Before Starting the CoC Application

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

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

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

 1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
 2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.

 Your CoC Must Approve the Consolidated Application before You Submit It
 - 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
 - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
 Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

 Attachments
 Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
 - Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
 - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: 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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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 - 24 CFR part 578

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

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

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

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

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

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

(limit 2,000 characters)

1.The Virginia Balance of State (VA BOS) CoC is comprised of 12 local planning groups (LPG) and five committees (cmte) that are open to the public. Most solicitation for CoC new members is conducted at the LPG level. LPGs have membership cmte (cmte) 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), leverages relationships with other state agencies to extend invitations to join the CoC.

2. All information is communicated via the DHCD website, LPGs websites and emails. 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. Through the quarterly meetings with the Governor's Coordinating Council on Homelessness (GCCH), CoC Program Manager reports information from the CoC to the Commissioner of the Dept. of Aging and Rehabilitation Services.

3. The CoC disseminates information about open recruitment for individuals with lived expertise to the LPG lead agencies. The LPG lead agencies identify

individuals with lived expertise and personally invite them to participate on the CoC steering cmte and/or subcmte. During the CoC bi-monthly virtual forums, which are open to the public, an announcement is made for recruitment for individuals with lived expertise. Additionally, some of the LPGs established consumer advisory boards comprised of members with lived expertise.
4. DHCD has contracted with Collective InCite, LLC (CI) to provide a Racial Equity and Social Justice trainings to all of the communities that comprise the CoC. CI is providing 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 2,000 characters)

1.Each LPG has a governing board and committees that are public and accessible to stakeholders. CoC membership includes a broad array of stakeholders with knowledge and interest in preventing and ending homelessness. These 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 committees designed to address local homeless needs. Information flows back and forth through this structure via LPG representation on the CoC steering committee (the main CoC governing board), which meets bi-monthly. On the months that the steering committee does not meet, community partners have the option to ask more in depth questions and robust conversations regarding homelessness in their communities during the CoC virtual forums. Finally, the CoC program manager 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 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 Funded.	
	NOFO Section VII.B.1.a.(4)	

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

(limit 2,000 characters)

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 pre-application, which was emailed on 02/19/21 to LPG lead agencies and the CoC steering cmte who then shared it with stakeholders. The pre-application is published on the CoC website. On 08/25/21, when the NOFO was released, a timeline, which outlines the submission process for project applications, was provided to CoC steering cmte members for distribution to stakeholders. It was published on the CoC website on 08/27/21.
2.During the release of the pre-application, the CA communicates project applicant eligibility with the CoC Steering Cmte. Agencies that are active participants in their LPG are eligible to apply for new funding. The steering cmte distributes this information out to CoC stakeholders. Pre-applications for new projects that have not previously received CoC Program Funding were due to the CA on 04/23/21
3.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 it is published on the CoC website.
4.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.
5.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.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

	In the chart below:	
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**	
2.	**select Nonexistent if the organization does not exist within your CoC's geographic area.**	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	**Coordinates with Planning or Operations of Projects**
1.	**Funding Collaboratives**	Yes
2.	**Head Start Program**	Yes
3.	**Housing and services programs funded through Local Government**	Yes
4.	**Housing and services programs funded through other Federal Resources (non-CoC)**	Yes
5.	**Housing and services programs funded through private entities, including Foundations**	Yes
6.	**Housing and services programs funded through State Government**	Yes
7.	**Housing and services programs funded through U.S. Department of Health and Human Services (HHS)**	Yes
8.	**Housing and services programs funded through U.S. Department of Justice (DOJ)**	Yes
9.	**Housing Opportunities for Persons with AIDS (HOPWA)**	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 LGBT persons**	No
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)**	No
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.	

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

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

(limit 2,000 characters)

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 and 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 submitted a community-based funding request to DHCD. The request was based on the number of individuals experiencing unsheltered homelessness in the 2020 Point-In-Time (PIT) count, data collected from the 2020 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.- System outcomes report (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, one of the LPG communities identified having a higher than normal PIT count in 2020. 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 con 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 gender:

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, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	**how your CoC collaborates with youth education providers;**
2.	**your CoC's formal partnerships with youth education providers;**
3.	**how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);**
4.	**your CoC's formal partnerships with SEAs and LEAs;**
5.	**how your CoC collaborates with school districts; and**
6.	**your CoC's formal partnerships with school districts.**

(limit 2,000 characters)

1.The CoC collaborates with youth education providers on both the state and local level. DHCD collaborates with state partners to ensure that LPG homeless service providers are connected with education partners. The CoC elicits and adopts feedback from youth education providers through the LPG representatives on the steering committee. Youth education partners participate as a part of the local governance bodies of the LPGs.

2. CoC LPGs have partnerships with Head Start, Early HeadStart, Healthy Start, Birth to 3 programs, United Way, and community colleges and universities at the local level. These collaborations help ensure families and children receive assistance or are able to access opportunities through MOUs or Cooperative Agreements.

3.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.

4.The CoC serves on the Governor's Children's Cabinet that is dedicated to the education, health, safety, and welfare of children and youth, and on the Virginia Project HOPE advisory board. This board is responsible for the coordination of services to ensure the enrollment, attendance and the school success of children and youth experiencing homelessness.

5. CoC LPGs 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.

6. As per the charter of the CoC, there is a seat reserved for an individual representing the education system which is open to school districts. CoC plans to improve this relationship through the implementation of the Youth Homelessness Demonstration Program.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

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

(limit 2,000 characters)

The CoC adopted the following procedure 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 including enrolling in school without required documentation, remaining in their home school with transportation provided, and free lunch. In addition to the CoC written procedure for services, LPGs are required to adopt a procedure to inform individuals and families who become homeless of their eligibility for educational services.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	No	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–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	**Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**
2.	**Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**

(limit 2,000 characters)

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, trauma informed care; and crisis intervention. DHCD identifies domestic violence 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 committee 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 quarterly meeting to provide updated information and TA. The VSDVAA is working with DHCD and LPG representatives to improve training and standardization of CE resources for survivors.

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

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

(limit 2,000 characters)

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 FY20, 679 households accessed DV shelters through LPGs. 443 households were served with RRH assistance. This is a decrease of 3.82% (FY19 706)in survivors seeking shelter and an 8.58% (FY19 408) increase in individuals exiting to permanent housing from FY19. This is continued evidence that communities are navigating an affordable housing shortage which has been exacerbated by the pandemic. The CoC continues to collaborate with VSDVAA to increasing access to 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-5b.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.**	

NOFO Section VII.B.1.e.

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

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."

2.When a survivor seeks housing assistance in the CoC, an assessment for diversion is conducted to include a question as to the person's safety. If immediate safety is an issue, the CE staff assist the survivor 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 VI-SPDAT. Based on the most appropriate and available intervention, survivors are prioritized for housing. Eight 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.

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 in to 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 committees 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–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

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

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

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Virginia Housing	7%	Yes-Both	Yes
Danville Redevelopment and Housing Authority	2%	Yes-Both	No

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

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

(limit 2,000 characters)

1.The CoC has 22 PHAs. Each of the 12 CoC 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). In 2021, through the Emergency Housing Vouchers (EHV) program, 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.
2.N/A

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

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

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

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

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

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

	If you selected yes in question 1C-7c., describe in the field below:	
1.	**how your CoC includes the units in its Coordinated Entry process; and**	
2.	**whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.**	

(limit 2,000 characters)

1.Vacant PHA-funded units are reported to the CoC as well as the local LPG. LPGs identify appropriate referrals for the units through the coordinated entry process. Once the household or individual is identified, the provider assists the individual in completing the application for submission to the PHA.
2.Currently, the CoC LPGs practice formalized written agreements with the local PHAs. Each of the LPGs have an Memorandum of Understanding (MOU) with their local PHA. The MOUs are structured to establish a process for identifying available units, identifying appropriate referrals, and delineating the supportive services for each household and individual.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No

1C-7d.1.	**CoC and PHA Joint Application–Experience–Benefits.**	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

1.N/A
2.N/A
3.N/A

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.	

