

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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Homeward

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

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

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

(limit 2,500 characters)

1.The Virginia Balance of State (VA BOS) CoC is comprised of 12 regionalized local planning groups (LPG) and five committees (cmte) that are public. Solicitation for new CoC members is conducted at the LPG level via postings on provider websites and in-person recruitment events. LPGs have membership cmtes that conduct 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 invites to join the CoC. The CoC facilitates bi-monthly public virtual forums to create transparent communication with partners and members of the public who are interested in learning more about the VA BOS.

2.Information is communicated via the DHCD website, emails, PDFs, and other accessible platforms including but not limited to in-person meetings and virtual meetings. The CoC has recorded virtual meetings, which are available for providers. Recordings of meetings can include close caption options for individuals who need this resource. LPGs have boards and cmtes designed to address the needs of individuals experiencing homelessness. LPG boards and cmtes leverage accessibility tools, such as language lines and ADA accessible material to ensure information provided is accessible. Local providers coordinate with organizations and advocates who support individuals with disabilities to ensure information is accessible to this population.

3.LPGs hold partnerships with culturally specific organizations. The CoC has a subcmte that is dedicated to addressing Racial Equity and is responsible for developing strategies to outreach Community Based Organizations (CBO). In FY 21 DHCD contracted with Collective InCite LLC (CI) to provide Racial Equity and Social Justice training to CoC staff and LPGs. CI provided technical assistance (TA) to the LPGs to enhance partnerships with CBOs that serve culturally specific communities. Based on the TA provided by CI LPGs implemented strategies to address equity, including but not limited to regular Racial Disparities Evaluations, and involved individuals with lived experience in decision making and recommendations. The Racial Equity subcmte is responsible for overseeing the CoC-wide action steps of addressing Equity. Action steps include but are not limited to, completing a strengths and weaknesses analysis around racial equity efforts, and creating a roadmap for equity.

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

(limit 2,500 characters)

1. CoC membership includes stakeholders with knowledge and interest in preventing and ending homelessness. Stakeholders include persons with lived experience, local govt. officials, planning district commissions, 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, dept. of veteran services, and dept. of behavior health and developmental services (DBHDS). The CoC facilitates public bi-monthly forums to elicit feedback and answer questions. Each LPG holds bi-monthly in person or virtual meetings with community stakeholders to communicate initiatives and solicit feedback.
2. The CoC provides and solicits information in multiple ways. Information flows through LPG representation on the CoC steering cmtte (the main CoC governing board), which meets bi-monthly. During the months the steering cmtte does not meet, partners can engage in discussions regarding homelessness via the CoC's bi-monthly virtual forums and representation on CoC cmttes. The CoC PM participates in virtual sessions held with partners from across the state to gather input from all LPGs. During FY22, CoC staff visited the LPGs to provide TA and solicit feedback regarding community needs.
3. Information is communicated via the DHCD website, emails, PDFs, and other accessible platforms including but not limited to in-person meetings and virtual meetings. Recordings of meetings can include close caption options for individuals who need this resource. LPG boards and cmttes leverage accessibility tools, such as language lines and ADA accessible material to ensure that information provided by the CoC is accessible. Local providers coordinate with organizations and advocates who support individuals with disabilities to ensure information is accessible to this population.
4. Information gathered during CoC meetings and virtual forums are considered and used to improve CoC policies, procedures, and tools supporting the implementation of CoC projects. State appropriations, ESG, and CoC funding have been coordinated to ensure each LPG has a homeless crisis response system ensuring all communities in the geographic area have access to homeless services. Feedback from meetings is presented to the steering committee for a vote and formal implementation.

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

(limit 2,500 characters)

1. Per the CoC policies and procedures, the Collaborative Applicant (CA) requested proposals for projects after registration and prior to the release of the NOFO via the CoC pre-application. On 4/21/23, preapplication documents were emailed to LPG lead agencies and the CoC steering cmte to disseminate to community stakeholders, including to organizations who have not previously received CoC funding. The pre-application was then published on the CoC website. On 05/12/23 the CA facilitated an information session dedicated to outlining the pre-application process. LPG partners were then provided with a recording of the information session to refer to. CoC staff also held individual meetings with interested organizations to discuss project design and eligible activities.
2. The CA provides instructions on project application submission during the communication of the local competition. Instructions are included on the CoC application timeline provided to CoC Steering Cmte members to share with community partners, and is published on the CoC website. Information regarding project submission was included in the information session held in May 23. Pre-applications for new projects that have not previously received CoC program funding were due to the CA by 5/22/23.
3. During the release of the pre-application, the CA communicates project applicant eligibility with the CoC Steering Cmte and community partners. Agencies that are active participants in the LPG are eligible to apply for new funding. Projects are selected according to the CoC's ranking process outlined in the policies and procedures, which are on the CoC website. Applicants requesting funding for new projects must complete a preapplication submitted to DHCD that is posted on the website. Once projects are selected for submission to HUD, project applicants are notified and the project listing is posted on the CoC website.
4. Information is communicated via the DHCD website, emails, PDFs, and other accessible platforms including but not limited to in-person meetings and virtual meetings. Recordings of meetings can include close caption options for individuals who need this resource. LPG boards and cmtes leverage accessibility tools, such as language lines and ADA accessible material, to ensure that information provided by the CoC is accessible. Local providers coordinate with organizations and advocates who support individuals with disabilities to ensure that information is accessible.

1C. Coordination and Engagement

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

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

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

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

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG Program 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 to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1. DHCD is the state administrator (admin) of ESG for the CoC. Each of the 12 LPGs submit community-based applications for ESG, HOPWA, and state funding through the Virginia Homeless and Special Needs Housing (HSNH) funding. Funded projects must coordinate services with the CoC, use HMIS, participate in CE, adhere to housing first, CoC service standards, and report outcomes at a program and system level. Additionally, in FY 22 CoC staff supported the facilitation of input sessions dedicated to the planning and allocation of ESG program funds, the consultation is ongoing with staff that are dedicated to the administration of ESG program funds. Additionally, CoC program staff also support the submission of annual performance reports that provide information about ESG recipient project performance.
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 expenditures, TA needs, and the use of data to address system or client needs; Bi-annual progress reports that include client demographics, project utilization, and exit destination; and System outcomes reports (DV, HMIS, and Non-HMIS projects) that include demographics, length of time homeless, PIT count, length of stay, and exit destinations. The CoC PM and the HSNH PM that oversees ESG allocation continue to work in tandem to support ESG grantees that are part of the VA BoS.
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. During the FY 23 input sessions dedicated to the Con Plan, the CoC PIT count data was presented to demonstrate the overall need in the CoC communities as well as other communities across VA. The input and feedback from CoC providers supported the Con Plan submission in May 2023.
4. The CoC PM is part of the HSNH team that establishes system performance measures and collects project outcomes used for the consolidated plan development and CAPER reporting. Each year when DHCD updates the state's Con Plan, statewide input sessions are held to coordinate with each independent Con Plan jurisdiction. Input sessions are held regionally to ensure accessibility for providers located in jurisdictions that are furthest from the the primary office.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure 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 questions or requesting technical assistance to resolve noncompliance by service providers.	Yes

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

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

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

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

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

(limit 2,500 characters)

The CoC collaborates with education providers on both the state and local levels. DHCD collaborates with SEAs to improve the coordination between housing and education systems. The McKinney Vento SEA in Virginia, Project HOPE, deploys liaisons within LPG school systems to assist districts in connecting students experiencing homelessness with housing resources. Representatives from Project HOPE have played a crucial role in the implementation of the Youth Homelessness Demonstration Program (YHDP) in the VA BOS. Most recently, representatives from Project HOPE participated in an in-person session of the VA BOS YHDP implementation to discuss the operations of the projects implemented by homeless services providers. Patricia Popp is the State Coordinator for Project Hope and serves on the YHDP Implementation Committee Lead Team. Additionally, through the LPG representatives on the steering committee, the CoC elicits and adopts feedback received from education partners. LPGs also coordinate with school districts to ensure that students experiencing homelessness are able to access education services. An example of this collaboration occurred when LPG providers coordinated with non congregate shelter(NCS) facilities and school districts to ensure that students were able to access their virtual classes. All partnerships with other education partners are maintained on the local level through LPG providers through memoranda of understanding (MOU). Additionally, through the local BOS YHDP project, there are community outreach workers that are dedicated to connecting directly with various school districts, in order to build quicker connections to students and youth that are experiencing homeless or at risk of experiencing homelessness.

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

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

(limit 2,500 characters)

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

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

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

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

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.
	NOFO Section V.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

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

(limit 2,500 characters)

1. In order to update CoC-wide policies to address the needs of survivors, there is a seat for the state-wide sexual and domestic violence coalition, VSDVAA, on the main governing board of the CoC. VSDVAA is also represented on the Racial Equity Ad Hoc Cmte, and additional victim service providers(VSP) are represented on the main governing board of the CoC. Members of the VSDVAA also participated in updating the main governing documents of the CoC to ensure that they were trauma informed and person centered. Additionally, the CoC elicits and adopts feedback around CoC-wide policies from other VSPs via the LPG's representative on the steering cmte as well as during the bi-monthly open forums facilitated by the CoC lead agency.

2. The CoC PM and VSDVAA Housing & Advocacy Coordinator meet at least monthly to discuss the collaboration between housing and VSPs in the VA BOS. If either the housing providers or the VSPs identify any immediate concerns regarding provision of services, the CoC PM and VSDVAA Housing & Advocacy Coordinator work to quickly address the concern. An example of this relationship was demonstrated when a local VSP was no longer able to provide services due to their limited capacity. The CoC program staff and VSDVAA staff collaborated with the local homeless services providers to support individuals who were experiencing violence in the community. This included training focused on prioritization and provision of trauma informed services. Additionally, during a community visit in FY22 a local VSP expressed interest in the DV bonus opportunity. The CoC program staff and VSDVAA collaborated to put the local provider in contact with other VSPs who applied for the DV bonus opportunity in the past, and to share past documents from the CoCs local competition. With the collaboration of CoC program staff and VSDVAA, the VSP who expressed interest submitted a new Rapid Re-Housing project for the FY23 CoC Competition, which was selected to be put forth for funding from the ranking committee. Currently, the VSDVAA is going through a transition period and the VSDVAA Housing and Advocacy coordinator position is currently vacant. Even though the VSDVAA Housing and Advocacy coordinator position is currently vacant, VSDVAA staff continue to participate in the decision making of the CoC.

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

(limit 2,500 characters)

1. Coordination for project staff TA occurs both on the CoC and LPG level. The CoC staff coordinates training with the state sexual and domestic violence coalition, VSDVAA. The VSDVAA assists the CoC in creating trainings that focus on the assessment process; safety planning; victim-centered approach; trauma-informed care; and crisis intervention. Additionally, opportunities for additional training related to the administration of services to survivors is identified in real time through local collaboration. VSDVAA also provides regular updates regarding the needs of VSPs to ensure that safe housing , trauma informed and person centered services are prioritized for this population. DHCD also works with VSDVAA to identify the VSPs 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 (CE cmte) of the CoC is responsible for evaluating the CE process. The VSDVAA is working with DHCD and LPG representatives to improve training and standardization of CE resources for survivors. CE staff are able to access real time training to support their engagements with survivors through the VSDVAA participation on decision making committees as well as through the collaboration with local VSPs. On the CoC level the CE cmte receive training from VSDVAA, and on the local level CE staff receive annual training from the local VSPs in addition to trainings identified during the CE cmte meetings. In FY 24, the CoC will create a platform to support local CE staff in problem solving, which can include problem solving for individuals experiencing violence who access homeless services in the community.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
	1. safety planning protocols; and	
	2. confidentiality protocols.	

(limit 2,500 characters)

1. Safety planning is a part of a household's interaction with coordinated entry, from the initial engagement with staff and throughout their participation in services. Safety planning can include but is not limited to accessing emergency shelter, and separate intake processes to identify safety needs. 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." As per the CoC Coordinated entry policies and procedures, "A LPG domestic violence service provider must provide safety planning training to all coordinated entry staff. This training must be documented and maintained by the board of each LPG." Additional follow up to address the needs of the household are addressed with homeless service providers and the local VSP. The CoC is currently working on updating the coordinated entry policies and procedures to include an outline regarding warm hand offs to VSPs and follow up with the DV community service provider once the individual is connected to services.

