency’s mission is underpinned by a philosophy that values and promotes individualized support, client choice, and autonomy and, to that end, all services offered are intended to integrate each survivor’s own needs and decisions in their plan of care. This will continue to be prioritized through the duration of this project. Additionally, agency advocates receive regular training focused on trauma-informed care, cultural competence, equal access, non-discrimination, and survivor-centered support, and are actively involved in community partnerships to decrease barriers to services and to reinforce and promote survivors’ rights to self-determination.
6. NDC will continue to work with the VHC team and other CoC agency members to help coordinate program participants’ housing needs and to address the needs of homeless survivors of domestic violence in our serving area. Through this project, NDCD will promote opportunities for connection through activities such as peer-to-peer groups, mentorships, and other community collaborations. The agency is also currently engaged in conversations with various allied organizations, such as Valley Community Services Board and the United Way, to determine what other key partnerships

would be beneficial to support the success of this program.  
 7. NDC’s wraparound support services include engaging with participants to help them identify and utilize community resources to meet each household’s individual and evolving needs to help ensure their continued stability. To this end, agency staff are responsible for establishing and/or maintaining ongoing partnerships with allied professionals and community agencies to make sure that all program participants have the information and/or referrals they need to access supportive services such as parenting classes, legal assistance, and health education. These supportive services will continue to be offered to households served with this project.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project’s operation.

**(limit 2,500 characters)**

New Directions Center assesses the effectiveness of its programs through ongoing and exit surveys that measure client satisfaction and outcomes of services provided. The Virginia Sexual and Domestic Violence Action Alliance, a state advocacy organization that provides training, oversight, and membership services to domestic and/or sexual violence services agencies throughout the state, also tabulates feedback on agency services through anonymous “Documenting Our Work” surveys collected directly from the clients and sent to the Alliance each month.

The results of these instruments help New Directions Center determine the strengths of its programs and identify any gaps or areas that need improvement. The Alliance also maintains a database where New Directions Center staff inputs data weekly on all agency services provided; these data can then be sorted in various ways to quantify and classify the types of services provided over any given period and/or to identify what populations are being served according to any number of characteristics.

By working together with other agencies that provide various forms of assistance to those in need in our community, New Directions Center helps ensure that program participants are receiving the comprehensive services that they need to sustain independent lives free of violence. These conversations must also include how best to involve survivors in policy and program development, thereby helping to inform the agency’s overarching and eventual goal to forge a trauma-informed model that acknowledges the effects of systemic oppression on trauma and healing, together with the unique housing needs of individuals who are experiencing homelessness due to domestic violence.

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

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

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

1.	Applicant Name	Services to Abused Families, INC
2.	Project Name	BOS HUD CoC DV Bonus Competition
3.	Project Rank on the Priority Listing	DV13
4.	Unique Entity Identifier (UEI)	DV68H7GMKKP3
5.	Amount Requested	\$217,034
6.	Rate of Housing Placement of DV Survivors–Percentage	73%
7.	Rate of Housing Retention of DV Survivors–Percentage	76%

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

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

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

**(limit 1,500 characters)**

1. The rate of housing placements was calculated by dividing the number of households who exited to permanent housing (HUD defined PH) by the number of households who exited the shelter project within the FY 21 year. Then, retention was calculated from the number of households who remained in PH 3 months after obtaining permanent housing, did not re-enter the current shelter projects and based on the retention rate of referrals made to current RRH providers.
2. The rates account for exits to safe housing destinations as defined by the survivor.
3. Data source: VADATA (a comparable database)

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

Describe in the field below how the project applicant:

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

(limit 2,500 characters)