PHA
Rooftop of Virgin...
Bristol Redevelop...
Clinch Valley Com...
Petersburg Redeve...
Wise County Redev...
Bay Aging (LHA)
Central Virginia ...
Radford City Rent...
Rappahannock Rapi...
Rockbridge Area R...
STEP, Inc. (LHA)
Hopewell Redevelo...

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

Name of PHA: Rooftop of Virginia CAP (LHA)

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

Name of PHA: Bristol Redevelopment and Housing Authority

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

Name of PHA: Clinch Valley Community Action Inc.

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

Name of PHA: Petersburg Redevelopment and Housing Authority

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

Name of PHA: Wise County Redevelopment and Housing Authority

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

Name of PHA: Bay Aging (LHA)

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

Name of PHA: Central Virginia Resource Corporation (LHA)

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

Name of PHA: Radford City Rental Assistance (LHA)

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

Name of PHA: Rappahannock Rapidan Community Services (LHA)

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

Name of PHA: Rockbridge Area Rental Assistance (LHA)

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

Name of PHA: STEP, Inc. (LHA)

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

Name of PHA: Hopewell Redevelopment and Housing Authority

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

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

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

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	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 2021 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, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The CoC is committed to the implementation of the housing first approach through all of the LPG communities. As a part of 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 (i.e.

projects allow entry for program participants regardless of their income or lack thereof, current or past substance use, history of victimization, criminal history, sexual orientation, family composition, mental health diagnoses etc.). DHCD provides housing first TA to all LPG partners. 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 Program Manager 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 Program Manager collaborates with the lead agency and community partners to create an action plan to ensure that organization practices align with housing first best practices.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1.In order to respond to unsheltered homelessness in the extreme rural geography of the CoC, LPGs currently work with emergency services (including hospitals, 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. The CoC plans to leverage the expansion on mental health emergency services to assist in the provision of SO in LPG communities. New legislation in Virginia requires communities to deploy social service teams to respond to mental health crises. LPGs will be required to coordinate with these teams to respond to unsheltered individuals with a mental health diagnoses experiencing a crisis.
2.Currently, five of the CoC LPGs are receiving SO funding, two of those being 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 FY21, SO TA will be provided to all LPGs to assist in their SO efforts.
3.In the CoC LPGs that have access to state funding, SO is conducted within

varying timeframes based on the community's need. In areas where there is no SO funding, 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. The CoC has worked to lower barriers by training emergency services and businesses to ensure easier access to services. For example, SO does not put requirements on those who are in active addiction, have pets, in relationships, etc. to access housing assistance. Both RR-H and PSH options are available without accessing shelter.

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

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

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

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

	2020	**2021**
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	345	429

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

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

	Type of Health Care	**Assist with Enrollment?**	**Assist with Utilization of Benefits?**
1.	**Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes

2.	**Private Insurers**	Yes	Yes
3.	**Nonprofit, Philanthropic**	Yes	Yes
4.	**Other (limit 150 characters)**		

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

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	**systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;**
2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

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. LPGs have mainstream resource staff as part of their membership who regularly report updates on eligibility, referral processes, timelines, new services or contacts, and other vital information regarding a benefit. When a benefit changes, a training is available to LPG partners around resource updates.
3.DHCD partners with the Dept. of Medical Assistance Services (DMAS), in the Health and Housing Institute facilitated by the National Academy for State Health Policy, to launch an initiative to improve coordination between healthcare organizations and homeless service providers. TA focused on the housing first approach and an overview of the housing services was provided to managed care organizations (MCO) within the CoC. LPG case managers are responsible for connecting the client with health insurance coverage. If a community provider encounters a problem with Medicaid enrollment, they collaborate with their local Medicaid provider to address the issue and escalate this information to DHCD if needed.
4.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.

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

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

(limit 2,000 characters)

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.LPGs, in alignment with the CoC procedures, leverage local partnerships with emergency services and community partners (i.e. local businesses, school systems, etc.) who might interact with individuals experiencing homelessness. LPG providers facilitate trainings to ensure partners are aware of the available housing assistance.
3.The CoC uses two standardized assessment tools for prioritization of services: the prevention prioritization tool which includes both homeless vulnerability and housing barriers to guide service needs and the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common tool for those who are literally homeless. Adjustments were made to accommodate 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 Committee of the CoC is currently updating the prioritization tools to improve the language and ensure that the tools are trauma-informed and addresses racial equity.
4.Once a household's housing crisis is triaged and it is determined that the household is at imminent risk of homeless (14 days or less), then CE staff will conduct the prevention prioritization assessment. The CoC conducts the VI-SPDAT no more than 3 to 5 days after the household has been referred to shelter or once an outreach worker is able to establish rapport with an unsheltered or unengaged household.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	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.		

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

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

(limit 2,000 characters)

The CoC is dedicated to reducing the over representation of people of color in the homelessness system. Over the past year, the CoC has committed more time and energy into collecting and analyzing racial disparities data from HMIS. The CoC hired staff dedicated to assessing the racial disparities data and identify trends from HMIS projects beginning in FY17. Between FY 17 and FY 20, approx. 39% of the individuals experiencing homelessness were African American while only representing 17.6% of the individuals living in the CoC communities in 2019. This is in stark contrast to White counterparts who present on average as approx. 54.5% of the individuals experiencing homelessness while representing 78.6% of the population in the CoC communities. The CoC is 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 will also be 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. DHCD, contracted with a community partner, Collective InCite, to provide a Racial Equity and Social Justice trainings to all of the LPGs in the CoC. The curriculum will include workshops and TA around racial equity available for providers within the CoC; a racial equity 101 training available for lead agency staff; and a provision of written tools and resources that will be available to communities beyond the initial TA. The CoC plans to utilize the Racial Equity Ad Hoc subcmte to lead 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.

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

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

	Level of Active Participation	**Number of People with Lived Experience Within the Last 7 Years or Current Program Participant**	**Number of People with Lived Experience Coming from Unsheltered Situations**
1.	Included and provide input that is incorporated in the local planning process.	0	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	0	1
3.	Participate on CoC committees, subcommittees, or workgroups.	0	1
4.	Included in the decisionmaking processes related to addressing homelessness.	0	1
5.	Included in the development or revision of your CoC's local competition rating factors.	0	1

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

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

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

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

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

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1. DHCD collaborated with the Virginia Dept. of Health (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.
2.DHCD collaborated with both ESG and non-ESG funded congregate shelters regarding their safety protocols. The CoC program manager discussed dangers from COVID-19 and the impact that it could have on individuals experiencing homelessness. Staff evaluated the operations of their programs focusing on policies and procedures that limited access to shelter during the day. The CoC program manager worked with LPG lead agencies to formulate funding requests that addressed adjustments congregate shelters underwent during the pandemic, specifically for shelters that reduced their occupancy capacity to accommodate social distancing protocols and that were unable to adjust their policies and procedures. DHCD provided TA to emergency shelter providers to ensure their implementation of both non-congregate and congregate shelter followed housing first best practices.
3. The CoC program manager contacted transitional housing providers and evaluated the operations of the programs specifically focusing on policies and procedures that limited access to shelter during the day. DHCD, in partnership with the LPG lead agency, collaborated with transitional housing facilities to adjust portocols to allow individuals access to shelter during the day to avoid exposure to COVID-19. For transitional facilities who reduced their capacity to

accommodate increase spacing between individuals, the CoC program manager and LPG lead agency collaborated together to ensure that the funding request for NCS accounted for this adjustment.