2.. The CoC implements client confidentiality policies that ensure VAWA is adhered to. Clients who receive services from DV providers in the CoC are entered into an HMIS comparable database, maintained by VSDVAA. Identifying client information is removed for case conferencing. DHCD collaborates with VSDVAA to evaluate CoC policies and procedures to ensure confidentiality is maintained for all clients. VSDVAA representatives are members of the CoC steering cmte, and have also been represented on the Racial Equity ad hoc, and the CE cmte to ensure that client confidentiality is maintained in the delivery of services throughout the CoC. VSDVAA staff are members of the HMIS Policies Cmte, facilitated by the HMIS lead to ensure that confidentiality of survivors is maintained, and to improve methods for maintaining confidentiality. Additionally, the HMIS lead included the following in the Homeward Community Information System(HCIS) HMIS policies and procedures, "HCIS is required for agencies receiving federal and state funds targeted to serving people experiencing homelessness. Agencies and programs primarily serving survivors of sexual and domestic violence are prohibited from using HCIS."

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

(limit 2,500 characters)

1. The CoC is able to gather and query data from the VA Data (comparable database administered by the VSDVAA) and de-identified aggregate data in DHCD’s centralized administration and management system (CAMS). In FY22, 618 households accessed DV services throughout the LPGs. 134 households exited to permanent destinations. Of the 134 individuals who exited to permanent destinations, 6 households were served with Permanent Supportive Housing assistance, and 128 households were served with RRH assistance. This represents a decrease of 3.28% in survivors seeking shelter compared to FY 21 (639 survivors) and an 18.78% decrease in households exiting to permanent housing destinations compared to FY 21 (165 households).

2. The CoC utilizes the de-identified aggregate data collected in VA Data as well as CAMS to aid in the overall evaluation of services available for survivors. CoC staff utilizes this data to evaluate gaps in the community and work with a variety of partners to identify new resources to aid in the community’s response to addressing a survivor’s needs. For example, The CoC program staff provided information regarding survivors and utilized this data to support the Commonwealth’s HOME ARP allocation plan. The data identified that survivors a priority population. Collaboration for this opportunity included the VSDVAA and the ASNH at DHCD to increase capital for this vulnerable population.

** nbsp;**

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. whether your CoC has policies and procedures that include an emergency transfer plan;	
	2. the process for individuals and families to request an emergency transfer; and	
	3. the process your CoC uses to respond to individuals’ and families’ emergency transfer requests.	

(limit 2,500 characters)

1. As per the CoC coordinated entry policies and procedures “If safety is a concern due to fleeing, or attempting to flee domestic violence, or a victim of trafficking the coordinated entry staff will assist the person in developing a temporary safety plan and provide immediate referral to the local domestic violence agency.” The CoC is currently standardizing the coordinated entry policies and procedures to include an outline regarding warm hand-offs to VSPs, and follow up with the DV community service provider once the survivor is connected to services.
2. The process to request an emergency transfer begins upon the initial contact with the client. When a survivor seeks housing assistance in the CoC, an assessment for diversion is conducted to include a question regarding the household’s safety. If immediate safety is an issue, CE staff assist the household in developing a safety plan, which can include emergency shelter until the survivor connects with local DV staff. If an emergency transfer is not required, CE staff will continue to assess the household for the appropriate housing intervention. CE continues to assess for safety throughout their engagements until a referral is completed to the appropriate intervention
3. If survivors contact LPG staff with a request for an emergency transfer, LPG staff will assess if the individual or family is in a safe location. LPG staff will address survivors needs and ensure safety. The LPG staff will assess availability of open units to ensure another safe location is identified that meets the unique needs of the household.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
	1. ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC’s geographic area; and	
	2. proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

1. The VA BOS operates all housing interventions through a housing first lens, which ensures that all households including survivors of domestic violence, dating violence, sexual assault, or stalking have access to all housing and services that are available within the CoC’s geographic area. The CoC’s coordinated entry policies and procedures states that “if safety is a concern due to fleeing, or attempting to flee domestic violence, or a victim of trafficking the coordinated entry staff will assist the person in developing a temporary safety plan and provide immediate referral to the local domestic violence agency. The household will then be prioritized and served via shelter and permanent housing services to meet their safety needs.” The HUD category 4 definition of homelessness is included in housing interventions outlined in the CoC’s policies and procedures. Information regarding a survivor household is not included in HMIS, LPG providers coordinate directly with VSPs to ensure survivors are included on by-name lists and community case conferencing meetings utilizing a unique identifier to ensure that household needs are met while maintaining the confidentiality of the household. Advocates for survivors participate on the primary decision making body of the CoC to ensure any concerns regarding access for survivors is addressed and the CoC policies and procedures are updated accordingly. Additionally, if access to housing and services is identified as a barrier for survivors in any of the LPGs, via quarterly calls, monthly check ins, or bi-monthly open forum meetings, the CoC lead agency staff will work with the Housing & Advocacy coordinator of the VSDVAA to address the concern immediately with the community providers and a tangible solution is identified by all parties.

2. The CoC solicits feedback from VSPs to identify systemic barriers in the CoC that may prevent survivors from accessing available services. VSPs provide feedback to the CoC regarding systemic barriers to access services through multiple structures. VSPs participate on the main governing board of the CoC and offer feedback during bi-monthly meetings and virtual forums. Additionally, VSPs participate in LPG boards and local cmtes to discuss individual community barriers that impact survivors. Survivors with lived experience participate in local efforts to identify systemic barriers in the CoC that may prevent survivors from accessing available services.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

1.The CoC employs survivors with lived expertise who support decision making on the CoC level as well through the the regionalized LPGs. Organizations employ survivors with lived experience to support the implementation of CoC projects. Additionally, CoC lead agency staff, who are responsible for facilitating the creation of the CoC policies and procedures have involved survivors with lived experience to improve protocols to support the unique and complete needs for survivors. This allows the CoC to have a unique, direct perspective from individuals with lived expertise to ensure that CoC procedures are person centered and trauma informed.

2.The CoC actively solicits feedback from VSPs to ensure that the unique and complex needs of survivors are accounted for. Throughout FY 22 and FY 23, survivors with lived expertise and representatives of the VSDVAA supported the development of a new CoC prioritization tool. In meetings, members discussed current barriers in for survivors in accessing services, trauma informed language, and mirroring processes with current VSP processes to improve access to services. Members developed a timeline for implementation of the new tool which includes a period of time to elicit feedback from persons with lived expertise and direct service providers. Additionally the CE cmte is developing a policy to annually evaluate the CE prioritization processes which will include the participation of survivors with lived expertise.

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

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

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

Describe in the field below:	
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1.CoC policies and procedures state the CoC will evaluate and update system level policies and procedures annually. Annual assessments include evaluations of the CoC wide anti-discrimination policy. CoC partners that include persons with lived experience, homeless service providers, VSPs, and mental health providers participate in the process to evaluate the anti-discrimination policy. The CoC engages organizations dedicated to serving members of the LGBTQ+ community during CoC decision making processes and when updating CoC policies and procedures to ensure services are trauma informed and meet the needs of members of the LGBTQ+ community. LPG providers coordinate with these organizations directly to ensure local efforts are trauma-informed and meet the needs of LGBTQ+ individuals and families, including youth experiencing homelessness who identify as LGBTQ+.

2.The CoC has had meetings with LPGs where CoC staff discussed LPG policies and procedures which included ensuring that LGBTQ+ individuals and families receive all services free from discrimination. CoC staff contracted with a TA provider to work with LPGs to evaluate community need and discuss the process for developing anti-discrimination policies. CoC staff conduct housing first Training with providers across the CoC to ensure providers are provided with information regarding antidiscrimination policies.

3.CoC staff participate in quarterly calls with state funding admins, during these calls CoC staff evaluate providers compliance with CoC policies and procedures including anti-discrimination policies. LPG leaders conduct monthly and bi-monthly governing board meetings with state funded and non-funded partner to identify challenges, barriers, and highlight best practices in administering homeless services and includes community processes to maintain compliance with anti-discrimination policies.

4.If a CoC provider receiving state funds is not compliant with the antidiscrimination policy, CoC staff work with the state funding admin to identify a corrective action plan. TA is provided to the CoC partner and follow up is required to ensure the partner is adhering to the corrective action plan. If a non-funded CoC provider is not compliant with the CoC anti-discrimination policy, a corrective action plan is identified by LPG leaders and CoC staff. Non-compliance is taken into consideration as community partners apply for funding opportunities through the CoC or request letters of support.

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Virginia Housing	2%	Yes-Both	Yes

Danville Redevelopment and Housing Authority	2%	Yes-Both	No
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1C-7a. Written Policies on Homeless Admission Preferences with PHAs.	
NOFO Section V.B.1.g.	

Describe in the field below:

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

(limit 2,500 characters)

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

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

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

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

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

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

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.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?	No
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

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

PHA
This list contains no items

1D. Coordination and Engagement Cont'd

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 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 2023 CoC Program Competition that have adopted the Housing First approach.	15
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. The CoC is committed to the implementation of the housing first approach through all of the LPG communities. As a part of the CoC’s local application for CoC program funding and for state funding for homeless services, community partners are required to outline how they are implementing a housing first approach. Applicants are required to describe how their projects allow entry for program participants regardless of income or lack thereof, current or past substance use, history of victimization, criminal history, sexual orientation, family composition, mental health diagnoses etc. Additionally, 10% of an applicants score is dependent on their ability to outline their capacity to adhere to the housing first approach.

2. As a part of the evaluation of the applicant’s ability to administer a housing first project, the applicant was required to discuss the performance of both their current HUD funded projects as well as the performance of their other state funded projects. Ranking committee members evaluated applicants on how they outlined their capacity to adhere to the housing first approach in their response to the following question: “Does/will your project use a Housing First Model? Please explain how your project will/ currently implements housing first practices”. Ranking committee members also evaluated applicants on how well their project addressed the following performance areas: Improving length of time homeless - 30 days; Improving exits to permanent housing - RRH/PSH projects meet the 80% threshold of households exiting to or retaining permanent housing to; Reducing returns to homelessness - 85% of households should not return to homelessness within the first year of being housed, and increasing or increased income.

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

1D-3.	Street Outreach—Scope.	
	NOFO Section V.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.
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(limit 2,500 characters)

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

2. Currently, six of the CoC LPGs are receiving SO funding with two LPGs receiving additional funding for SO through federal PATH. 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. The CoC plans to leverage SO best practices identified by CoC outreach providers to develop a guide for SO to replicate methods for other LPGs. The guide will incorporate CoC policies and procedures around SO along with specific SO methodologies that partners can implement in their communities.

3. LPG partners will conduct street outreach at least weekly, if not daily depending on community need and staff availability. LPGs also determine timeframes to conduct outreach in collaboration with partners from emergency services with the assistance from emergency services. All LPGs conduct SO during the annual PIT count which can result in increased SO efforts in each community depending on the local need.

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

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

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

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

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	492	433

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

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

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1.The CoC collaborates with state agencies to deliver trainings to LPG partners around mainstream resources. CoC staff meet bi-weekly with representatives from the Department of Medical Assistance Services (DMAS) and the DBHDS who support access to mainstream resources, including substance abuse programs, SSI and SSDI applications etc. Meetings include discussions around updates and changes in mainstream resources that can impact access for program participants. VA has one application, CommonHelp, where households can apply for all benefits (food assistance, childcare, heating/cooling bills, healthcare and cash assistance). LPG staff are knowledgeable of this resource and the application process. CoC staff and providers also collaborate with local offices that administer mainstream resources regarding status and changes in clients' benefits.

2.LPGs include hospitals, private clinics and managed care organizations (MCOs), as a part of their membership and collaborate to assist program participants in receiving healthcare services. Health care organizations report updates on eligibility, referral processes, timelines, new services or contacts, and other information regarding healthcare services. If there are any changes with services, a training is available to LPG partners around updates. LPG case managers are responsible for connecting with healthcare organizations to ensure that clients have access to healthcare and mental health treatment. If there are challenges in accessing services, LPG partners address any barriers with community partners. The CoC PM meets bi-weekly with DMAS to discuss collaboration with MCOs, the CoC PM also provided an overview of housing services where discussions around best practices for collaboration with housing providers and health care providers took place. Currently the CoC is exploring a partnership with Anthem Health to partner with LPG communities.