1. Services to Abused Families, INC (SAFE) works to ensure clients are quickly moved into safe affordable housing. SAFE communicates with landlords and Coordinated Entry (CE) to connect clients to housing. The Shelter and Housing Coordinator (SHC) works with local planning group (LPG) partners to access rentals and understand housing guidelines.
2. SAFE is a Domestic Violence (DV) and Sexual Assault (SA) shelter program. Survivors are prioritized on a first come basis per federal grant guidelines. We cannot hold beds for more than 24 hours. This protocol is for shelter services only in our program. Staff are ready to make adjustments to accommodate HUD guidelines. Households can call via SAFE's 24/7/365 hotline, send an email, or message staff via social media such as Facebook. Referrals can also come from CE.
3. Upon entry, the survivor meets with our SHC. The SHC discusses the supportive services survivors are seeking or would benefit from. Households with children meet with the Youth Program Coordinator (YPC) to determine the youth services that are needed such as school related services or one-on-one counseling. Households can receive referrals to other agency services such as support groups, one-on-one counseling, court accompaniment, transportation services, and youth services. Referrals can also be made to English language learner classes.
4. Households will sign a release of information (ROI) that gives the SHC permission to speak to an outside agency for additional services. The ROI details what the SHC is allowed to discuss with each outside agency. This ensures that the client's confidentiality is prioritized. The SHC can make recommendations on services, but it is the client's decision to participate. A household's stay is not contingent on what services they do or do not utilize. Our program is 100% voluntary.
5. SAFE's objective is to connect clients with independent housing. The SHC works with landlords and rental agencies to ensure clients can connect with affordable housing. The SHC utilizes the housing first approach and begins the housing search upon intake. SHC supports the client in contacting CE to connect with housing services, including rental assistance programs. The SHC aids clients who have income with budgeting to prepare the household once the rental assistance has ended. For clients who do not have income, the SHC assists in job searches and refers clients to the Workforce Center, who assist with resume and job building.

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

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:

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

(limit 2,500 characters)

1. SAFE collects the information necessary to deliver services or required for reports. SAFE ensures the confidentiality policy prioritizes the safety and dignity of persons accessing services. SAFE does not share personal identifying information (PII) collected in connection with services without the consent of the survivor (or the parent or guardian of the person). The advocate discusses the agency's confidentiality policy and provides the policy to the client. The interview process is tailored to the survivor seeking services. While intake documentation is administered uniformly and all services are offered to households, engagement in services is client-driven.
2. The SHC locates housing in an area where the client feels safe. Once the client has found housing, SAFE has the opportunity to purchase security cameras and/or ring doorbells upon the household's request.
3. SAFE is required by state and federal law to protect the confidentiality of persons accessing services. Information is kept in a centralized secure location in the administrative office that only staff have access to. If staff remove information from the office, they are required to lock the office to ensure no unauthorized individual has access to other records. Confidentiality is maintained for all communications applicable to the delivery of services. Any release of information requires a survivor's written consent. Demographic data, which does not disclose a survivor's name, address, or telephone number, may be collected and contained in reports for funding without an ROI.
4. Staff, board members, volunteers, and interns adhere to the confidentiality policy during and after their formal relationship with SAFE. This document is reviewed by staff and volunteers annually. Auditors must sign a confidentiality agreement before viewing records that contain protected information. PII is covered, redacted, or removed from the records before they are reviewed.
5. While we cannot guarantee that no one will be able to find the shelter, SAFE requires that staff and clients do not share the location of the shelter. If a resident shares the location, alternative accommodations will be located for the resident. If an abuser locates the shelter, SAFE requests law enforcement patrols and will move households to the organization's second shelter. If that location is breached, SAFE coordinates with LPG organizations for shelter support. SAFE has security cameras at every entrance on each property.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.	



**(limit 2,500 characters)**

One of SAFE’s top priorities is always keeping clients and staff safe. We take precautions in making sure the client's safety is top priority. Currently all SAFE locations have cameras that show all entrances and exits. Confidentiality is key, as it will ensure no one will find out they are utilizing services. Shelter intakes are always done in pairs. Not only for the safety of the client but for the safety of the staff. Once we can safely get our clients into self-supported housing, SAFE will purchase cameras and ring doorbells as necessary to ensure safety. SAFE not only trains local law enforcement during roll calls about our services, Law Enforcement Officers (LEO)’ s also will step up patrols near the shelters if we believe there is a high-risk situation. SAFE trains all Law Enforcement so they are aware how to handle DV situations as well as so they know who SAFE is and how we can assist a DV situation. SAFE also has 2 LEOs on our board. One LEO works for town police and the other works for the Sheriff department. All advocates safety plan with all clients and will change safety plans as needed on a case-by-case basis.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:		
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;	
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