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

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

(limit 2,000 characters)

As the pandemic continues to persist in many of the LPG communities of the CoC, community partners are connected with their local dept. of health offices to obtain guidance regarding exposure to COVID-19. 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. To prepare for future public health emergencies, the CoC staff worked with LPG partners to identify a contingency plan to support organizations if staff were exposed to the symptoms related to the health emergency. CoC staff will collect these plans for each organization to ensure that communities are supported if another public health emergency should occur. The CoC will identify a standardized operations plan for the lead agency to ensure that leadership is provided to LPGs should another health emergency occur. As these plans are formalized, the CoC will leverage their partnership with VDH and local public health offices for guidance in response for any future public health emergency.

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

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1. As the CoC lead agency and ESG-CV recipient, DHCD evaluated the need in the LPG communities to ensure an equitable distribution of funding. For congregate shelters who reduced their capacity to mitigate the risks of exposure to COVID-19, the CoC program manager collaborated with the LPG lead agency to ensure the request for ESG-CV funds for emergency shelter reflected this shift. This was to ensure there were no gaps in services available in the community.
2.The CoC program manager coordinated with LPGs to assess their

community's HMIS data to create a request that adequately reflected the permanent housing needs of the community. The CoC program manager evaluated the CE data collected for each LPG to identify the number of individuals experiencing literal homelessness and those connected to NCS. This data was used to structure a funding request for ESG-CV RRH in the LPGs.

3. The CoC staff collaborates with the Eviction Prevention and Rental Assistance Unit at DHCD, who is responsible for administering the Virginia Rent Relief Program. The CoC program manager provides ongoing TA with LPG partners to differentiate between the funds available for eviction and homeless prevention. The CoC program manager is working with the Eviction Prevention and Rental Assistance Unit to coordinate the administration of rent relief and ESG-CV funding in LPG communities

4/5. Healthcare and sanitary supplies are eligible expenses for ESG-CV funds. The CoC supports LPG partners in planning the use of ESG-CV funding for health care and sanitary supplies. The CoC leverages partnerships with local healthcare providers to access healthcare and sanitary supplies for individuals and households experiencing homelessness. For example, as a part of the FY21 PIT count, LPGs received donations of healthcare and sanitary supplies to distribute during their outreach to unsheltered individuals.

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

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1.The CoC conferred with mainstream health partners including VDH to seek guidance around measures to mitigate the risk of spreading COVID-19. Implemented guidance included social distancing safety measures for CoC congregate shelters, manners to operate homeless street outreach, guidance for housing inspections for permanent housing placements and how to engage with clients for case management services. LPGs worked directly with their local public health offices to identify methods to increase their safety measures to decrease the spread of COVID-19. LPG partners coordinated with hospitals around discharges to prevent patients from experiencing unsheltered homelessness and decrease the risk of contracting COVID-19. The CoC also leveraged the relationship between DMAS and MCO Care Coordinators to support LPGs in the provision of case management services to decrease client and staff exposure.

2.The guidance collected from VDH was provided to CoC partners to implement in their organizational practices. The CoC program manager began monthly contacts with each LPG to identify methods for mitigating the spread of COVID-19 and ensure that safety measures were implemented. If the LPG identified difficulty in adhering to the safety measures, the CoC staff worked with VDH partners to identify other methods to minimize the risk of spreading COVID-19. LPG partners coordinated with the local public health offices for additional guidance. The CoC steering committee shifted their meeting schedule from bi-monthly to monthly to ensure communities were able to communicate their

needs, explore challenges their communities were facing to ensure that safety measures were implemented and to identify updates in the community's policies and procedures to ensure that partners followed safety measures. The CoC collaborated with the MCO, United Healthcare, for a supply of masks to donate to homeless service providers within the CoC.

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

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

(limit 2,000 characters)

1.The CoC steering committee facilitated monthly meetings that were responsible for identifying the safety measures to prevent the spread of COVID-19 for homeless service providers to adhere to. Steering committee members would collect the information from the monthly meetings and report this information back to the homeless service providers within the LPG. The CoC program manager would meet with the LPG lead agency and the homeless service providers who had a difficult time adhering to the safety measures established by VDH and DHCD. Few community partners, specifically congregate shelter providers, ceased their operations due to the inability to meet the safety measures requirements. If this were the case, the CoC collaborated with the LPG lead agency to leverage other ESG-CV funding to address the gap in the community.
2.Through the monthly steering committee meetings, the CoC utilized this time to discuss with partners changing local restrictions. The CoC program manager would provide TA to the steering committee members to discuss changes in restrictions statewide as well. If immediate changes would occur regarding restrictions, these changes would be communicated to steering committee members via email notification. Steering committee members would then disseminate this information to their LPG partners.
3.As vaccines were being distributed to individuals in the community, the CoC staff provided information regarding stakeholder meetings facilitated by VDH to LPG partners. The CoC program manager discussed plans for vaccine distribution with each LPG. The CoC program manager assisted LPGs in coordinating with their local public health offices regarding vaccine distribution efforts to individuals experiencing homelessness. LPG lead agencies communicated information about local vaccine distribution events with their community partners directly.

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

	Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.	

(limit 2,000 characters)

As individuals and families experiencing homelessness became eligible for a COVID-19 vaccination, the CoC conducted vaccine focused outreach with the LPG lead agency and the local public health office. Local public health offices informed the LPG partners of the date and times for their vaccine distribution sites. LPG partners would distribute this information in their emergency shelters. Emergency Shelter case managers would be responsible for coordinating client vaccination appointments. For individuals who were unsheltered and eligible for a COVID-19 vaccination, street outreach was coordinated with the individual to provide transportation. For one LPG, mobile vaccination units were deployed to assist in the community's efforts to distribute vaccines. The CoC program manager and LPG lead agency would collaborate with the mobile units to identify locations to reach individuals experiencing homelessness. Street outreach would also coordinate with these mobile units to ensure those experiencing unsheltered homelessness were able to access a COVID-19 vaccine. Public health offices continue to coordinate with LPG emergency shelter partners to provide vaccines at shelter sites.

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

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

(limit 2,000 characters)

The CoC collaborates with the statewide sexual and domestic violence agency, VSDVAA, regarding addressing the needs of survivors in the LPGs. Many of the sexual and domestic violence agencies serve as access points in LPG communities and partner to train CE staff to create safety plans with individuals fleeing domestic violence. Contact for access points were shared with community stakeholders to connect individuals to services. Additionally, the VSDVAA increased their staffing capacity and has been assisting the CoC in improving the connection between local DV providers and LPGs to ensure they are addressing the needs of those experiencing domestic violence.

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

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

(limit 2,000 characters)

The CoC adjusted the prioritization process of the CE system to align with the risk factors of contracting COVID-19 as identified by the CDC. The CoC primarily focused on supporting individuals experiencing unsheltered

homelessness to ensure that they had access to emergency shelter to prevent the spread of and exposure to COVID-19. The LPG communities provided technical assistance to CE access points to ensure they were cognizant of the changes to prioritization. The CoC increased technical assistance support to LPG partners as well as other state agencies regarding the coordinated entry process to ensure that partners in the community understood the referral process for individuals experiencing homelessness. The Uniformed/CE and assessment committee is currently reviewing the prioritization process and tools to ensure access to services is equitable and to ensure that LPG communities are prepared to make immediate adjustments. LPG communities also leveraged additional private funding to support their operation of CE.

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

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

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

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	08/27/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	10/06/2021

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

	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	Yes
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1.The CoC identified that some of the most severe barriers and vulnerabilities that impact services to clients are zero income, active substance use, mental or physical conditions, criminal histories, and family composition. In order 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. The CoC project applicants are required to discuss how the project meets the needs of program participants coming from the street or locations not meant for human habitation, emergency shelters or fleeing domestic violence. Additionally, new project applicants were required to outline how their LPG identified this project was a necessity for their community and were scored accordingly to their response to these questions.
2.The CoC ranking cmte tiered projects based on performance level, application quality, and housing first implementation. Additionally, PSH projects were evaluated on dedicating 100% of units to individuals experiencing chronic homelessness. For those that were identified as potentially low performing projects due targeting the hardest to serve populations but were identified as necessary projects in the CoC, the ranking cmte provided feedback regarding project adjustments to make prior to the final submission of the consolidated application. The CoC program manager then met with each project applicant that was provided feedback regarding their performance to discuss modifications to their projects.