3.LPG staff work with mainstream resource providers and clients to ensure they are accessing all available benefits that will contribute to their housing stability. For example, as part of the Medicaid expansion, Cover Virginia (coverva.org) provides information on benefits and other helpful information (in multiple languages). This resource guides clients and service providers around the effective use of Medicaid and other benefits. Additionally, LPGs have SOAR trained staff who work to ensure those eligible for disability benefits are able to have applications approved

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.	

(limit 2,500 characters)

In order to increase the CoC’s capacity to provide non-congregate shelter, the approach from the CoC has been two fold. First, partners have identified the individual organizations that are willing to provide support for non-congregate shelter and the source of funding that will be supporting the shelter operations. LPG partners conduct specific outreach to partners who have expressed interest in administering non-congregate sheltering. Once the partner has been identified, the CoC will work with these organizations to provide TA around shelter operations which will include ensuring that the project is coordinating with community partners through CE, that organizations are following the CoC prioritization policies and procedures, that the project is operating through a housing first lens, shelter case management best practices are being implemented, etc. In the FY 23 Housing Inventory Count (HIC), there were 803 emergency shelter beds which included five new non-congregate shelter providers. The CoC also plans to leverage other funding opportunities, including reallocated ESG-CV funds and local community funding, to support the CoCs efforts to implement non-congregate sheltering.

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

(limit 2,500 characters)

1. As the pandemic continues to persist in the CoC, community partners are connected with their local and state public health offices to develop policies and procedures to respond to infectious disease outbreaks. Monthly CoC lead agency staff continues to engage with state public health agency, the Virginia Department of Health (VDH) regarding homeless street outreach measures, and receives guidance to prevent infectious disease outbreaks. As emergency shelters return to their mode of operations prior to the pandemic, CoC providers adhere to the preventative measures that were previously outlined by VDH. LPG partners collaborate with local public health offices to identify methods to protect individuals and families experiencing homelessness from exposure. If communities are not connected to their local public health office, the CoC staff supports communities in both the connection with local public health offices and the coordination of services in the LPG.

2. To prepare and prevent future exposure to infectious disease outbreaks among people experiencing homelessness, the CoC staff works with the state public health agency, VDH to distribute COVID-19 tests to emergency shelter providers within the LPG communities. The CoC lead agency also participates in monthly meetings with VDH to plan for additional support to homeless service providers to continue to mitigate the risk of exposure to the COVID-19 virus and other infectious diseases. Locally, the CoC collaborated with LPG partners to identify a contingency plan to support organizations to identify the action plan in place for the organization if clients and staff were exposed to the symptoms related to the health emergency. CoC staff utilized the local guidance identified by the local public health agencies to support the plans for each organization. These plans are communicated to LPG partners to ensure that communities are prepared to support the response if necessary. The CoC continues to leverage the support from state and local public health agencies to develop and update these contingency plans.

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

(limit 2,500 characters)

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

2. The CoC lead agency meets regularly with partners at VDH to discuss the needs of homeless service providers and households experiencing homelessness. The CoC receives updates from providers to highlight the needs of organizations providing street outreach or emergency shelter. For example, during monthly meetings between CoC lead agency staff and VDH, staff identify the needs of both street outreach and emergency shelter providers. During the meeting, discussions focus on COVID-19 testing necessities and additional equipment necessary to prevent the outbreak of infectious diseases among program participants. The CoC lead agency then communicates any adjustments to program operations that were identified by VDH to support the providers operations to prevent or limit infectious disease outbreaks among program participants.

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

(limit 2,500 characters)

1. Per the CoC CE policies and procedures, each LPG has either a centralized coordinated access point or multiple coordinated access points to ensure persons from across the geographic area are able to enter the homeless system. Each LPG has a published housing crisis line where persons can access services. Community partners are provided this information monthly at LPG meetings. If SO is available in the community, partners are made aware of the main contact for SO to engage the client.

2. Once a household contacts the coordinated entry access point, all access points triage the household based off the current need (prevention or homeless services). Based on need, the household's immediate crisis is addressed (mediation, housing search, resource referral, emergency shelter referral, etc.). All households who are not unsheltered or in shelter are screened for diversion. This occurs by having a strengths-based conversation with the household to help them identify alternatives to shelter. Once immediate crisis is averted, an assessment is conducted to prioritize further services to obtain and/or stabilize housing. This assessment is conducted utilizing either of the two standardized CoC prioritization tools. Referrals to prevention, rapid re-housing, and permanent supportive housing (where available) are made based on prioritization. This process is conducted over the course of three to five days, but many access points complete this process within 48 hours of initial contact with the CoC access point.

3. Feedback regarding the CE process is collected through each individual LPG. The LPG coordinates the collection of feedback from community partners as well as from households with lived expertise. LPG evaluation methods include but are not limited to the following: feedback collected from community partners and households during case conferencing, through a formal anonymous survey administered annually via email or physical mail, or via committee of individuals with lived expertise who are compensated for their participation and feedback. Feedback is evaluated by local organizations as well as the CE cmte. The CE Cmte is exploring other methods to collect feedback from community partners and households with lived expertise that will prioritize the compensation of project participants who are willing to provide their feedback to improve current CoC policies and procedures.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1.LPGs leverage relationships with partners including local businesses, school systems, etc. to reach households who are least likely to engage with homeless services in the absence of outreach. Providers facilitate trainings so the community is aware of housing resources. Marketing material for CE includes pamphlets, resource guides, etc. with access point information and is available at LPG partners offices to ensure households have access to information without needing to interact with staff. Events are held to provide information about CE resources and share access point information, most recently LPG staff attended a LGBTQ+ festival to market CE information and housing services.

2.The CoC uses two standardized assessments for prioritization: the prevention prioritization tool that includes homeless vulnerability and housing barrier assessments and the VI-SPDAT for persons experiencing literal homelessness. The CoC CE Cmte is updating the prioritization tools to ensure they are trauma-informed and address racial equity. Members identified prioritization factors based on vulnerabilities identified in the LPGs, which include the following: parenting, fleeing violence, utilization of emergency services, literal homelessness, chronic homelessness, lack of income, lack of social supports, chronic health conditions, and criminal history

3.For Households at imminent risk of homelessness (14 days or less), households receive the prevention prioritization assessment. For households who enter shelter or when rapport is built with unsheltered households; CE staff administer the VI-SPDAT no more than 3 to 5 days after households are referred. Households are provided individualized services to ensure households needs are met.

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

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC through its centralized or coordinated entry:

1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1. Per the CoC Coordinated Entry Policies and Procedures “Each LPG reviews/updates CE advertising and marketing materials at least annually to ensure that all individuals and families in need know how to access the CE system. CE system partners must post these materials in locations at their agency that are accessible to the public. The CoC also makes these materials available to other community-based organizations and at events. In addition, each LPG provides access updates to 211 annually.”

2. Per the CoC Coordinated Entry Policies and Procedures “Each LPG must have a CE grievance policy. All individuals and families must have the option to file their grievances orally or in writing. All individuals’ or families’ concerns and grievances must be resolved promptly and fairly, in the most informed and appropriate manner”. Information on how to file a Fair Housing Complaint is outlined in the CoC Coordinated Entry Policies and Procedures which is available publicly via DHCDs website. Additionally, the CoC Coordinated Entry Policies and Procedures state that “CE system partners shall inform individuals and families of the following processes for filing a fair housing grievance.”

3. DHCD monitors for fair housing and makes the decisions for funding for both ESG and state general funding for homeless services. CoC staff report the results from regular check ins and quarterly calls to make determinations for corrective action if a violation of fair housing is identified. As the CoC lead agency, we hold bi-monthly meetings to ensure that project applications and organizations receiving funding are consistent with the expectations of the Consolidated Plan. If immediate action is necessary to address the violation, the corrective plan is discussed developed during this meeting.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/28/2023

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

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

(limit 2,500 characters)

1. DHCD leads the efforts for the VA BOS to conduct an annual assessment of HMIS data to examine the outcomes and provision of homeless services for racial disparities. Staff complete this evaluation utilizing the National Alliance to End Homelessness' (NAEH) Racial Equity Tool and U.S. Census Data. In addition to assessing the CoC wide data for racial disparities, the CoC completes an assessment for each LPG community utilizing the tools above. This is to aid in the LPG partner's identification of trends of racial disparities, and advocate for the needs of individuals who identify as Black, Indigenous and/or People of Color (BIPOC) who are experiencing homelessness. The results of these analyses are presented to the CoC governing board, the CoC Racial Equity Ad Hoc Cmte, as well as LPG partners to identify and develop action steps for the communities to engage with to ensure racial equity practices are prioritized in communities throughout the CoC. Additionally, CoC staff discuss addressing racial disparities in individual LPG meetings and quarterly calls with ESG admins.

2. The CoC identified significant racial disparities that exist among the LPG communities. HMIS data demonstrated that between HUD Fiscal Years FY 17 and FY 22, an average of approximately 38.6% of individuals experiencing homelessness identified as African American while only representing 17.6% of the individuals living in the BOS LPG communities. This is in stark contrast to White counterparts who present on average as approximately 54.6% of the individuals experiencing homelessness while representing 78.4% of the population living in the BoS CoC communities. Additionally, between FY 17 and FY 22, 0.3% of individuals experiencing homelessness identified as Native American while representing 0.3% of individuals that identify as American Indian or Alaska Native alone in the CoC communities. FY 22 HMIS data continued to portray a similar trend where individuals who identify as Black, African American, or African are presenting for homeless services in the VA BOS at two times the rate of how the population is represented in the Balance of State LPG communities (38.6% represented in HMIS data, versus 17.6% represented in the community). It is critical in our work to end homelessness for the CE system to prioritize racial equity to ensure that those who are the most vulnerable are able to access the appropriate housing resources to meet the needs of the individual or family.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

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

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

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

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC convenes a cmte, Racial Equity Ad Hoc subcmte, dedicated to identifying barriers faced by people of color, educating, and addressing racial equity within the LPGs. This cmte is responsible for adding to the strategic plan of the CoC to address racial equity, which will include a method to monitor projects focusing on their delivery of services to people of color. Additionally in FY 21 DHCD, the lead agency of the VA BOS, contracted with a community partner, CI, to provide a Racial Equity and Social Justice training to all of the LPGs in the CoC. The curriculum included multiple workshops and TA around racial equity available for providers within the CoC; a racial equity 101 training for lead agency staff; and a provision of written tools and resources that will be available to communities beyond the initial TA. LPG communities implemented regular Racial Equity Evaluations, hold annual Diversity, Equity, and Inclusion Trainings, established diverse workgroups dedicated to addressing equity in services, involved individuals with lived experience in decision making and recommendations to address equity, and implemented local guiding racial equity statements that community partners must agree to and adhere to. Additionally, CI provided technical assistance to the Racial Equity subcmte to support the subcmtes action steps of addressing Racial Disparities that are present in services across the CoC. Action steps include but are not limited to; completing a strengths and weaknesses analysis around racial equity efforts, creating a roadmap for equity for LPG leadership, and community education. The Racial Equity Ad Hoc subcmte to lead the CoC's efforts in addressing the action plan that will eliminate the barriers faced by people of color within the communities. Several LPGs have begun evaluating their local policies and procedures to improve the delivery of housing assistance through a racially equitable lens.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
	1. the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
	2. the tools your CoC uses.	

(limit 2,500 characters)

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

2. To track the progress on preventing or eliminating disparities in the CoC the CoC utilizes HMIS data collected from homeless service providers to examine the outcomes and provision of services for racial disparities. CoC Staff complete this evaluation utilizing the National Alliance to End Homelessness' (NAEH) Racial Equity Tool and U.S. Census Data. A role of the Racial Equity Ad Hoc subcmte of the CoC is to identify other tools the VA BOS should utilize to track the progress on preventing or eliminating disparities in the CoC. During the CoCs local competition new and renewal projects were evaluated on their response to the following question: "How will your project promote racial equity in your community? Please include your evaluation process for racial disparities and the results of this evaluation (i.e. including data, any policies and procedures that have been implemented, etc.)". Overall, 13% of the evaluation tool utilized to rank projects during the CoCs local competition was dedicated to equity.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.r.	
	Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.	

(limit 2,500 characters)

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

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

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
 Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

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

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

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

(limit 2,500 characters)

Among the LPG communities of the VA BOS, there are employment opportunities for individuals with lived expertise. Many organizations have hired individuals with lived expertise and have offered promotion opportunities to those individuals. Additionally, LPG partners share professional development opportunities to all employees and other CoC members, including individuals with lived expertise, focused on system level planning and homeless services coordination. LPG partners have also offered compensation opportunities to individuals with lived expertise for their participation in local decision-making processes. It is a Coc wide process to formally compensate individuals with lived expertise. On the local level, individuals with lived expertise are employed by homeless service organizations to support the implementation of CoC projects.