**(limit 5,000 characters)**

1. Shelter is offered to anyone who is a victim of Domestic Violence or Sexual Assault. While working with the SHC, they will discuss all options with the client and let them decide what direction they want to go. Housing location would be the first thing discussed as most clients want to live where they work. Once the client decides on where to live, the SHC will start immediately looking for housing options to get the client into permanent housing. The option is left up to the client if they want to pursue work while waiting for housing or if they want to wait until housing is secured. Either way, the SHC will also assist in looking for employment in the area they wish. Once housing is secured, the YPC will work with mom to get kids enrolled in school where they live if they are not already enrolled.
2. No one will discriminate against or refuse professional services to anyone on the basis of race, creed, color, age, sex, sexual orientation, religion, disability or nationality. SAFE also has a grievance procedure in place for anyone who feels they may have been discriminated against to ensure our clients have equal opportunities. All services rendered by SAFE are 100% voluntary. SAFE will never require a client to meet goals or have advocacy/court support. All services are directed solely by the client. SAFE respects each client and lets the client decide how to proceed with their life. SAFE advocates support the decisions they make and will help them reach the goals they provide for themselves. There are no repercussions to the client if they choose to not participate in any advocacy services.
3. Staff take trauma informed trainings as well as civil rights training to ensure cultural inclusiveness. Each staff member is required to receive an additional 40 hours of training each year which is double the amount required by DCJS. Volunteers are required to receive an additional 10 hours each year to continue to work with clients. All staff, volunteers and clients also sign a non-discrimination paper stating they will not discriminate against anyone and that SAFE accepts anyone who identifies as a victim of Domestic Violence and Sexual Assault.
4. During shelter intakes, all residents are given a goals sheet that they will take the time to fill out. They can fill it out alone or with the SHC. The SHC works with the client to help achieve their goals on their time. SAFE does not pressure or persuade clients to choose specific goals.
5. Every year all staff have to take civil rights training per our federal grants' guidelines. In addition, all staff members have to obtain an additional 40 hours in training where at least 2 of the trainings have to center on cultural inclusiveness.
6. Each referral or recommendation is based upon what the goals are which could include: parenting classes, esl classes, childcare, support groups, legal services, and/or immigration services, etc. Services that SAFE offers include: one on one supportive counseling, youth services, support group, financial assistance, court accompaniment, job skills, etc.
7. Our main focus is to not overwhelm our clients and support their work through tasks that are manageable for their household. The SHC will work with the client to set 3 initial goals. Once those goals are established, the SHC will follow up and give any referrals needed or make recommendations to achieve these goals. Once those initial 3 goals are reached, if they client so wishes, more goals can be set. SAFE has discovered this is the best approach as it can be very overwhelming to attempt to do so many things in a short period of time. This gives the client time to breath and focus on the things they want to achieve.

4A-3f.	<b>Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.</b>	
	NOFO Section II.B.11.e.(1)(d)	

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

**(limit 5,000 characters)**

While the SHC is seeking housing for all clients, the SHC also works with the clients one on one for supportive services. Shelter staff can also assist with supportive service needs while the SHC focuses on housing. SAFE not only provides referrals to outside agencies for supportive services but also provides their own supportive services. Supportive services that SAFE offers all of its clients include:

- A. One on one supportive counseling- Supportive counseling aims to help clients feel deeply understood and supported, the advocate helps their client find ways to resolve issues they might be having. Developing a supportive and trusting therapeutic relationship between the Advocate and their client is an important part of the therapy.
- B. Court Accompaniment- An advocate will accompany a survivor to all court proceedings regarding their Domestic Violence case.
- C. Hotline Services- Our hotline is available 24-hours a day, seven days a week, and 365 days a year. The hotline is for victims/survivors of domestic violence and sexual assault who need someone safe to talk to or need immediate help. Family members and friends may call the hotline to seek information to help and receive services to help cope during or after the situation as well.
- D. Shelter- We provide an emergency, temporary stay to victims of domestic violence and sexual assault who are fleeing a violent or abusive situation. Our shelters offer a warm, welcoming, safe environment for men, women, and children. Our goal is to create stability for individuals and families. During their stay, our clients will be provided food, clothing, and any other essentials for their basic needs.
- E. Case Management- Our staff works with survivors to build a large and diverse safety net of support while clients work on individual goals at their own pace. Referrals are provided to clients to community resources such as housing assistance programs, employment, daycare, therapeutic counseling, financial aid, etc.
- F. Youth Services- Children and teens of all ages may witness and/or experience domestic and sexual violence. We offer group and individual supportive services for children. Services are provided through play, activities, field trips, etc. and are structured to the individuals need at the time of service.
- G. Latino/a Services- Our agency has Bi-lingual Spanish speaking Advocates as well as a Hispanic Outreach Coordinator available to assist the Latino/a community with all needs such as shelter, supportive counseling, court accompaniment, immigration assistance, etc. Language Line Services are available 24 hours, 7 days a week. (Language Line is not just limited to Spanish)
- H. Support Group- Free group supportive counseling sessions are offered to our clients and community members looking for help dealing with domestic violence and sexual assault. "Empower Hour" group sessions are offered across our service area, the groups are held in casual settings and aim to help survivors in their journey to recovery.
- I. Victim Assistance Funding- SAFE provides temporary victim assistance funding that includes but is not limited to the following: cell phone payments, bill assistance, rental assistance, and any other financial assistance that would assist the client in maintaining their current status.
- J. Referrals- SAFE provides many referrals to outside agencies and allied professionals. These referrals include but are not limited to: Human Services for benefits such as Medicaid and snap, Workforce center for job building and resume skills, ESL classes, job training classes, parenting classes to help

parents address child needs, self-defense classes and any other places that the advocate thinks will be beneficial or referrals that the client wants.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

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

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

(limit 5,000 characters)

1. Shelter will continue to be offered to all survivors presenting for services. While working with the SHC, they will discuss all options with the client and let the client decide what direction they want to go. Housing location would be the first thing discussed as most clients want to live where they work. Once the client decides on where to live, the SHC will start immediately looking for housing options to get the client into permanent housing. The option is left up to the client if they want to pursue work while waiting for housing or if they want to wait until housing is secured. Either way, the SHC will also assist in looking for employment in the area they wish. Once housing is secured, the YPC will work with moms to get kids enrolled in school where they live if they are not already enrolled. The new project will remain with these current practices.
2. No one will discriminate against or refuse professional services to anyone on the basis of race, creed, color, age, sex, sexual orientation, religion, disability or nationality. SAFE also has a grievance procedure in place for anyone who feels they may have been discriminated against to ensure our clients have equal opportunities. All services rendered by SAFE are 100% voluntary. SAFE will never require a client to meet goals or have advocacy/court support. All services are directed by the client. SAFE respects each client and lets the client decide how to proceed with their life. SAFE advocates support the decisions they make and will help them reach the goals they provide for themselves. There are no repercussions to the client if they choose to not participate in any advocacy services. The project will remain aligned with these current practices.
3. Staff will continue to take trauma informed trainings as well as civil rights training to ensure cultural inclusiveness. Each staff member is required to receive an additional 40 hours of training each year which is double the amount required by DCJS. Volunteers are required to receive an additional 10 hours each year to continue to work with clients. All staff, volunteers, and clients also sign a non-discrimination paper stating they will not discriminate against anyone and that SAFE accepts anyone who identifies as a survivor of Domestic Violence and Sexual Assault.
4. During shelter intakes, all residents are given a goals sheet to complete. Survivors can fill this sheet out alone or with the SHC. The SHC works with the client to help achieve their goals on their time. SAFE does not pressure or persuade clients to choose specific goals. The project will allow SAFE to achieve a survivor's housing goal more quickly than ever before.
5. Every year all staff have to take civil rights training per our federal grants' guidelines. In addition, all staff members have to obtain an additional 40 hours in training where at least 2 of the trainings have to center on cultural inclusiveness. Additionally, staff will coordinate with LPG partners to ensure that the project abides by federal and state requirements to ensure fair and equitable housing practices and will seek out technical assistance accordingly.
6. Referrals and recommendations will continue to be based upon what the clients goals are, which could include: parenting classes, English language learning classes, childcare, support groups, legal services, and/or immigration services, etc. Services that SAFE offers include: one on one supportive counseling, youth services, support group, financial assistance, court accompaniment, job skills, etc.
7. Our main focus is to not overwhelm our clients and support their work through tasks that are manageable for their household. The SHC will work with the client to set 3 initial goals. Once those goals are established, the SHC will follow up and give any referrals needed or make recommendations to achieve these goals. Once those initial 3 goals are reached, if the client so wishes, more goals can be set. SAFE has discovered this is the best approach as it can be very overwhelming to attempt to do so many things in a short period of time.