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

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

(limit 2,000 characters)

1.Outreach was conducted to recruit people of color to participate in the CoC ranking cmte. 40% of individuals who participated in the ranking cmte process identified as people of color. Additionally as a part of the proposed ranking and rating tool, the CoC included racial equity as a rating factor. The cmte members were provided the proposed ranking and rating tool for additional feedback regarding factors to be used during project application review.
2.In addition to the 40% of individuals who identified as people of color, there

was also a member of the ranking cmte who identified as an individual with lived expertise. During the ranking process, each cmte member provided feedback around the selection and ranking of projects for the priority listing. All feedback from cmte members were included in a debrief provided to project applicants for their final project submission and to consider in operation of their project.
3. Cmte members were provided the ranking and rating tool, the CoC local competition application addendum from each project applicant, the e-SNAPS project application submission, the annual performance report for the renewal projects, and a racial disparities assessment completed on behalf of the LPG community that the project will be operating in. As a part of the local competition application, the CoC included the following questions as an evaluation of how the project applicant and community are currently implementing racial equity in their delivery of services. "1. Has your community evaluated your system for racial disparities? Please describe the results of this evaluation. 2. How will your project promote racial equity in your community?" Cmte members evaluated each project based on the responses to these question and provided scores according to their 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 in their community.

1E-4.	Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

	Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any projects through this process during your local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and	
5.	how your CoC communicated the reallocation process to project applicants.	

(limit 2,000 characters)

1.DHCD first identified 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 then contacted each of the projects that met the criteria for having returned funding multiple years of the project's operation.
2.Ultimately, the CoC identified two project applicants through this assessment. The CoC program manager worked with each of the project applicants identified in this process to discuss the performance of their project, the project's barriers for spending funding, and their FY21 funding request. The two project applicants evaluated each of their project's performance and adjusted their funding request prior to their application submissions.
3.During the FY21 CoC local competition, the CoC identified one project to be reduced based on the CoC ranking committee process. The reason for reducing the applicant's funding request was based on the application not clearly

describing the prioritization for individuals to access this project. The ranking committee also raised concerns around the implementation of housing first as the project applicant detailed practices that did not appear to be aligned with housing first principles.

4.N/A

5.After each project went through the ranking process, both projects identified through the initial assessment were ranked in tier 1 therefore honoring their adjusted funding request. The project applicant receiving reduced funding was contacted on October 6th, 2021 following the ranking committee's decision both via email and phone call. On 11/08/2021, one applicant rescinded their project application to be considered for the HUD CoC Program Competition due to implementation capacity concerns.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

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

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/06/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/06/2021

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

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/03/2021

2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky

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

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

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

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

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

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:	
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**	
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**	

(limit 2,000 characters)

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 2020 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. 2.DV providers in the CoC submit de-identified aggregate data in VADATA and in DHCD's CAMS. The CoC is able to gather and query data from CAMS and works with VSDVAA to collect de-identified aggregated data from VADATA to measure system performance. For example, of the 679 households that accessed DV shelters through LPGs, 443 households exited to positive destinations include 119 households who accessed RRH assistance. The CoC utilizes this data to identify areas of improvement for system performance and administers TA to providers accordingly.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	987	344	531	82.58%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	46	0	6	13.04%
4. Rapid Re-Housing (RRH) beds	429	49	369	97.11%
5. Permanent Supportive Housing	278	0	144	51.80%
6. Other Permanent Housing (OPH)	23	0	23	100.00%

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

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

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 and participation in the cloud-based statewide HMIS warehouse. 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. Over the past year, additional providers have expressed interest in participating in HMIS as demonstrated by the CoC's

approx. 21.77% increase in the number of emergency shelter and transitional housing beds reported on the 2021 HIC. Despite the 32% decrease in PSH beds covered in HMIS, the CoC increased the number of PSH providers participating in the FY21 HIC and were able to increase the reported number of PSH beds by approx. 63.31%.

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 trainings will be provided to all LPG partners in order to recruit new users to HMIS.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	88.00%

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

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
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Application score by giving specific guidance on how to respond to many questions and
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 - 24 CFR part 578

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

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

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

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

2C. System Performance

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	**how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;**
2.	**how your CoC addresses individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.**

(limit 2,000 characters)

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 Program Manager 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 program manager 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 happens on both the LPG and CoC level. The CoC program manager is responsible for collaboration with the ASNH team to raise capital for affordable housing in the CoC communities.

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

	Describe in the field below:
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

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 receive 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.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

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 Committees with the goal of bringing together property owners and housing specialists/counselors from homeless service organizations across the CoC. These committees 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 there was a 5% increase in the rate of retention in permanent housing from FY 19 to FY 20.

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

	Describe in the field below:
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

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 pervious 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.

3.The CoC program manager 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-Strategy.	
	NOFO Section VII.B.5.f.	

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

(limit 2,000 characters)

1. Many of 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 Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

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

(limit 2,000 characters)

1. Similar to the CoC's collaboration with mainstream employment organizations, LPGs leverage their relationships with regional workforce development boards to assist in job searches, resume writing, application assistance; veteran services; unemployment insurance; Adult, Youth & Dislocated Worker Program; job fairs; job postings; vocation rehab; adult education programs; senior community service employment program; and Job Corp. The partnership

targets the recruitment of special populations (which overlap with those served in the homeless services system) to include: individuals with disabilities, low-income, basic skills deficient, and/or English language learners.
2. Workforce development education organizations support the CoC LPGs in their efforts to provide education, on-the-job training, internships and employment opportunities for program participants. The CoC partners with the following workforce development-education organizations: Adult Education and Community Colleges, Job Corp, and Community Action Agencies. Additional non-traditional partners include Virginia Economic Development Partnership, Small Business Development Centers, United Way, and local Colleges and Universities.

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

	Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;	
2.	your CoC's strategy to increase access to non-employment cash sources; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,000 characters)

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 is represented on the Virginia GCCH, which is chaired by the Secretary of Commerce and Trade and the Secretary of Health and Human Resources. This committee advises and guides state policies around systems that impact the homeless population. The CoC collaborates with other state agencies through this partnership to address barriers that might impact an individual's access to non-employment cash sources. This committee addresses areas of access including: public transportation, funding for outreach, co-locating facilities, providing multilingual services, and improving communications between homeless service providers and benefit workers. LPGs have committees that work to implement improved policies and guidance to ensure those who are in need and qualify receive their benefits.
3.The CoC Program Manager 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 Bonus Points

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

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

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

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

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

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

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

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

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

N/A

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

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

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

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

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:	
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

N/A

4A. DV Bonus Application

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

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

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

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

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

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

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

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

1.	**Enter the number of survivors that need housing or services:**	679
2.	**Enter the number of survivors your CoC is currently serving:**	562
3.	**Unmet Need:**	117

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

Describe in the field below:	

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

(limit 2,000 characters)

1.The number of survivors the CoC is currently serving was collected from the data collected in the Virginia HMIS comparable database, VADATA as well as the DHCD CAMS. The information was calculated from the number of individuals served in DV emergency shelters and number 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 centralized administration and management system (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 an 22% increase in the number of survivors being served, the CoC is seeking funding to increase the number of projects serving survivors in the LPGs. The CoC is collaborating with VSDVAA to identify the capacity needs of other DV providers and increase the provision of services to meet needs of survivors in the LPGs. Our CoC will continue to work alongside the VSDVAA to the data to accurately reflect the need 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-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

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

Applicant Name
Southside Survivo...
Family Crisis Sup...