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

Describe in the field below:

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

(limit 2,500 characters)

1. The CoC requested feedback around services from partners, including people with lived expertise. The feedback focused on specific CoC initiatives. For example, as the CoC gathered feedback regarding the current CoC prioritization tool, the VISPDAT, the CoC lead agency staff informed partners to share the survey with individuals with lived expertise. Feedback from individuals with lived expertise is also gathered via the CoC committees that those with lived expertise participate on. Individuals with lived expertise also participate in anonymous surveys and focus groups that are administered and conducted annually by LPG partners regarding services offered within the community.

2. Feedback is gathered during input sessions hosted by CoC lead agency staff and the commonwealth's ESG administrator. Those with lived expertise are invited to participate in the input sessions to provide feedback regarding their receipt of services. Individuals with lived expertise also participate in anonymous surveys and focus groups that are administered and conducted annually by LPG partners regarding services offered within the community

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

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

(limit 2,500 characters)

1. The CoC lead agency works closely with the ASNH team at DHCD to discuss opportunities to develop capital within the CoC geographic area. The CoC collaborates with the ASNH team to discuss increasing capital in the LPG communities and ASNH staff aid in the efforts to identify funding opportunities to leverage in these areas. For example, CoC program staff and ASNH staff at DHCD have been discussing methods to leverage HOME ARP funding to support capital project that will support individuals experiencing homelessness. Conversations around expanding capital can include discussions around barriers in zoning and land use policies to permit more housing development and who would be the appropriate local partner to contact. Additionally, LPG partners meet with locality officials to discuss reforming zoning and land use policies to permit more housing development.

2. The CoC lead agency staff works internally with their partners on ASNH to discuss regulatory barriers that impact the development of housing in LPG communities. ASNH staff provide insight in meetings with LPG partners who are interested in increasing capital in their communities regarding regulatory barriers and identifying local partners who can assist in advocating to reduce these barriers. LPG partners conduct regular outreach to locality leadership to discuss regulatory barriers that impact the delivery of services in the community which can include affordable housing development.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	05/22/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	08/16/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	
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1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

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

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	105
2.	How many renewal projects did your CoC submit?	14
3.	What renewal project type did most applicants use?	Tie

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

Describe in the field below:

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

(limit 2,500 characters)

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

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

(limit 2,500 characters)

1. In FY22, the CoC convened a workgroup dedicated to addressing the service needs of individuals and families, who provided feedback on all CoC funding opportunities. The evaluation tool that the workgroup provided feedback on is still utilized to evaluate projects during the CoCs local competition, 13% of the points on the tool was dedicated to equity. Of the 11 member workgroup, approx. 55% of members identified as BIPOC. Every year the CoC also conducts outreach to recruit partners for the CoC’s evaluation process, which includes outreach to BIPOC individuals.

2. In the FY22 local competition, CoC staff and the workgroup discussed areas of priority to focus on when reviewing projects. Members identified racial equity as a priority for evaluation for the local competition. Members provided feedback around racial equity questions in the CoC’s supplemental application, shifts in questions were made to account for feedback received. For the FY23 local competition, CoC staff kept the workgroup recommended question focused on racial equity and ranking cmtte members were instructed to score applications on responses provided. A question around racial equity and serving traditionally marginalized populations was included in the CoCs supplemental application. In the FY23 local competition, 40% of the members who participated in the CoC’s ranking and rating process identified as BIPOC.

3. In the FY23 local competition, applicants were evaluated on their response to the following question around serving traditionally marginalized populations: “How will your project serve traditionally marginalized populations (including but not limited to: Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality)”. Applicants were also evaluated on their response to the following question regarding racial equity: “How will your project promote racial equity in your community? Please include your evaluation process for racial disparities and the results of this evaluation (I.e. including data, any policies and procedures that have been implemented, etc.)”. 20% of the points on the tool were dedicated to the evaluation of equity and serving traditionally marginalized populations.

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

Describe in the field below:

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

(limit 2,500 characters)

1. DHCD first identifies which projects had a history of returning HUD funding. The CoC then identifies 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 PM utilizes this information as well as the project's APR that is required for the submission of the application for the local competition to determine whether a reallocation of funding is necessary.
2. The CoC did not identify any low performing or less needed projects through the local competition.
3. The CoC did not identify projects to reallocate through this process during the local competition
4. The CoC did not identify projects to reallocate through the local competition due to the gap that would be left in the LPG community and the CoCs crisis response system.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/19/2023

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/07/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g. You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank—if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95. You must upload the Web Posting—CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/26/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g. You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	09/26/2023
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2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/27/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1. The VSDVAA administers VADATA, the HMIS comparable database to all DV providers within the CoC. VADATA has the capabilities to collect the same data elements that are required to be collected from the HUD-published 2022 HMIS Data Standards. As the HUD HMIS Data Standards are updated, the VSDVAA and the CoC communicate with one another to ensure that VADATA has the capacity to meet the requirements for data collection set forth by HUD. For example, when updates are made that impact the data collection this is discussed between the HMIS lead and VADATA representatives to ensure that both databases are compliant with HUD HMIS Data standards. Additionally, the HMIS admin of the CoC, Homeward, meets regularly with representatives from the VSDVAA to ensure that VADATA meets all HUD HMIS Data Standards. VADATA representatives also support the development and evaluation of HMIS policies and procedures that are implemented by Homeward.

2. DV housing and service providers in the CoC are using a HUD compliant comparable database, compliant with the FY 2022 HMIS Data Standards. The HMIS administrator of the CoC, Homeward, meets regularly with representatives from the VSDVAA to ensure that VADATA meets all HUD HMIS Data Standards.

3. The HMIS system that is utilized by the CoC is compliant with the FY22 HMIS Data standards. Compliance with HUD data standards is managed by Homeward. CoC program staff monitored the HMIS subrecipient, Homeward, for compliance with the FY22 data standards.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	803	263	299	55.37%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	179	30	0	0.00%
4. Rapid Re-Housing (RRH) beds	433	17	411	98.80%
5. Permanent Supportive Housing (PSH) beds	420	0	183	43.57%
6. Other Permanent Housing (OPH) beds	95	0	12	12.63%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	
	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:	
	1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and	
	2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,500 characters)

1. The recruitment for new projects in HMIS is ongoing for the CoC. The CoC utilizes the following steps to address HMIS participation: TA for all LPG providers regardless of funding source and participation in the cloud-based statewide HMIS warehouse (HDIP). Although there was a decrease in HMIS coverage for emergency shelter beds (7.77% from FY22), the decrease is a result of the overall 15.11% decrease in the number of available emergency shelter beds reported on the 23 HIC. Despite the 43.57% HMIS coverage rate for PSH beds, the CoC increased the available PSH beds in the CoC by 47.88% since FY22. The expansion in PSH across the VA BOS LPGs is supported by another state funding source that does not require HMIS participation as a part of project design. CoC Staff continue to explore additional methods of collecting data and coordinating services for individuals experiencing chronic homelessness. Although TH providers do not coordinate their services in HMIS, the CoC increased the HMIS coverage in comparable data bases for VSPs TH beds by 16.76% from FY22 year. Although 12.63% OPH beds are covered in HMIS, the CoC also saw an approximate 15.78% decrease in OPH beds available to the CoC. This was due to the decrease in EHV's available. The CoC continues to partner with TH and OPH providers to ensure coordination of services for households receive adequate support.

2. HMIS-specific TA is provided to all partners regardless of funding source. If interest in participation in HMIS is identified, community members will be linked with the CoC HMIS admin, Homeward, for assignments for licensures and HMIS training. The strategies for the provision of HMIS TA to all community partners has improved the overall participation of partners in CoC operations. Homeward holds regular open office hours to support the implementation of HMIS and support project providers. Homeward also supports individual LPG trainings regarding HMIS projects and implementation. CoC staff support local providers in accessing private funding opportunities through applications that utilize data collected through HMIS. In addition to incorporating data from HMIS, the technical aspects of the project allow easier and more accurate integration of other data sources (such as criminal justice, health care, and education). As the HDIP continues to be developed, demonstration training will be provided to all LPG partners in order to recruit new users to HMIS.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/27/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1. Each LPG conducts outreach to providers across their local communities and informs them of the PIT count. This includes conducting outreach to public child welfare agencies, school districts and other youth providers in the communities. LPG partners include stakeholders to discuss the questions that will be asked of youth experiencing homelessness and how to effectively engage with youth experiencing homelessness. Additionally, the CoC provides recorded training to all stakeholders participating in the PIT count regarding the operations of the PIT count including youth providers. In FY24, the CoC plans to develop an improved methodology for engaging youth experiencing homelessness during the PIT Count. In order to update the methodology, the CoC plans to leverage the tools from the Youth Homelessness Demonstration Program as well as methods identified by the CoC youth action board. the Youth Homelessness Program Admin at DHCD to aid in the planning for a PIT count dedicated to youth experiencing homelessness.

2. Youth are informed of the PIT count via their LPG representatives and through older adult partners facilitating youth initiatives including youth action boards. In the CoC communities where youth action boards are established, youth play an integral role in planning for the PIT count. Through these workgroups, youth provide feedback to community partners around the PIT count and its operations. Additional feedback from community partners, including youth, regarding the PIT count is elicited through communication from the LPG representative on the CoC steering committee.

3. Stakeholders and youth provided ample feedback regarding the locations to engage youth experiencing homelessness. CoC partners engaged with educators and school districts to ensure that they were trained on the administration of the youth PIT survey. Additionally, youth conducted events in LPGs of the CoC to engage youth in the community who may be experiencing homelessness. The CoC will formalize the operations of a CoC wide PIT Count dedicated to engaging youth experiencing homelessness and will leverage support from youth and stakeholders serving youth to increase engagement during the count.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and	
	3. describe how the changes affected your CoC’s PIT count results; or	
	4. state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2023.	

(limit 2,500 characters)

1. The CoC did not conduct any changes in the methodology to count sheltered individuals between the FY 22 and FY 23 PIT counts.

2. The CoC did not conduct any changes in the methodology to count unsheltered individuals between the FY 22 and FY 23 PIT counts. Although, outreach to individuals experiencing unsheltered homelessness improved through the increase in providers supporting CoC communities in the 2023 PIT count. Improved coordination increased the knowledge of CoC partners in locating individuals experiencing unsheltered homelessness.

3. During the FY 23 PIT Count, the CoC experienced an approximate 180% (147 to 412) increase in individuals experiencing unsheltered homelessness compared to the FY 22 PIT Count. The increase in individuals experiencing unsheltered homelessness identified during the 23 competition is largely due to increased outreach efforts to individuals experiencing unsheltered homelessness in the CoC communities during 2023 PIT count. CoC partners improved coordination and increased the knowledge of locating individuals experiencing unsheltered homelessness. Anecdotally, CoC providers reported an increase in legislation across the CoC communities that impacted individuals experiencing unsheltered homelessness (such as public camping laws and laws regarding loitering). In FY 22 there was a significant number of providers who had access to private, state, and federal funding to support households experiencing homelessness who were unable to do so in 2023 because of a shift in funding. The VA BOS CoC experienced an overall 3.2% decrease in individuals experiencing homelessness.

4. Outreach to individuals experiencing unsheltered homelessness improved through the increase in providers supporting CoC communities in the 2023 PIT count.

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

(limit 2,500 characters)

1. The 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, habitable housing, and the increase of households experiencing unemployment due to the pandemic.

2. The CoC continues to leverage prevention funds to divert households from homelessness as opposed to eviction prevention. This way, limited prevention resources target those most likely to become homeless. Additionally, the CoC plans to support individuals and families at risk of becoming homeless through follow up from CE systems. The CE cmte is dedicated to formalizing the technical assistance that will be available to access points to ensure they are supporting individuals and families at risk of becoming homeless. The CoC PM also works closely with the ASNH team at DHCD to discuss opportunities to develop capital within the CoC geographic area. The CoC is working towards strengthening relationships with their workforce development providers to ensure opportunities for employment are made available to those experiencing homelessness. Between FY21 and FY22, the CoC saw a 22.15% (352 to 274) decrease in individuals who were experiencing homelessness for the first time in ES, SH, TH, or any PH projects within 24 months.