The goal of this project is to reduce the number of referrals that a client must endure to access permanent housing. Securing additional funding will ensure that clients do not have to experience the re-traumatization of their experience of violence while achieving their goals.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

**(limit 2,500 characters)**

Engaging people with lived experience shapes programming, policy, and helps improve outcomes for those served. SAFE plans on implementing engagement with individuals with lived expertise through surveys, focus groups, and interviews. Initiatives engaged individuals with lived experience by creating opportunities for storytelling, including listening sessions, public testimony, interviews, focus groups, and digital formats (e.g., videos). Storytelling may hold important cultural significance for priority populations and highlight differences that groups experience with different government systems. Individuals will contribute their lived experience through the following activity areas, as well as specific tasks that occur to achieve the activities: research and program evaluation. Individuals with lived experience will help conduct, contextualize, translate, disseminate, and foster the adoption of research and program evaluation findings to inform policy and practice; the program will consult with individuals with lived experience will make recommendations to policymakers, and planning agencies; the program will engage individuals with lived experience to structure and evaluate services to ensure strength-based, trauma-informed support in the delivery of services, and programs grounded in shared and common experiences as outreach workers, case managers, paraprofessionals, recovery specialists, coaches, and peer support specialists through consumer- and peer-operated programs and services. People with lived experience will provide technical assistance about service and program delivery; staff will include individuals with lived experience to help communicate and create strategic communications tailored to staff, priority populations, and other program constituents about the practices, goals, and requirements for effective service and program delivery for prioritized populations SAFE currently utilizes Documenting Our Work surveys through Virginia Department of Social Services (VDSS). These surveys are given to clients and ask for feedback and give a scorecard, these are anonymous and turned directly into VDSS. Results are used to determine what needs to be worked on and what works in our program.

## 4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	VA-521 PHA Homele...	09/28/2022
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Deadline	Yes	VA-521 Local Comp...	09/29/2022
1E-2. Local Competition Scoring Tool	Yes	VA-521 Local Comp...	09/28/2022
1E-2a. Scored Renewal Project Application	Yes	VA-521 Scored Ren...	09/28/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	VA-521 Notificati...	09/28/2022
1E-5a. Notification of Projects Accepted	Yes	VA-521 Notificati...	09/28/2022
1E-5b. Final Project Scores for All Projects	Yes	VA-521 Final Proj...	09/28/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	VA-521 Web Postin...	09/29/2022
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	VA-521 Notificati...	09/29/2022
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:** VA-521 PHA Homeless Preference

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** VA-521 Local Competition Deadline

## **Attachment Details**

**Document Description:** VA-521 Local Competition Scoring Tool

## **Attachment Details**

**Document Description:** VA-521 Scored Renewal Project Application

## **Attachment Details**

**Document Description:** VA-521 Notification of Projects Rejected-Reduced

## **Attachment Details**

**Document Description:** VA-521 Notification of Projects Accepted

## **Attachment Details**

**Document Description:** VA-521 Final Project Scores for All Projects

## **Attachment Details**

**Document Description:** VA-521 Web Posting - CoC-Approved Consolidated Application

## **Attachment Details**

**Document Description:** VA-521 Notification of 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	09/26/2022
1B. Inclusive Structure	09/29/2022
1C. Coordination and Engagement	09/29/2022
1D. Coordination and Engagement Cont'd	09/29/2022
1E. Project Review/Ranking	09/29/2022
2A. HMIS Implementation	09/29/2022
2B. Point-in-Time (PIT) Count	09/29/2022
2C. System Performance	09/27/2022
3A. Coordination with Housing and Healthcare	09/29/2022
3B. Rehabilitation/New Construction Costs	09/29/2022
3C. Serving Homeless Under Other Federal Statutes	09/29/2022

<b>4A. DV Bonus Project Applicants</b>	09/29/2022
<b>4B. Attachments Screen</b>	09/29/2022
<b>Submission Summary</b>	No Input Required