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

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

	Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:	

1.	**Applicant Name**	Southside Survivors Response Center
2.	**Rate of Housing Placement of DV Survivors–Percentage**	100.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	100.00%

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

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

(limit 1,000 characters)

1. In FY21 SSRC housed all of the domestic violence survivors that were served that were in need of rehousing services. Of those rehoused they are still stably housed as this time.
2. The data source to calculate the rate of retention for our housing programs is pulled from VADATA, the HMIS comparable database.

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

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

(limit 2,000 characters)

1. SSRC identifies and evaluates survivors in a rapid manor to ensure they

move quickly into safe, affordable housing. SSRC accepts referrals from community partners in the LPG and through direct contact with the survivor hotline. Identified survivors who are residing in DV shelters, or are sleeping in a location not meant for human habitation are referred for assessment within one week of identification. Typically survivors in SSRCs emergency shelter remain in the shelter for 45 days before exiting to a permanent destination.
2. SSRC prioritizes individuals based on the vulnerability of their situation. SSRC prioritizes based on safety and creates a plan with the survivor upon initial contact. Co-occurring conditions that may contribute to an individual's experience of continued homelessness are taken into consideration during prioritization. Case conferencing with SSRCs internal team is utilized as a tool to prioritize individuals for housing subsidies.
3.SSRC is committed to the success of program participants, and will either provide or identify a partner to provide financial education, workforce training, legal assistance, SOAR counseling, peer mentoring, and other services as needs are identified by program participants. Case Manager (CM) will conduct a thorough assessment using the Service Prioritization Decision Assistance Tool (SPDAT) screening instrument to determine factors that will contribute to a client's housing stabilization. SSRC staff make "warm-handoff" referrals for services provided by partners in the community.
4. SSRC's skilled Case Managers and other collaborative efforts within the LPG will work with housing clients to develop life skills to address job readiness, financial literacy, coping skills, interpersonal skills to interact with landlords, and mental health building skills. One service we will continue to provide is pipeline resources, community support groups, and community involvement.

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

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

(limit 5,000 characters)

1. All staff are required to complete 40 hours of training annually. New staff shadow the Executive team staff members for the first two weeks to receive initial training. SSRC collaborates with partners to provide trainings such as Adverse Childhood Experience (ACE), Applied Suicide Intervention Skills (ASSIST), Lethality Assessment Program (LAP), and other trauma informed care techniques. SSRC provides individualized safety planning for all DV survivors and for external partners we offer trainings around case management, counseling, prevention specialists, supportive services, therapy, and advocates.
2. Intakes are completed one on one in a private location for the client's confidentiality. Through efforts of creating a warm, safe, inviting atmosphere, we

have designed an intake area to look like a family living room. We have found DV survivors are more comfortable to share if the intake area is welcoming.
3. Intakes are completed one on one in a private location for the client's confidentiality. Each adult completes an individual intake form; that is used collectively to assist with further services, programs, and resources. Due to the pandemic the agency has created option for virtual intake, this option has been optimal for conducting separate intakes for a couple.
4. SSRC Case Managers and Victim Advocates provide safety planning with each client and reassess the safety plan on an ongoing basis to evaluate its effectiveness as situations change. Staff assist clients in determining any revisions that may be necessary to ensure safety. Through the LPG we work with landlords, transition homes, reentry programs, and now rental agencies to give survivors options. We also work closely with emergency services and community leaders to promote neighbor watch as support to identifying safe scattered site units. We are working to develop supportive housing for survivors.
5. Emergency shelter is staffed 24 hours a day, 7 days a week. Staff are able to respond to maintenance requests in a timely manner. SSRC does not have bars on our windows, however we have a security system that notifies local police, fire dept., and rescue squads if a situation arises at the shelter. For security measures, SSRC has a shelter code and a doorbell video system. Our system announces every door being used, and windows have safety locks which were recently installed. Should any of these systems breakdown, SSRC staff are able to quickly address any issues.
6. Housing locations that clients are placed in are not revealed to any sources outside of SSRC. Within FCSS the victim advocate and case manager know the survivors name and rental location. The financial administrator receives rental location and file name in order to process checks for rental assistance, however they do not receive survivor's names. Within the shelter, our residents use a PO Box for outgoing and incoming mail. There are no signs or logo outside the agency to indicate our location, the residents are encouraged to not disclose information for safety purposes.

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

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

(limit 2,000 characters)

SSRC provides Documenting Our Work (DOW) surveys to clients in an effort to receive client feedback of program services. This survey is also provided to the Virginia Sexual and Domestic Violence Action Alliance to assess the outreach and awareness efforts being put forth by SSRC. SSRC tracks calls through the I Carol system and tracks services through VADATA. All tools are used to evaluate the number of clients being served and project outcomes.

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

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. Using the housing first model, our housing case managers prioritize client choice and preference in providing rapid placement. Safety is always the initial priority for a client to access housing. Case managers and clients work closely together to locate housing that fits the needs of the client to ensure housing stabilization and permanency. SSRC staff utilizes the VISPDAT to prioritize clients for specific housing interventions, i.e. RRH versus PSH.

2. SSRC staff works with clients to develop safety and housing plans through a trauma informed lens that prioritizes client preference. SSRC does not implement a prescriptive program to ensure flexibility in service prevision. SSRC has revamped the Shelter and Non congregate Guide Book to encourage a voluntary service approach. Staff ensure clients understand assistance is not contingent on program participation. Staff are trained on cultural awareness, inclusiveness, and equity. The West Piedmont Trauma and Resiliency Community Network (WPTRCN) equity committee works with SSRC staff to ensure that the agency maintains an environment of mutual respect.

3. An individualized service plan will be created collaboratively with the participants and the Housing Case Manager. Housing case manager will work with SSRC's Preventative Specialist through the West Piedmont Trauma-Informed and Resiliency Community Network (WPTRCN) to educate and empower the survivor. SSRC informs key stakeholders of programs and trainings that focus on trauma informed care to ensure that no matter where clients access services they receive optimal care.

4. The Strength Based approach is utilized through goal orientation designed by the client. This gives the client an opportunity to set goals, discuss ways to measure the outcomes, and assess and make changes as needed. SSRC has used hands on activities such as painting classes to help identify strengths of clients. Questionnaires are provided at each session in an effort to identify a client's goals and aspirations.

5. The WPTRCN Equity Committee continues to provide trainings on equity, cultural competence, equal access to services, and nondiscrimination techniques. The committee is currently working together to create a "toolbox" with multiple resources and approaches that organizations and community members can use.

6. SSRC leverages partnerships with other community providers to create opportunities for connection with program participants. SSRC promotes community events such as volunteering opportunities, train the trainer sessions,

and peer mentorship. Other events that are available to clients include soft life skills training, virtual talk groups, book clubs, and service learning. These opportunities provide clients with a sense of community and belonging.
7. Mainstream resources provide assistance with parenting classes and childcare, for those seeking these voluntary services. SSRC will collaborate with other community partners, such as Piedmont Community Services, Department of Social Services, STEP and local Property Managers in the area to ensure the clients are receiving services to address all of their needs. The community collaboration will encompass assisting clients with counseling services, developing life skills, financial planning, emotional support, court and hospital accompaniment, and providing items needed to help with housing stabilization.

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

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

(limit 5,000 characters)

1. SSRC provides case management, court accompaniment, hospital accompaniment, crisis intervention, emotional support/counseling, support groups, safety planning, housing goal assistance, financial goal assistance. SSRC leverages services provided by allied partners and other community resources in the LPG community to provide additional wrap around services to ensure housing stabilization.
2. SSRC has provided financial assistance to help victims complete classes to obtain work, and has also purchased items such as steel toe shoes to assist victims in meeting the requirements to accept positions that they have been offered. Our agency has provided furniture, household goods, and food from community donated items to assist clients in housing stability. Victim Advocates provide hospital accompaniment when request by domestic violence survivors, court accompaniment for protective orders, as well as system education to aid in the understanding of navigating the system. SSRC provides referrals to allied professionals and community resources to provide services not offered by the agency.