3. DHCD chairs the CoC wide strategy to decrease the number of individuals experiencing homelessness for the first time. As the CoC Lead Agency, DHCD staff provide support to the 12 LPGs that comprise the CoC. CoC Program staff communicate the progress of communities in their ability to address the number of individuals experiencing homelessness for the first time. . The CoC PM is responsible for collaboration with the ASNH team to raise capital for affordable housing in the CoC communities.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC’s Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:
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1.	natural disasters?	No
2.	having recently arrived in your CoCs’ geographic area?	Yes

(limit 2,500 characters)

CoC providers reported an increase in legislation across the CoC communities and surrounding states that impacted individuals experiencing unsheltered homelessness such as public camping laws and laws regarding loitering. Anecdotally, community providers have described navigating through legislature that displaces individuals experiencing unsheltered homelessness from surrounding communities. This has resulted in an increase in additional individuals experiencing unsheltered homelessness as well as homelessness for the first time in the VA-521 communities.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

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

(limit 2,500 characters)

1.As the LPGs continue to recover from the COVID-19 pandemic, the CoC identified that it was necessary to update the CE prioritization process. By reviewing and updating the CE prioritization process, the hope is to create additional mechanisms to identify individuals experiencing homelessness for an extended length of time. Additionally, the CoC will continue to divert households from homelessness by mediating with landlords, family and friends, or identifying alternative mainstream services. If diversion is not possible, emergency shelters have received training on low-barrier procedures which ensures that households with the greatest needs are able to access shelter and then obtain the housing resources needed.

2.Between FY21 and FY22 the CoC experienced an 8.98% increase in the average length of time individuals experience homelessness (89 to 97). The increase in the average length of time individuals experience homelessness is largely due to the eviction moratorium being lifted, and the lack of affordable housing in the LPGs. 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 admin 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. Additionally, CoC staff work with our partners at DHCD that are administering the eviction prevention reduction pilot program and the ASNH to support the development of projects dedicated to increasing capital for vulnerable populations.

3.CoC staff at DHCD work with each LPG to ensure they are reviewing data and using state prevention funds in accordance with the CoC system level procedures. The CoC Program Admin and the Uniformed/CE and assessment committee, comprised of representatives from the LPGs, will be responsible for overseeing the updates in the CE prioritization process.

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

(limit 2,500 characters)

1. The CoC will continue to implement housing focused case management in emergency shelter, rapid exits to housing, and access to RRH as methods to ensure individuals exit to a permanent housing destination. Emergency shelters in the CoC implement the following strategies to reduce barriers to permanent housing: housing first approach, housing focused services, rapid exits from shelter and evaluation of program performance to identify areas of improvement. Additional outreach regarding homeless services is being provided to landlords and is supported through ESG-CV funding deployed in the LPG communities.

2. Housing stabilization case management is provided through homeless service providers within the CoCs, which focuses on supporting the household in maintaining their permanent housing placement. This case management works to stabilize a household in the following ways: connection to mainstream resources, employment opportunities, connection to education services, etc. LPGs have formed Landlord Cmtes with the goal of bringing together property owners and housing specialists/counselors from homeless service organizations across the CoC. These cmtes seek to engage property owners in conversations to determine how homeless service providers can best meet property owner needs while increasing their acceptance of households of families with high barriers into permanent housing. These practices are effective manners of improving the CoC's retention in housing as the CoC maintains a 95% retention of households in permanent housing between FY 21 and FY 22. Although the number of successful exits decreased by 5%, the total number of individuals who exited to a permanent housing destination increased by 28.2% (FY22 2146 vs FY23 2751). Additionally, the CoC saw an overall 12.53% (4507 to 5072) increase in the number of individuals contacting the CoCs CE system.

3. The CoC PM at DHCD works with each LPG to ensure they are reviewing system and project level data to assess their communities performance in connecting individuals with permanent housing. The CoC program staff at DHCD conduct a semi-annual review of community wide system data and project level data. The information gathered from these assessments includes the number of households connected to permanent housing. Additionally, the CE cmte, comprised of representatives from the LPGs, will be responsible for overseeing and monitoring the outcomes from the shifts made to CE.

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

(limit 2,500 characters)

1. The CoC utilizes HMIS data collected from CE, emergency shelter, and permanent housing projects to analyze individuals and households entering and re-entering the homeless system. Each LPG manages a CE project in HMIS, which has helped identify those who are re-entering the crisis response system more timely. Over the past year, the CoC has also taken steps to evaluate this data further to understand the racial makeup of individuals who are re-entering the homelessness system on both the CoC and LPG level.

2. As per the CoC system level procedures, the CoC is targeting prevention funds to serve those most likely to become homeless and not on eviction prevention. The CoC currently prioritizes those who have previously been homeless as well as those with high barriers to obtaining housing (large households, youth, multiple episodes of homelessness, income under 15% AMI). By targeting those with previous episodes of homelessness, LPGs are able to prevent re-entries into homelessness. The CoC plans to leverage the TA provided from CI to improve the CoC’s relationships with culturally specific CBOs in LPGs with high rates of individuals returning to homelessness who identify as people of color. It is evident that these strategies are effective as the CoC maintains a 95% retention rate of individuals remaining housed within the first 12 months of their placement in permanent housing based on the FY22 system performance measure report.

3. The CoC PM oversees system level data and the CoC Program Admin facilitates the Uniform/CE and Assessment cmte, which addresses system processes such as targeting and prioritizing. The Racial Equity ad hoc committee is responsible for assessing the racial data and formalizing the strategic plan to reduce the rate of returns among communities of color.

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

(limit 2,500 characters)

1. Many LPGs across the CoC have internal workforce development programs. Homeless service staff in the LPGs meet regularly with workforce development staff to address the needs of job seekers (who have experienced homelessness or unstable housing) to secure meaningful employment, competitive wages, and career advancement. Additionally, the CoC is working in partnership with DMAS to develop a cross-systems approach to address the employment needs of individuals experiencing homelessness. DMAS is designing a benefit program for Medicaid eligible individuals to access supportive services for both housing and employment.

2. The CoC partners with mainstream employment organizations to advertise for available positions, provide opportunities for apprenticeships and to identify education opportunities for individuals and families to increase their cash income. These partners also provide input in the planning efforts to increase cash income within the LPGs. Mainstream partners aiding the CoC in these efforts include DMAS, Virginia Employment Commission, Dept. of Aging and Rehabilitative Services, Virginia Department of Labor and Industry, Dept. of Social Services, Community Action Agencies, and Dept. of Juvenile Justice. Although the number of system stayers that increased their employment cash income decreased by 2%, the number of system leavers that increased their employment cash income increased by 2% between FY21 and FY22. Between FY21 and FY22 system stayers increased their total income by 3%, and system leavers increased their total income by 5%.

3. The CoC lead agency organizes system level partnerships and aids LPGs in planning discussions. These partnerships are established at the local level and are replicated across the CoC.

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

(limit 2,500 characters)

1. 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. Additionally, Coordinated Entry staff in the LPGs provide referrals to mainstream resources to ensure that clients can increase their non-employment income. Between FY21 and FY22 the number of system stayers that increased their non-employment cash income increased by 2%, the number of system leavers that increased their non-employment cash income increased by 7%. Between FY21 and FY22 system stayers increased their total income by 3%, and system leavers increased their total income by 5%.
2. The CoC lead agency organizes system level partnerships and aids LPGs in planning discussions. These partnerships are established at the local level and are replicated across the CoC.

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

(limit 2,500 characters)

- 1.N/A
- 2.N/A

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

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

(limit 2,500 characters)

- 1.N/A
- 2.N/A

4A. DV Bonus Project Applicants for New DV Bonus Funding

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

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 2023 Priority Listing.

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

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

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

1.	Enter the number of survivors that need housing or services:	618
2.	Enter the number of survivors your CoC is currently serving:	484
3.	Unmet Need:	134

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section I.B.3.I.(1)(c)		
Describe in the field below:		
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

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

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

3. The CoC is currently seeking funding to meet the need in communities that have demonstrated the capacity necessary to distribute the CoC DV bonus funding. Despite experiencing a 3.28% decrease in survivors seeking shelter compared to FY 21 (639 survivors), in FY 22 there was a 18.78% decrease in survivors exiting to permanent housing destinations compared to FY 21 (165 households). The CoC is seeking funding to increase the number of projects serving survivors in the LPGs. This is to ensure a streamlined process for survivors and their families to access permanent housing opportunities. The focus of the DV bonus projects will be to provide individualized services to meet the unique needs of survivors and their families. The CoC is dedicated to ensuring that survivors and their households access safe and affordable housing. The CoC collaborates with VSDVAA to identify the capacity needs of other DV providers and increase the provision of services to meet the needs of survivors in the LPGs. Our CoC works alongside the VSDVAA to collect the data that accurately reflects the needs of survivors in the CoC communities. Additionally, the CoC will continue planning with DV providers to leverage state funding to assist in their efforts to meet the needs of survivors in their communities.

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

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

Applicant Name
Family Resource C...

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

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

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	Family Resource Center
2.	Project Name	FRC Rapid Rehousing
3.	Project Rank on the Priority Listing	DV14
4.	Unique Entity Identifier (UEI)	RVWANMPL7Y61
5.	Amount Requested	\$143,966
6.	Rate of Housing Placement of DV Survivors–Percentage	82%
7.	Rate of Housing Retention of DV Survivors–Percentage	82%

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

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

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

(limit 1,500 characters)

1. Family Resource Center (FRC) utilized data that is kept on all requests for shelter, those sheltered through FRC and partners, and their destination upon exit utilizing VADATA (an HMIS comparable data base).

2. In 2022 FRC had 88 exits and 27 of those exits were to permanent destinations. The struggle to place individuals in permanent housing has been greatly affected by the Covid-19 Pandemic and the extreme lack of affordable housing. FRC has seen a major shift in the time frame that clients have remained in shelter when experiencing domestic violence. Clients are aware of the lack of housing options, especially for a single household. Many clients have returned to their abusers due to the complexity of economic hardships as well as a lack of affordable housing.

3. FRC utilizes VADATA, an HMIS comparable data base hosted by the VSDVAA.

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

Describe in the field below how the project applicant:

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

(limit 2,500 characters)

1. With RRH funds FRC can ensure quicker placement into affordable housing. The lack of affordable housing in FRCs service area has increased lengths of stay for clients and has been difficult to exit clients to permanent housing due to a lack of funding.

2. FRC prioritizes survivors through CE, the 24/7 DV statewide hotline, direct referrals from partners such as DSS, Law Enforcement, Victim Witness, etc. Clients are assessed at entry and on-going for safety. FRC can also move survivors if perpetrators behaviors become an issue, or the safety of a survivor is compromised.

3. When FRC receives referrals case managers work on crisis stabilization by identifying needs and completing safety planning. After crisis stabilization occurs FRC works on placement, if a household is in immediate danger and fleeing DV/SV staff do an intake to determine needs, safety plan, and arrange for transportation and shelter if needed. Once a client is accepted into the RRH program FRC staff and clients will work on finding housing that meets client need, and will begin working with landlords, making deposit/rent, begin household move in and or start-up which includes furniture, etc. Staff and clients will establish needs, goals, and how services will flow, FRC services are always voluntary.

4. Clients have access to all FRCs services including court support, medical accompaniment for any DV/SV injury, supportive care, etc. Within 72 hours of enrollment, FRC conducts a housing stabilization assessment to address barriers, help direct and navigate the housing search, and contribute to landlord negotiation efforts. FRC has a list of resources to connect participants to, this list also includes mainstream resources such as TANF, SNAP, healthcare, food supports, and financial counseling. FRC provides referrals and helps set up necessary appointments to accomplish goals the client has determined.

5. The Housing first model is implemented to quickly house clients before addressing barriers such as substance use, mental health, etc. Clients will have contact at a minimum of once a month with the option of daily contact. FRC staff will assist individuals based on issues of trauma, provide education on DV/SV, and build skills that will assist in sustainable housing including financial education. Case managers individualize engagements to assist clients with services that are customized to everyone's circumstances and goals directly related to housing stabilization.

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

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and

	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.
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(limit 2,500 characters)

1. All intakes are done confidentially with only the survivor and FRC staff. No perpetrators are allowed on FRC property or at any housing units to ensure the safety of clients and staff.