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

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;

4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. The SSRC proposed RRH project will continue to use the housing first model. RRH housing case managers will prioritize client choice and preference while identifying housing placements for clients.. Safety will continue to be the initial priority for a client to access housing. Case managers and clients will work closely together to locate housing that fits the needs of the client to ensure housing stabilization and permanency. SSRC will continue to utilize the VISPDAT to prioritize clients for specific housing interventions, i.e. RRH versus PSH.

2. SSRC staff will develop safety and housing plans through a trauma informed lens that prioritizes client preference. The RRH program will not be a prescriptive program to ensure flexibility in service prevision. Staff ensure clients understand assistance is not contingent on program participation. Staff are trained on cultural awareness, inclusiveness, and equity. The West Piedmont Trauma and Resiliency Community Network (WPTRCN) equity committee works with SSRC staff to ensure that the agency maintains an environment of mutual respect.

3. The Housing Case Manager will provide information on trauma upon request and through an individualized service plan that will be created collaboratively with the participants. Housing case manager will work with SSRC's Preventative Specialist through the West Piedmont Trauma-Informed and Resiliency Community Network (WPTRCN) to educate and empower the survivor. SSRC informs key stakeholders of programs and trainings that focus on trauma informed care to ensure that no matter where clients access services they receive consistent information regarding trauma.

4.SSRC is committed to implementing a Strength Based approach while assessing a client for services. Strengths are identified utilizing goal orientation designed by the client during their individualized service plan. This gives the client an opportunity to set goals, discuss ways to measure the outcomes, and assess and make changes as needed. Questionnaires will be provided at each session in an effort to identify a client's goals and aspirations.

5. The WPTRCN Equity Committee continues to provide trainings on equity, cultural competence, equal access to services, and nondiscrimination techniques to SSRC. The committee is currently working together to create a "toolbox" with multiple resources and approaches that organizations and community members can use.

6. SSRC will connect residents of the RRH project with community providers to create opportunities for connection with other program participants. SSRC promotes community events such as volunteering opportunities, train the trainer sessions, and peer mentorship. Other events that are available to clients include soft life skills training, virtual talk groups, book clubs, and service learning. These opportunities provide clients with a sense of community and belonging. If the RRH program participant identifies an interest in connecting with these opportunities, they will work closely with their case manager to discuss connection to the opportunity.

7. Mainstream resources provide assistance with parenting classes and

childcare, for those seeking these voluntary services. SSRC will collaborate with other community partners, such as Piedmont Community Services, Department of Social Services, STEP and local Property Managers in the area to ensure the clients are receiving services to address all of their needs. The community collaboration will encompass assisting clients with counseling services, developing life skills, financial planning, emotional support, court and hospital accompaniment, and providing items needed to help with housing stabilization. If support for parenting is identified as a necessity for housing stabilization, case managers will work closely with clients to connect them with the appropriate mainstream resource.

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

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

	Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:	

1.	Applicant Name	Family Crisis Support Services
2.	**Rate of Housing Placement of DV Survivors–Percentage**	94.28%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	65.00%

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

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

(limit 1,000 characters)

1. FCSS keeps track of clients and demographics through both HMIS and VADATA. The precise record keeping from both systems allows us to maintain and add continued documentation for our client services. In finding the rate of housing placement, FCSS calculated the number of total domestic violence clients housed in FY20 and then broken down into how many of these individuals were placed into housing via the FCSS RRH program. The percentage of these two numbers being 94.28%. Retention rates were calculated with a more meticulous process, by going through each DV file to see how many clients are still in the housing FCSS provided versus how many had left for other various reasons. The number of clients still maintaining their

housing provided came to 65%.
2.The two main data sources used for all of FCSS programs are HMIS and VADATA.

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

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

(limit 2,000 characters)

1. When a client makes contact with FCSS, a main priority is for a survivor to feel safe. Staff create a safety plan with clients upon initial contact, emergency shelter can be a part of this plan. Once safety is established, staff discuss other goals and priorities. Staff educate clients on housing processes and work with survivors to obtain documentation that may be needed. Client choice is prioritized in the discussion of housing opportunities. Staff ensure clients are aware that safe and affordable housing is an attainable goal.
2. Once safety is established, CE paperwork is completed in addition to FCSS intake. In cases where immediate danger is not a concern, the CE system is utilized. Prioritization for services is determined using the VISPDAT and case conferencing. Policy of FCSS includes making contact with a referral as soon as possible, as safety assessment specifies.
3. Once a client is safe, either at FCSS, a hotel, or with family/friends, advocates then create housing plan. Housing plans include housing options and applications, job opportunities, and connection to mainstream resources. Mainstream resource agencies that work with FCSS are Wise County Housing Authorities, Dept. of Social Services, Health Dept., Court Service Unit, Legal Aid, Behavioral Health Agencies, Health Wagon, and Virginia Employment Commission. FCSS follows up with an agency as requested by a client, with a signed release of information.
4. FCSS connect clients to several housing options including transitional housing, RRH and mainstream resources. Staff offer all opportunities to clients as they navigate the housing process. Once connected to permanent placement, housing stabilization case management is provided to assist clients in maintaining housing. Case management services are not prescriptive, this ensures clients have access to support to maintain housing. Case management is provided to ensure that clients are connected to mainstream support to sustain their housing.

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

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

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

(limit 5,000 characters)

1. All staff are required to have 60 hours of training upon hiring date to learn about victim services, safety protocol, trauma informed first approaches, and the dynamics of abuse. Regardless of what department staff is hired for, this training is mandatory. Anyone can take a domestic violence hotline call at any time.

2. FCSS has a private intake office to complete intake assessments in, FCSS also recently purchased white noise machines to assist in the privacy of any conversations had. If there is a situation where more room is required for a private meeting, the kitchen area of the men's unit that is currently empty may be utilized. There is no traffic back and forth in this area and the kitchen has enough space for several individuals to sit comfortably and safely with continued COVID-19 health measures in place.

3. If separate interview/intake space is needed, FCSS has staff members that can assist in the process. Staff members may operate in two different locations to keep conversations private. There is a main intake office that is located on the main level of the building that may be utilized, other survivors and staff members can utilize the men's unit that is currently being utilized as an extra meeting space. This will separate survivors from seeing or hearing what another survivor is saying, there are also separate entrances and exits if this is a need after interview conversations.

4. To ensure the safety of clients, FCSS collaborates closely with survivors around housing location. Survivors give input of any safety concerns with the unit and why it would or would not be a good option for them. The area FCSS serves is extremely rural and staff are trained to navigate through the additional challenges that could contribute to a survivor's concern for safety.

5. FCSS will conduct routine maintenance walkthroughs weekly to address any upkeep that is needed in the units. Maintenance that is done immediately includes the replacing of light bulbs, batteries in smoke detectors, and filters for the heat pump. FCSS does not have bars on the windows due to the possibility of re-traumatization of survivors. If there is an issue that can not be fixed via in house staff; any outside maintenance will sign a confidentiality form and the residents will be told when maintenance will occur. A FCSS Staff member will be on site when any other worker is present.

6. FCSS staff are trained upon hiring about the importance of confidentiality and given specific direction in regard to such. If someone calls for a resident, staff never disclose whether a person is or is not at the shelter, in transitional housing, or the RRH project units, and never give out any of the FCSS address locations over the phone. In addition, resident's sign a confidentiality agreement upon arrival, this agreement will continue if moved to any other FCSS housing location. If a survivor feels their location has been compromised and they are no longer safe, FCSS will work to ensure their safety and maintain housing.

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

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

(limit 2,000 characters)

Safety begins at the shelter location, where FCSS has added several safety measures to maintain a place of peace for victims. There is a gate that is locked when evening staff leaves for the night, there are security cameras that have a view of parking lot, the walking path to the women's unit, and the surrounding areas of the unit. There are motion lights around the facility for anyone that is outside in the dark, and FCSS works with emergency services in the City of Norton to do drive by checks throughout the night.

For the RRH project, the same safety protocols will be in place. There will be cameras located around the property to maintain the safety of residents and emergency services provide support when staff are not available at the location to monitor the surrounding area for safety.

One of the questions asked in the community based surveys handed out to residents is how safe they felt during their stay at the shelter. All responses and suggestions are taken into consideration as modifications are made to the facility. These are anonymous and not mandatory to complete, so of the surveys turned it, 94.7% of all individuals felt safe during their stay at the shelter. This type of survey will be modified for those transitioning to the RRH project housing and coordinator will distribute after their first month onsite.

Safety protocol is discussed with each new hire and refresher training is given as needed. Topics of safety include not giving any resident information out over the phone without resident's permission, do not give out location(s) of any shelter address, and addressing safety needs that residents raise.

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

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;

6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1.FCSS uses trauma-informed, victim-centered approaches to meet the needs of DV survivors as best practice through the years of program implementation. Staff training have identified that what survivors need the most is support, encouragement and resources to achieve their goals. All FCSS staff are certified in the trauma informed care and crisis intervention services. When working with survivors for rapid placement and stabilization into permanent housing, our responsibility is to ensure they are informed of all options and to support their decision during the process. As opportunities are offered to clients, flexibility is prioritized in identifying a unit suitable to meet their needs.

2. Staff are trained to ensure they are engaging with clients in a respectful manner. FCSS ensures clients are informed of their role as the leader in housing location. If there are any challenges raised in housing location staff are trained to navigate through the challenges utilizing a trauma informed lens. Language used in all paperwork is respective and utilizes a trauma informed lens in wording and explanations. FCSS does not believe in a punitive type of intervention, this is only hurtful and may deter any future services needed and could hinder their safety in the process.

3.It is the mission of FCSS to ensure that information is transparent and to strive toward inclusion with all programs and services offered. FCSS provides information to program participants around trauma through group counseling and one-on-one counseling. Equal and Inclusive policy training is given to all staff to learn appropriate terminology and preferences for individuals and to make sure an environment of acceptance is demonstrated throughout the agency. It is the goal that interventions are productive and affirming for all clients attempting to access services.

4.Survivors in our programs, complete intake assessments that include a strength-based sheet where they list three strengths clients feel at that moment. This is a good motivator and a way to express initial encouragement toward clients. Strengths will be addressed in all goal and objective worksheets, support groups, and any one-on-one counseling. Strength-based practice goes hand in hand with trauma informed care approach.

5.FCSS takes every opportunity to engage in trainings that discuss equal access, cultural competence and non-discrimination. While inclusion and equity are written into our mission statement and policies, continued learning is an important vessel for these issues. Living in a rural area that is made up of a 93% Caucasian demographic, at times there is cultural insensitivity when someone of a different race or ethnicity presents in a space. FCSS strives to teach and offer training to residents, support group members, staff, and the community on cultural responsiveness and inclusivity.

6.FCSS offers support groups once a week for survivors of domestic violence and trauma, a spiritual study group is offered twice weekly and spiritual needs are assessed upon intake, if survivors are comfortable disclosing that information. Staff ensure survivors are directed to appropriate spiritual connection as requested. Peer to peer and mentorship opportunities are available through training courses with staff, once completed, those in the RRH project can assist with incoming residents. A part of healing for any survivor is being able to share and help others, and doing so under the guidance of staff is a safe and productive way to offer these programs.

7.FCSS works with several different agencies that offer resources for survivors

with children; parenting classes and childcare options are available. Depending upon needs of the parent, the health dept, Head Start, Healthy Families, and Behavioral Health are resources utilized for child centered services. FCSS' children's coordinator works with parents as they enter shelter and assist with services until permanent housing is located. FCSS has a babysitting contract that can be obtained between individuals in the shelter. This volunteer opportunity is available only after individuals complete a child safety class.

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

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

(limit 5,000 characters)

1.Since 1983, FCSS continues to be the regional resource for services to domestic violence survivors. The current staff all have 5 to 22 years working experience with survivors. All DV advocates are trained in trauma informed approaches and crisis intervention, hold Master's Degrees, and keep up to date with training and workshops. FCSS's first step in the process of meeting or speaking with a domestic violence survivor, is making sure they feel safe for conversation. This initial encounter may come from an outside source call, such as law enforcement through a LAP call, or DSS referral; if this is how contact is made with a survivor, it is important to identify who you are, the agency you are with, and a brief synopsis of services provided: emergency shelter, accompaniment services, one on one supportive counseling, support groups, etc. Advocates may meet individuals through the court system or via a hospital call, the same protocol goes for outreach connections, and the same services are provided. If this is a client that comes directly to shelter, allowing time for rest is the first objective before going over an abundance of paperwork and services provided.
2.Supportive Services provided through FCSS are advocacy services which include accompaniment to court, magistrate office, hospital visits, etc., one on one supportive counseling, support groups, resources, referrals for wrap-around services, and clothing vouchers. Financial services and case management for housing services; assistance with housing applications, job applications, and benefit applications. Additional services that are offered include transportation and assistance with continued education. With the new RRH option, advocates and housing case managers can go over the different options available through public housing, private rentals, and PSH options. This will all be presented in language that is inclusive and presents as a trauma informed, person first approach. Examples of FCSS' supportive services include access to: 24-hour crisis hotline, 24-hour services, emergency shelter, transitional housing, financial support if able to stay safely in their own home with additional assistance, and basic needs items provided. All survivors are connected with a Victim Advocate who can provide vital support, accompaniment services (court, hospital, etc) one on one counseling, information about legal rights and court navigation, economic and job assistance, emotional and moral support, and assistance with applications and referral services. Our Victim Advocates work

closely with Housing Counselors in working with survivors on securing safe and affordable housing. Overall, support and continued help navigating all the direct services and wrap-around services is one of the most important and consistent services FCSS can provide.

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

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. The current FCSS practices will be used to prioritized individuals for housing through the new project. FCCS will continue to use trauma-informed, victim-centered approaches to meet the needs of DV survivors if awarded this funding. Staff prioritize client choice and remain flexible in obtaining housing opportunities that best meet the client's needs. All FCSS staff will continue to implement housing search services through a trauma informed lens for rapid placement and to ensure client stabilization.
2. FCSS ensures that clients are informed of all options and to support their decision during the process. Additional, FCSS ensures that all policies and procedures are available in language that is understandable for all clients. As opportunities are offered to clients, flexibility will be prioritized in identifying a unit suitable to meet their needs in this project. FCSS continue to work with clients even if there are differentials in views of particular housing opportunities. If there are any challenges raised in housing location staff are trained to navigate through the challenges utilizing a trauma informed lens. Equal and Inclusive policy training is given to all staff to learn appropriate terminology and preferences for individuals and to make sure an environment of acceptance is demonstrated throughout the agency. FCSS does not believe in a punitive type of intervention, this is only hurtful and may deter any future services needed and could hinder their safety in the process.
3. It is the mission of FCSS to eliminate any type of discrimination and to strive toward inclusion with all programs and services offered. FCSS practices an environment of transparency with within it's programs. Staff will provide program participants the opportunities to learn more about trauma during group and one-on-one sessions. Staff will ensure that language used in all paperwork is respective and utilizes a trauma informed lens in wording and explanations. It is the goal that opportunities are productive and affirming for clients accessing

services.