2. Clients are assessed at entry and on-going for safety in their placement. HOPE and FRC have partnered together to implement a CE process that allows clients to access all services available in our community in one stop. During this process, staff completing intakes can assess what services are needed and provide each client with referrals. Individuals are placed in shelter immediately after providing clients with emergency safety planning and ensuring basic needs are met, such as food, clothing, medical needs etc. Housing placement is priority for case managers and the 24 hour hotline staff, caseloads are kept at a reasonable size, with emphasis on Housing First as a quality intervention. The focus of case planning and individualized housing plans includes but is not limited to housing stability, meeting basic needs, ensuring that the individual feels safe in their apartment, understanding supports available to help maintain housing, etc.

3. All scattered site sheltering unit locations are kept confidential and not made public. Clients are only aware of the location when they are in route.

4. All staff are trained on the confidentially policies and practices of FRC and adhere to a strict code of ethics. FRC has multiple cultural competency training courses, and when gaps are identified administration ensure that the agency or individual staff members receive training. FRC has a non-discrimination policy that is reviewed with every client during intake, so they are aware of their rights when entering services with FRC. From the initial contact FRC staff are providing clients with education of the dynamics of domestic violence, including effects of trauma on the brain and body and the effects of trauma on the family/children. FRC staff have hundreds of hours on these topics with educational aids for clients and many of FRC staff are Certified Trauma Service Specialists with the Association of Traumatic Stress Specialists.

5. FRC works closely with Law Enforcement. If FRC assesses a potential high-risk situation, FRC can have them patrol more, provide wellness checks, etc. FRC also can utilize security equipment, and/or panic buttons as needed.

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

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

(limit 2,500 characters)

Staff at FRC are trained on confidentiality policies and practices of the agency and adhere to a strict code of ethics. FRC staff has multiple cultural competency training courses, and when gaps are identified administration ensure that the agency or individual staff members receive training. FRC has a non-discrimination policy that is reviewed with clients during intake so they are aware of their rights when entering services with FRC. From the initial contact FRC staff provide clients with education of the dynamics of DV, including the effects of trauma on the brain and body and on the family/children. FRC staff have hundreds of hours on these topics with educational aids for clients. FRC staff are Certified Trauma Service Specialists with the Association of Traumatic Stress Specialists. FRC is in constant communication with grant funders, allied agencies, community members, and clients to ensure services are culturally responsive. Clients are assessed at entry and on-going for safety in their placement. FRC moves survivors if perpetrators behaviors become an issue, or if safety is compromised. HOPE and FRC have partnered together to implement a coordinated entry process that allows clients to access all services available in the community in one stop. During this process, staff completing intakes can assess what services are needed and provide each client with referrals that meet their needs. Individuals are placed in shelter immediately after providing clients with emergency safety planning and ensuring basic needs are met, such as food, clothing, medical needs etc. Housing placement is the priority for case managers and our 24 hour hotline staff, caseloads are kept at a reasonable size, with an emphasis on Housing First as a quality intervention. Momentum gained in these areas translates into the development of an Individualized Service Plan where specific goals are identified and action plans are created for each client. All Services are voluntary. Clients are informed of the variety of services and resources available for them to access and case managers assist clients in helping to identify their strengths, goals, and resources needed.

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

(limit 5,000 characters)

1. FRC services are voluntary, client goals for housing and services are developed based on clients' needs and wishes. Each client is assessed for needs during placement. Clients are assessed at entry and on-going for safety in their placement. The moment an individual enters the program, case managers will start working on Crisis stabilization, Placement, Assistance, resources and referrals, and education. FRC staff works to meet the basic needs, and emotional and physical safety of households, when a client contacts FRC or a referral is received, and they are in immediate danger and fleeing DV/SV staff complete an intake and complete safety planning. Once a client is accepted into the RRH program staff and clients begin working on finding placement that fit the clients needs and goals. The goal of the program is to work with a client and address all barriers to permanent housing and work to reduce and or eliminate those barriers through individualized services and client choice.

2. FRC as an agency strives to have mutual respect among staff/agency and those served. One way FRC has tried to alleviate power differentials that so often exist in these types of services is to provide each client with 2 assigned staff members, one to provide care management, focusing on goals/objectives, processes, etc, and the other to provide the supportive care focusing on emotional health and education, these two positions coordinate in order to provide the best outcome and services and decrease power differentials and subjectivity.

3. from the initial contact FRC staff are providing clients with education of the dynamics of domestic violence, including: effects of trauma on the brain and body and the effects of trauma on the family/children. FRC staff have hundreds of hours on these topics with educational aids for clients and many of FRC staff are Certified Trauma Service Specialists with the Association of Traumatic Stress Specialists.

4. FRC staff use a strength-based approach for each individual client in order to maximize clients goals. Staff identify strengths and utilize those strengths (as identified by the client and staff) in order to develop achievable and desirable goals of each survivor.

5. FRC staff have multiple cultural competency training courses, and when gaps are identified administration ensure that the agency or individual staff members receive training. FRC has a multi-faceted language access plan to ensure that LEP clients are able to access services with reduced barriers. FRC partners with Latinos Virginia to provide interpretative services and advocacy that is trauma informed, and not just interpretation. We also have a non-discrimination policy that is reviewed with every client during intake, so they are aware of their rights when entering into services with us. We are in constant communication with our grant funders, allied agencies, community members, and our clients to ensure we are providing the most culturally responsive programming possible.

6. Our service area being rural creates a lot of barriers for social connection for survivors. FRC strives to create connections where available, as we know this is critical for healing. FRC assesses survivors for needs and interests and tries to locate and refer clients to informal supports such as churches or other spiritual groups, social/emotional groups, special interest groups, psychoeducational groups etc.

7. FRC has developed a trauma informed advocacy program called Family Trauma Advocacy Program that recognizes that when someone is abused, their loved ones are affected. This program aims to inform family members about the effects of trauma so they can better understand what their family members are going through. This information coupled with skill building helps ensure that the primary victim and their family will develop a more supportive environment in which to heal. This program provides a holistic approach to trauma, and provides education and skills to the entire family, targeting their needs as a unit.

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

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

(limit 5,000 characters)

FRC provides supportive advocacy with a strong emphasis on a whole healing approach. Working on issues that involve trauma related directly to domestic and sexual violence. Our staff are highly trained and in working with those affected by domestic and sexual violence. While enrolled in the program, tenants have access to the full range of FRC services including court support, medical accompaniment for any domestic or sexual violence related injury, supportive care, and licensed therapy. These services are provided at no cost to the client. Housing Case Manager will assist program participants in locating, obtaining, and retaining suitable permanent housing. This assistance includes: housing search and location; landlord engagement and outreach; assessment of housing barriers, needs, and preferences for the participants; educating participants; assistance with submitting rental applications; and understanding and completing leases. At enrollment (or within 72 hours of enrollment), program conducts a housing stabilization assessment— not for the purpose of screening out a participant, but to quickly address any barriers, help direct and navigate the housing search and contribute to landlord negotiation efforts. We have a list of resources to connect participants to the community partners, resolve or navigate tenant problems, assist in obtaining necessary documentation, prepare participants for successful tenancy. This list also includes other community and mainstream resources they may need including TANF, food stamps/SNAP, healthcare, and food supports, and financial counseling. We would help make any of these referrals and help set up any appointments necessary to accomplish goals that the client has determined. During this program, we also help inform and guide the tenant on basic landlord-tenant rights and responsibilities, requirements of a lease, and meeting minimum expectations for care of the housing unit. Case managers will follow participants' income and help participants review their budgets, including income and spending, to make decisions about reducing expenses and increasing income. When closing a case, case managers provide information to participants about how they can access assistance from the program again if needed, what kind of follow-up assistance may be available, as well as how to request a grievance.

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

Describe in the field below examples of how the new project(s) will:

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

(limit 5,000 characters)

1. FRCs services are based upon a philosophy of voluntary services, staff will work with clients to understand their wishes and needs, assess housing barriers, DV challenges such as protective orders, continued abuse by offenders (I.e. stalking, threats, destruction of property, interference with work or school), Location (relocation, getting to family), and Transportation.

2. FRC has policies and procedures in place that give staff clear guidance and covers ethics in services. Staff will work as a 2-person team, case manager provides housing stabilization skills such as budgeting/finances, organization, home ownership, and employment such as resume building, interview skills, provide clothing for interview. FRCs Service manager will provide supportive services related to trauma and build report with clients that allows autonomy.

3. FRC staff ensure clients receive information and education on the effects of trauma, trauma responses, healthy relationships, coping skills, identifying triggers, setting boundaries, and identifying and building strengths. FRC staff receive on-going training in trauma-informed best practices from experts in the field. Staff attend training provided by DCJS, DSS, VA Housing, DHCD, and a multitude of others from local

agencies to online webinars. FRC has 5 staff that are certified trauma services specialists and 2 that are working on the final processes to receive their certification.

4. FRC services and assessments are trauma informed and strengths based. This process starts with meeting the client where they are currently at, evaluating strengths based on observation and client stated strengths, and working on client developed goals utilizing these strengths to achieve those goals. Staff assess strengths both inherent and external for the client. Inherent resources include resiliency, goals, personality, health, abilities, passions/interests etc. External resources include support systems, services, resources, etc. This approach builds on self-esteem and competence, using these strengths to assist in accomplishing goals. Staff utilize strength-based questioning in assessing and utilizing strengths in the recovery process, as well as a resiliency tool inventory to assess skills/strengths they have, and or ones they may need to build upon.

5. All FRC staff are required to participate in multiple cultural competency training courses as a part of our staff's on-boarding process. Staff also continuously participate in various trauma-informed cultural related trainings such as Legal Advocacy for Limited English/ Non-English Speakers, throughout the year including FRC has a non-discrimination policy that is reviewed for every client during intake.

6. FRC will work to develop a multiple of avenues to connect clients with the community. Due to the rural area, clients may live in different counties, and or not have reliable transportation therefore, peer to peer and group settings have a unique set of challenges unique to rural populations and is not feasible in this area. We will provide a list of churches and civic groups that allows the opportunity for clients to connect with their community.

7. Supportive staff will be able to provide family trauma advocacy to any parent. Although we do not provide childcare, we will give referrals to agencies that can. FRC has a working relationship and a current MOU with Southwest Legal

Aid Society to refer clients as needed.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

Describe in the field below how the new project will involve survivors:

1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1. Survivors with lived expertise who support decision making on the CoC level as well through the the regionalized LPGs. Organizations employ survivors with lived experience to support the implementation of CoC projects. Additionally, CoC lead agency staff, who are responsible for facilitating the creation of the CoC policies and procedures have involved survivors with lived experience to improve protocols to support the unique and complete needs for survivors. This allows the CoC to have a unique, direct perspective from individuals with lived expertise to ensure that CoC procedures are person centered and trauma informed.

2. Throughout FY 22 and FY 23, survivors with lived expertise and representatives of the VSDVAA supported the development of a new CoC prioritization tool. In meetings, members discussed current barriers in for survivors in accessing services, trauma informed language, and mirroring processes with current VSP processes to improve access to services. Members developed a timeline for implementation of the new tool which includes a period of time to elicit feedback from persons with lived expertise and direct service providers. Additionally the CE cmte is developing a policy to annually evaluate the CE prioritization processes which will include the participation of survivors with lived expertise.

4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1D-11a. Letter Signed by Working Group	Yes		
1D-2a. Housing First Evaluation	Yes	1D-2a. Housing Fi...	09/26/2023
1E-1. Web Posting of Local Competition Deadline	Yes	1E-1. Web Posting...	09/26/2023
1E-2. Local Competition Scoring Tool	Yes	1E-2. Local Compe...	09/26/2023
1E-2a. Scored Forms for One Project	Yes	1E-2a. Scored For...	09/26/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	1E-5. Notificatio...	09/26/2023
1E-5a. Notification of Projects Accepted	Yes	1E-5a Notificatio...	09/26/2023
1E-5b. Local Competition Selection Results	Yes	1E-5b. Local Comp...	09/26/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	2A-6 HUD's Homele...	09/26/2023
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 1D-2a. Housing First Evaluation

Attachment Details

Document Description: 1E-1. Web Posting of Local Competition
Deadline

Attachment Details

Document Description: 1E-2. Local Competition Scoring Tool

Attachment Details

Document Description: 1E-2a. Scored Forms for One Project

Attachment Details

Document Description: 1E-5. Notification of Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a Notification of Project Accepted

Attachment Details

Document Description: 1E-5b. Local Competition Selection Results

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2A-6 HUD's Homeless Data Exchange (HDX)
Competition Report

Attachment Details

Document Description:

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	08/14/2023
1B. Inclusive Structure	09/26/2023
1C. Coordination and Engagement	09/26/2023
1D. Coordination and Engagement Cont'd	09/26/2023
1E. Project Review/Ranking	09/26/2023
2A. HMIS Implementation	09/26/2023
2B. Point-in-Time (PIT) Count	09/26/2023
2C. System Performance	09/26/2023
3A. Coordination with Housing and Healthcare	09/26/2023
3B. Rehabilitation/New Construction Costs	09/26/2023
3C. Serving Homeless Under Other Federal Statutes	09/26/2023

4A. DV Bonus Project Applicants	09/26/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Family Crisis Support Services, Housing First Evaluation:

Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.