4.Survivors entering the new RRH project will complete intake assessments that include a strength-based sheet alongside support staff. Staff will working provide strengths-based coaching through this process. Identifying strengths upon intake has been motivator and a way to express initial encouragement toward clients. Strengths will be addressed in all goal and objective worksheets, support groups, and any one-on-one counseling. Strength-based practice goes hand in hand with trauma informed care approach.

5.FCSS takes every opportunity to engage in trainings that discuss equal access, cultural competence and non-discrimination. Living in a rural area that is made up of a 93% Caucasian demographic, at times there is cultural insensitivity when someone of a different race or ethnicity presents in a space. FCSS will provide opportunities to teach and offer training to residents, support group members, staff, and the community on cultural responsiveness and inclusivity. These opportunities will be offered to RRH residents as well. If residents are interested in these trainings, staff will collaborate closely to develop a plan for the client to access these opportunities.

6.FCSS will continue to offer support groups once a week for survivors of domestic violence and trauma while in RRH placements. Staff ensure survivors are directed to appropriate spiritual connection as requested. Peer to peer and mentorship opportunities are available through training courses with staff, once completed, those in the RRH project can assist with incoming residents. A part of healing for any survivor is being able to share and help others, and doing so under the guidance of staff is a safe and productive way to offer these programs.

 7.FCSS works with several different agencies that offer resources for survivors with children; parenting classes and childcare options are available to all program participants. Depending upon needs of the parent, the health dept, Head Start, Healthy Families, and Behavioral Health are resources utilized for child centered services. FCSS' children's coordinator works with parents as they enter shelter and assist with services until permanent housing is located. FCSS has a babysitting contract that can be obtained between individuals in the shelter. This volunteer opportunity is available only after individuals complete a child safety class. If clients identify they are interested in pursuing any of these opportunities, they work closely with case management services to create a plan to connect with the service.

4B. Attachments Screen For All Application Questions

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

 Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/09/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/09/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/09/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/09/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting–Pr...	11/09/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting–Pr...	11/09/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting–CoC-A...	11/09/2021
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting–Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting–Projects Accepted

Attachment Details

Document Description: Web Posting–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	10/08/2021
1B. Inclusive Structure	11/09/2021
1C. Coordination	11/09/2021
1C. Coordination continued	11/09/2021
1D. Addressing COVID-19	11/04/2021
1E. Project Review/Ranking	11/09/2021
2A. HMIS Implementation	11/05/2021
2B. Point-in-Time (PIT) Count	10/30/2021
2C. System Performance	11/08/2021
3A. Housing/Healthcare Bonus Points	11/03/2021
3B. Rehabilitation/New Construction Costs	10/30/2021

3C. Serving Homeless Under Other Federal Statutes	10/29/2021
4A. DV Bonus Application	11/09/2021
4B. Attachments Screen	11/09/2021
Submission Summary	No Input Required

IMPORTANT - BOS Ranking Priority Listing

Mendoza, Ara Krisela <ara.mendoza@dhcd.virginia.gov>   Wed, Oct 6, 2021 at 5:33 PM
To: Andy Kegley <akegley@wythehope.org>, "Browder, Amanda" <abrowder@sjvmail.net>, "Holmes, Erica"
<eholmes@sjvmail.net>, "Wallen, Anita" <Anita.Wallen@cccofva.org>, "Cave, Erin" <Erin.Cave@cccofva.org>, Lydia
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<ipatino@vsdvalliance.org>, Tamara Mason <tmason@vsdvalliance.org>, Angela Blount <ablount@vsdvalliance.org>,
Marybeth Adkins <director@family-crisis.org>, "Petrina A. Carter" <pcarter@tricountyva.org>, Terry Holland
<tholland@ssrcenter.org>, Shawan Barr <director@ssrcenter.org>
Cc: Nichele Carver <nichele.carver@dhcd.virginia.gov>, Breanna Green <breanna.green@dhcd.virginia.gov>

Good evening,

I hope this email finds you well.

This email is to inform you that after much deliberation from the BOS Ranking Committee, the committee has made the decisions for the priority listing of projects that will be submitted to HUD for the FY 2021 CoC Program Competition. Please see below for the priority list and the ranking tool that was used to complete the ranking.

Next Steps:

I will be in touch with each organization to set up some time to go over any chances or edits that will be required in order to submit the final application. I will release the applications once I email or speak with you regarding the changes.

There is an appeals process if you believe the ranking process was not done in a transparent manner. All appeals must be made by **COB Tuesday, October 12th.** Please see below for the appeals process.

** Appeals Process

2021 Balance of State Continuum of Care Funding Appeals Process

- Applicants will receive a summary of the priority ranking on Oct. 6th, 2021.

- Applicants that wish to appeal the ranking committee's decision must notify the Department of Housing and Community Development's CoC Program Coordinator (Ara Mendoza, ara.mendoza@dhcd.virginia.gov)in writing via email no later than close of business Oct. 12th, 2021 with the following information

    - Agency name and contact information

    - Project name

    - Specific reason for appeal

- **Applicant should note a clear explanation of the grievance with the grant application or decision-making process in their appeal.**

- The Ranking Committee will review all appeals and make final decisions on Oct. 15th, 2021 via email vote.

- Applicants will be notified in writing of the appeal outcome not later than Oct. 18th, 2021.

Tier 1 - $1,459,994	Tier 2 - $222,070	DV Bonus - $666,209			
Tier 1/2	**Organization**	**Project Name**	**Request**	**Project Type**	**New/Renewal**
Tier 1	St. Joseph's Villa	SJV RRH HRC Renewal FY21	$336,580	PH-RRH	Renewal
	DHCD	BOS Coordinated Entry FY 2021	$121,206	SSO-CE	New
	DHCD	HMIS	$141,301	HMIS	Renewal

		FY2021			
	Commonwealth Catholic Charities (CCC)	Crater PSH Expansion	$114,700	PH-PSH	New
	Commonwealth Catholic Charities (CCC)	Crater PSH Renewal	$126,700	PH-PSH	Renewal
	Valley Community Services Board	PSH Renewal	$100,571	PH-PSH	Renewal
	People Incorporated of Virginia	Foothills Housing Network PSH Renewal FY2021	$113,642	PH-PSH	Renewal
	Valley Community Services Board	RRH Renewal	$109,020	PH-RRH	Renewal
	Hope, Inc.	FY 21 HOPE PSH	$52,193	PH-PSH	Renewal
	New River Community Action	BOS CoC Application Renewal FY2021	$198,078	PH-RRH	Renewal
	Hope, Inc.	FY 21 HOPE RRH	$46,003	PH - RRH	Renewal
Tier 2	Hope, Inc.	FY 21 HOPE RRH	$26,312	PH-RRH	Renewal
	Virginia Sexual and Domestic Violence Action Alliance	Balance of State DV Bonus RRH/TH	$108,838	Joint TH-RRH	Renewal
	Family Crisis Support Services	FCSS DV Bonus Project Renewal	$86,920	Joint TH-RRH	Renewal
	Tri-County Community Action Agency	RRH	$154,444	PH-RRH	New (DV Bonus)
	Southside Survivor Response Center	Rapid Re-Housing	$135,678	PH-RRH	New (DV Bonus)

Please let me know if you have any questions regarding this information. Congratulations and thank you all again for your hard work!

Have a good evening!

--

Ara Krisela Mendoza (pronouns: she/her/hers – What's this?)
Balance of State CoC Program Manager, Homeless and Special Needs Housing
Virginia Department of Housing and Community Development (DHCD)
(804) 371-7173
ara.mendoza@dhcd.virginia.gov

If you or someone you know is having difficulty in making rent payments, you may be eligible for the Virginia Rent Relief Program (RRP). To find out if you may be eligible, visit www.dhcd.virginia.gov/eligibility or dial 2-1-1 from any phone.

FY 2021 BOS CoC Ranking and Rating Tool.xls
52K