This checklist was designed to help you make a quick assessment of whether and to what degree housing programs — and entire systems — are employing a Housing First approach. Robust tools and instruments are available elsewhere to quantitatively measure program quality and fidelity to Housing First. This tool is not meant to take the place of those more rigorous assessments, but is intended to help Continuums of Care, individual housing and services providers, funders, and other stakeholders to communicate about, and quickly assess, alignment with key Housing First approaches.

Core Elements of Housing First at the Program/Project Level

For your homelessness service system to work the most efficiently and effectively, individual programs must embrace a Housing First approach. This portion of the checklist can help you assess the extent to which your local programs are implementing Housing First. You can use this tool for trainings or planning sessions, during a site visit or program audit, as a guide when reviewing funding applications, or for many other uses.

Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.

Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”

People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.

Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.

Housing and service goals and plans are highly tenant-driven.

Supportive services emphasize engagement and problem-solving over therapeutic goals.

Participation in services or compliance with service plans are not conditions of tenancy, but are reviewed with tenants and regularly offered as a resource to tenants.

Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication

regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.

Substance use in and of itself, without other lease violations, is not considered a reason for eviction.

Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.

Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

Name: Dr. Darl Wilburn

Title: Homeless and Special Needs Program Manager, Department of Housing and Community Development

Date: 09/18/2023

Signature: *Dr. Darl Wilburn*

Name: Ms. Marybeth Adkins

Title: Executive Director, Family Crisis Support Services

Date: 09/18/2023

Signature: *Marybeth U. Adkins*

Re: Updates to Balance of State Webpage

Crowley, Laura (DHCD) <Laura.Crowley@dhcd.virginia.gov>

Mon 7/17/2023 3:06 PM

To: Green, Breanna (DHCD) <Breanna.Green@dhcd.virginia.gov>; WebRequests (DHCD) <WebRequests@dhcd.virginia.gov>
Cc: Wilburn, Darl (DHCD) <Darl.Wilburn@dhcd.virginia.gov>; Mendoza, Ara (DHCD) <Ara.Mendoza@dhcd.virginia.gov>; Carey, Alexis (DHCD) <Alexis.Carey@dhcd.virginia.gov>

Absolutely! Sorry I forgot to include:

<input type="checkbox"/>	Title	Operations	Content type	Author	Latest Revision Author	Status	Updated	Path	Section
<input type="checkbox"/>	VIRGINIA BALANCE OF STATE CONTINUUM OF CARE	<input type="button" value="Edit"/>	(Template) Detail Page	sa.tlove	cm.lcrowley	Published	07/17/2023 - 2:58 pm	/coc	Housing

Let me know if there's anything else you need!

Laura

Laura Crowley

Public Relations Specialist
Virginia Department of Housing and Community Development (DHCD)
804-370-1478
laura.crowley@dhcd.virginia.gov

From: Green, Breanna (DHCD) <Breanna.Green@dhcd.virginia.gov>
Sent: Monday, July 17, 2023 3:02 PM
To: Crowley, Laura (DHCD) <Laura.Crowley@dhcd.virginia.gov>; WebRequests (DHCD) <WebRequests@dhcd.virginia.gov>
Cc: Wilburn, Darl (DHCD) <Darl.Wilburn@dhcd.virginia.gov>; Mendoza, Ara (DHCD) <Ara.Mendoza@dhcd.virginia.gov>; Carey, Alexis (DHCD) <Alexis.Carey@dhcd.virginia.gov>
Subject: Re: Updates to Balance of State Webpage

Laura and Alexis,

We appreciate you all getting this done so quickly and working with all my edits!

Are you all able to send over a screenshot of the posting? I've attached one you all sent before for reference, see attached below:

VIRGINIA BALANCE OF STATE CONTINUUM
OF CARE

Edit ▼

(Template)
Detail Page

sa.tlove

sa.acarey

Published

05/18/2023 -
11:25 am

/coc

Housing

Thank you all again for working with me around this!

Best,

Breanna Green (*pronouns: she, her, hers* – [What's this?](#))

Virginia Balance of State Continuum of Care Program Administrator, Homeless and Special Needs Housing

Department of Housing and Community Development (DHCD)

(804) 316-2831

Breanna.green@dhcd.virginia.gov

DHCD's Homeless and Special Needs Housing Unit works to prevent and end homelessness in Virginia. If you or someone you know is experiencing a housing crisis, please contact your local housing crisis response system using this [interactive map](#) or [this directory](#).

From: Crowley, Laura (DHCD) <Laura.Crowley@dhcd.virginia.gov>

Sent: Monday, July 17, 2023 2:59 PM

To: Green, Breanna (DHCD) <Breanna.Green@dhcd.virginia.gov>; WebRequests (DHCD) <WebRequests@dhcd.virginia.gov>

Cc: Wilburn, Darl (DHCD) <Darl.Wilburn@dhcd.virginia.gov>; Mendoza, Ara (DHCD) <Ara.Mendoza@dhcd.virginia.gov>; Carey, Alexis (DHCD) <Alexis.Carey@dhcd.virginia.gov>

Subject: Re: Updates to Balance of State Webpage

Thank you so much, Breanna!!!

These ones were perfect, and the webpage has been updated.

I so appreciate you!

Laura

Laura Crowley

Public Relations Specialist

Virginia Department of Housing and Community Development (DHCD)

804-370-1478

laura.crowley@dhcd.virginia.gov

From: Green, Breanna (DHCD) <Breanna.Green@dhcd.virginia.gov>

Sent: Monday, July 17, 2023 2:48 PM

To: Crowley, Laura (DHCD) <Laura.Crowley@dhcd.virginia.gov>; WebRequests (DHCD) <WebRequests@dhcd.virginia.gov>

Cc: Wilburn, Darl (DHCD) <Darl.Wilburn@dhcd.virginia.gov>; Mendoza, Ara (DHCD) <Ara.Mendoza@dhcd.virginia.gov>; Carey, Alexis (DHCD) <Alexis.Carey@dhcd.virginia.gov>

Subject: Re: Updates to Balance of State Webpage

Hi all,

Sorry for all the follow up emails around this, i'm hoping it is correct this time. These documents just need to be added, they do not need to replace any documents that are on the Balance of State Webpage.


1st Request:

Under the "CoC Application Information" please add "FY 23 Continuum of Care Program Competition NOFO" with attached document (fr-6700-n-25-nofo.pdf).

Website to update: <https://dhcd.virginia.gov/coc>

VIRGINIA BALANCE OF STATE CONTINUUM OF CARE | DHCD

Virginia DHCD - VIRGINIA BALANCE OF STATE CONTINUUM OF CARE

 COC APPLICATION INFORMATION

The CoC application is released by HUD annually. Below are the resources needed to apply for 2021 and all published documents from the prior year.

- [Final FY 22 BOS CoC Special NOFO Priority Listing](#)
- [Final FY 22 VA BOS CoC Special NOFO Consolidated Application](#)
- [Final FY 22 VA BOS CoC Plan to Serve Individuals and Families with Severe Service Needs](#)
- [Final FY 22 BOS CoC Special NOFO Priority Listing](#)
- [Final Draft of FY 22 BOS CoC Special NOFO Consolidated Application](#)
- [Final FY 2022 BOS Special NOFO CoC Priority Listing](#)
- [Final FY 22 BOS CoC Priority Listing](#)

Place to update:


2nd Request:

Under the "CoC Application Information" please add "FY 23 BOS HUD CoC Program Competition Timeline" with attached document (fy-23-hud-coc-application-timeline.pdf).

Website to update: <https://dhcd.virginia.gov/coc>

VIRGINIA BALANCE OF STATE CONTINUUM OF CARE | DHCD

Virginia DHCD - VIRGINIA BALANCE OF STATE CONTINUUM OF CARE

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- [Final FY 2022 BOS Special NOFO CoC Priority Listing](#)
- [Final FY 22 BOS CoC Priority Listing](#)

Place to update:


3rd Request:

Under the "CoC Application Information" please add "FY 23 BOS HUD CoC Program Renewal and New Project Application Addendum" with attached document (fy-23-renewal-and-new-project-application-addendum.pdf).

Website to update: <https://dhcd.virginia.gov/coc>

VIRGINIA BALANCE OF STATE CONTINUUM OF CARE | DHCD

Virginia DHCD - VIRGINIA BALANCE OF STATE CONTINUUM OF CARE

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- [Final FY 2022 BOS Special NOFO CoC Priority Listing](#)
- [Final FY 22 BOS CoC Priority Listing](#)

Place to update:

4th Request:

Under the "CoC Application Information" please add "FY 23 BOS HUD CoC Program Ranking and Rating Tool " with attached document (fy-23-bos-coc-ranking-and-rating-tool) .

To: Crowley, Laura (DHCD) <Laura.Crowley@dhcd.virginia.gov>; WebRequests (DHCD) <WebRequests@dhcd.virginia.gov>
Cc: Wilburn, Darl (DHCD) <Darl.Wilburn@dhcd.virginia.gov>; Mendoza, Ara (DHCD) <Ara.Mendoza@dhcd.virginia.gov>
Subject: Re: Updates to Balance of State Webpage

Hi Laura,

Hopefully I did this correctly! See below for the updated webrequest.

1st Request:

Under the "CoC Application Information" please add "FY 23 Continuum of Care Program Competition NOFO" with attached document (FR-6700-N-25-NOFO.pdf).

Website to update: <https://dhcd.virginia.gov/coc>

VIRGINIA BALANCE OF STATE CONTINUUM OF CARE | DHCD

Virginia DHCD - VIRGINIA BALANCE OF STATE CONTINUUM OF CARE

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- [Final FY 22 BOS CoC Special NOFO Priority Listing](#)
- [Final Draft of FY 22 BOS CoC Special NOFO Consolidated Application](#)
- [Final FY 2022 BOS Special NOFO CoC Priority Listing](#)
- [Final FY 22 BOS CoC Priority Listing](#)

Place to update:

2nd Request:

Under the "CoC Application Information" please add "FY 23 BOS HUD CoC Program Competition Timeline" with attached document (FY-23-HUD-CoC-Application- Timeline.pdf).

Website to update: <https://dhcd.virginia.gov/coc>

VIRGINIA BALANCE OF STATE CONTINUUM OF CARE | DHCD

Virginia DHCD - VIRGINIA BALANCE OF STATE CONTINUUM OF CARE

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- [Final FY 22 BOS CoC Special NOFO Priority Listing](#)
- [Final Draft of FY 22 BOS CoC Special NOFO Consolidated Application](#)
- [Final FY 2022 BOS Special NOFO CoC Priority Listing](#)
- [Final FY 22 BOS CoC Priority Listing](#)

Place to update:


3rd Request:

Under the "CoC Application Information" please add "FY23- Renewal and New Project Application Addendum" with attached document (FY-23-Renewal-and-New-Project-Application- Addendum.pdf).

Website to update: <https://dhcd.virginia.gov/coc>

VIRGINIA BALANCE OF STATE CONTINUUM OF CARE | DHCD

Virginia DHCD - VIRGINIA BALANCE OF STATE CONTINUUM OF CARE

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- [Final Draft of FY 22 BOS CoC Special NOFO Consolidated Application](#)
- [Final FY 2022 BOS Special NOFO CoC Priority Listing](#)
- [Final FY 22 BOS CoC Priority Listing](#)

Place to update:

4th Request:

Under the "CoC Application Information" please add "FY 23 BOS HUD CoC Program Ranking and Rating Tool " with attached document (FY-23-BOS-CoC-Ranking-and-Rating-Tool) .

To: Green, Breanna (DHCD) <Breanna.Green@dhcd.virginia.gov>; WebRequests (DHCD) <WebRequests@dhcd.virginia.gov>
Cc: Wilburn, Darl (DHCD) <Darl.Wilburn@dhcd.virginia.gov>; Mendoza, Ara (DHCD) <Ara.Mendoza@dhcd.virginia.gov>
Subject: Re: Updates to Balance of State Webpage

Hey there, Breanna!

Thank you for your webrequest! I'm happy to get these files uploaded for you, but would you mind renaming and resending them so that they are compliant with our [webrequest policy?](#)

Thank you so much, and feel free to reach out with any questions!

Laura

Laura Crowley

Public Relations Specialist
Virginia Department of Housing and Community Development (DHCD)
804-370-1478
laura.crowley@dhcd.virginia.gov

From: Green, Breanna (DHCD) <Breanna.Green@dhcd.virginia.gov>
Sent: Monday, July 17, 2023 8:44 AM
To: WebRequests (DHCD) <WebRequests@dhcd.virginia.gov>
Cc: Wilburn, Darl (DHCD) <Darl.Wilburn@dhcd.virginia.gov>; Mendoza, Ara (DHCD) <Ara.Mendoza@dhcd.virginia.gov>
Subject: Updates to Balance of State Webpage

Good afternoon all,

I hope you all are doing well today.

Please see attached and below for our request to update the BOS website, there are four documents that we need to put on the BOS website. Sorry to put all of these requests together!


1st Request:

Under the "CoC Application Information" please add "FY 23 Continuum of Care Program Competition NOFO" with attached document (FR-6700-N-25-NOFO.pdf).

Website to update: <https://dhcd.virginia.gov/coc>

VIRGINIA BALANCE OF STATE CONTINUUM OF CARE | DHCD

Virginia DHCD - VIRGINIA BALANCE OF STATE CONTINUUM OF CARE

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- [Final FY 2022 BOS Special NOFO CoC Priority Listing](#)
- [Final FY 22 BOS CoC Priority Listing](#)

Place to update:


2nd Request:

Under the "CoC Application Information" please add "FY 23 BOS HUD CoC Program Competition Timeline" with attached document (2023-HUD-CoC-Application- Timeline.pdf).

Website to update: <https://dhcd.virginia.gov/coc>

VIRGINIA BALANCE OF STATE CONTINUUM OF CARE | DHCD

Virginia DHCD - VIRGINIA BALANCE OF STATE CONTINUUM OF CARE

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- [Final FY 2022 BOS Special NOFO CoC Priority Listing](#)
- [Final FY 22 BOS CoC Priority Listing](#)

Place to update:


3rd Request:

Under the "CoC Application Information" please add "FY23- Renewal and New Project Application Addendum" with attached document (FY-23-Renewal-and-New-Project-Application- Addendum.pdf).

Website to update: <https://dhcd.virginia.gov/coc>

VIRGINIA BALANCE OF STATE CONTINUUM OF CARE | DHCD

Virginia DHCD - VIRGINIA BALANCE OF STATE CONTINUUM OF CARE

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- [Final FY 22 BOS CoC Special NOFO Priority Listing](#)
- [Final Draft of FY 22 BOS CoC Special NOFO Consolidated Application](#)
- [Final FY 2022 BOS Special NOFO CoC Priority Listing](#)
- [Final FY 22 BOS CoC Priority Listing](#)

Place to update:

4th Request:

Under the "CoC Application Information" please add "FY 23 BOS HUD CoC Program Ranking and Rating Tool " with attached document (FY-23-BOS-CoC-Ranking-and-Rating-Tool) .

Website to update: <https://dhcd.virginia.gov/coc>

VIRGINIA BALANCE OF STATE CONTINUUM OF CARE | DHCD

Virginia DHCD - VIRGINIA BALANCE OF STATE CONTINUUM OF CARE

The screenshot shows a webpage with a blue header containing a gear icon and the text 'COC APPLICATION INFORMATION'. Below the header, there is a paragraph of text: 'The CoC application is released by HUD annually. Below are the resources needed to apply for 2021 and all published documents from the prior year.' This is followed by a list of seven blue hyperlinks: 'Final FY 22 BOS CoC Special NOFO Priority Listing', 'Final FY 22 VA BOS CoC Special NOFO Consolidated Application', 'Final FY 22 VA BOS CoC Plan to Serve Individuals and Families with Severe Service Needs', 'Final FY 22 BOS CoC Special NOFO Priority Listing', 'Final Draft of FY 22 BOS CoC Special NOFO Consolidated Application', 'Final FY 2022 BOS Special NOFO CoC Priority Listing', and 'Final FY 22 BOS CoC Priority Listing'.

Place to update:

If you all are able to, can you please send a screenshot of the posting once it is completed?

Please let me know if you have any questions regarding this request!

Best,

Breanna Green (*pronouns: she, her, hers* – [What's this?](#))

Virginia Balance of State Continuum of Care Program Administrator, Homeless and Special Needs Housing
Department of Housing and Community Development (DHCD)

(804) 316-2831

Breanna.green@dhcd.virginia.gov

DHCD's Homeless and Special Needs Housing Unit works to prevent and end homelessness in Virginia. If you or someone you know is experiencing a housing crisis, please contact your local housing crisis response system using this [interactive map](#) or [this directory](#).

Criteria	Logic and Calculation/Identification	Score Weight
Community Need		Renewal - 22 / New - 25
Identification of community need and how the project meets the community need	Project is able to adequately identify need in the community and how the housing project meets the need - should include data for full points; renewal - questions 1, 4, 8 // new - questions 1, 2, 3, 5	Renewal-9 / New- 10
Serving traditionally marginalized populations	Applicant adequately identifies how the project will serve traditionally marginalized populations; applicant describes how the project will address the needs of at a minimum: Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality; applicant uses data to demonstrate both the need and how the project will improve services to these populations (for example, expected outcomes) question 12	7
Coordination with Mainstream Resources and Key Stakeholders	Applicant adequately describes how the project currently coordinates with mainstream resources to meet the needs of clients enrolled in the project (renewal - question 5) - or - applicant adequately describes how the project coordinated with partners and key stakeholders to demonstrate the need for the project and how partners were engaged in the project's design and how projects will engage with mainstream resources to meet client needs - (new - question 1, 2, 4)	Renewal-6 / New- 8
Agency Capacity		Renewal- 29 / New- 30
Housing First/Low Barrier	HUD and Balance of State CoC priority; question 9 (application addendum)	Threshold Criteria (10)

Coordinated Entry Participation	Requirement of all HUD funded projects; question 10 (application addendum)- Applicant adequately describes how the project will be connected to coordinated entry and includes outreach implementation to ensure persons experiencing unsheltered are aware of how to get connected to housing services	Threshold Criteria (5)
Active CoC Participant	Requirement of all HUD funded projects; description provided in Renewal- Question 9 (New - question 1)	Threshold Criteria (2)
Application Complete and Data is Consistent	Demonstration of agency capacity; completed all required questions in application addendum; all required documents are provided with the application; data metrics are consistent throughout application addendum (i.e. report of households served is consistent throughout application, years of data used to demonstrate need are consistent etc.)	Threshold Criteria, Renewal- 9 / New- 10
Organizational capacity to administer project	Application includes descriptions of structures (including staff and trainings) in place that support organization capacity to administer project - question 11, through application	3
Financial Factors		Renewal / New- 16
Documented and Secured Match (25% except leasing)	Match requirement based on 24 CFR 578.73; Question 5 (budget)	Threshold Criteria (3)
Financially Feasible	Project must be able to operate based on the proposed budget and match; Question 5	Threshold Criteria (2)
Acceptable audit (monitoring)	As per the FY 2023 NOFO, HUD reserves the right to reduce or reject a project application for audit findings for which a response is overdue or unsatisfactory, therefore project must have an acceptable audit to be considered for funding; renewal projects, Renewal- question 6	Threshold Criteria (2)

Documented organization financial stability	Projects must demonstrate capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funding; APR; question 11; renewal project - question 6,7	Threshold Criteria (3)
Timeliness of draws and reasonable timeliness to implement project	Demonstrates the financial capacity of the agency; for current HUD grantees - draws need to be within 90 days; will be provided from HUD CoC program manager gathered from spend down reports from HUD; additional context will be requested from ESG administrators; project will be implemented in a timely manner - 2 years to start a project; project milestones section under specific project type	1
Cost effectiveness	Ensure the budget addresses the need per community; Annual budget / PIT capacity against cost per exits; renewal - question 7; Tool to review cost effectiveness will be made available in ranking committee drop box	4
Leverage of other funding sources	Agencies should be able to identify other funding sources, beyond HUD funding, to support the operations of their project- Identified through secured and identified match; maximizes mainstream resources; and question 13	1
Data and Performance		Renewal- 20 / New- 18
Data Quality at or above 90%	Applicant's must demonstrate a dedication to data quality to improve overall CoC performance ; Data Completeness report card (will be made available in dropbox)	Threshold Criteria (2)
Bed/Unit Utilization at or above 90%	Renewal - Bed/Unit Utilization in comparison with the intended bed/unit identified in the initial application	Threshold Criteria (4)- Renewal Projects Only

Performance Data	Performance data is aligned with NAEH bench marks for success under each of the project types; for new projects assessed based on current projects in operation from different funding sources; Applicants should discuss how their projects will address the following factors - Improving length of time homeless - 30 days (APR question 22e); Improving exits to permanent housing - RRH/PSH projects meet 80% threshold of households exit or retain permanent housing to permanent housing (APR question 23c); Reducing returns to homelessness - 85% of households should not return to homelessness within the first year of being housed (APR question 23c); increasing or increased income - there was an increase in income (questions 19a1 and 19a2 on HMIS APR); can be talked about in project description and/or question 1 - new project only	Renewal - 14 / New Project - 12
Racial Equity		Renewal- 13 / New- 15
Promotes Equity and Addresses demonstrated need	Prioritized within the CoC, application adequately describes the use of data to identify racial inequities in the community and how the project will promote equity; includes a description of the evaluation process and results of the evaluation (i.e. was more technical assistance engaged, was there a community wide policy focusing on equity implemented, etc.)	Renewal- 13 / New- 15
Bonus- Increasing affordable housing		Renewal and New- 2
Bonus Points - Increasing affordable housing	Bonus points will be awarded to applicants that describe their engagement in increasing affordable housing in their community, applicant adequately describes partnerships and engagements with stakeholders who are invested in increasing affordable housing (i.e. locality leadership, housing developers)- Renewal- Question 10, New- Question 6	2

Total Points		Renewal- 100/ New- 100
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Renewal Project Rating Tool

Project Name:	SJV RRH HRC Renewal FY23
Organization Name:	St. Josephs Villa
Project Type	RRH
CoC Funding Requested:	\$312,990
Total Match (federal, state, county, city, private funding // required for operating costs, rental assistance and services):	\$84,763

Required Documents:	Included	Missing	Notes
Application Addendum	x		
E-Snaps Application Submission	x		
Annual Performance Report	x		
Racial Disparities Data			Not Required
Letter of Support from the Local Planning Group		x	

Rating factor	Points Awarded		Max Points
Community Need			
Identification of community need and how the project meets the community need	9	out of	9
Serving traditionally marginalized populations	7	out of	7
Coordination with Mainstream Resources and key stakeholders	5.4	out of	6
Total Points for Community Need	21.4	out of	22

Agency Capacity			
Housing First/Low Barrier	9.8	out of	10
Coordinated Entry Participation	5	out of	5
Active CoC Participant	2	out of	2
Application Complete and Data is Consistent	7.2	out of	9
Describes organizational capacity to administer project	3	out of	3
Total Points for Agency Capacity	27	out of	29

Financial Factors			
Documented and Secured Match (25% except leasing)	2.8	out of	3
Financially Feasible	2	out of	2
Acceptable audit (monitoring)	2	out of	2
Documented organization financial stability	3	out of	3
Timely Draws	1	out of	1
Cost effectiveness	3.8	out of	4

Leverage of other funding sources	1	out of	1
Total Points for Financial Factors	15.6	out of	16

Data and Performance			
Data Quality at or above 90%	0.4	out of	2
Bed/Unit Utilization at or above 90%	4	out of	4
Overall Performance	11.4	out of	14
Total Points for Data and Performance	15.8	out of	20

Racial Equity			
Promotes Equity and Addresses demonstrated need	11.8	out of	13
Total Points for Racial Equity	11.8	out of	13

Bonus- Increasing affordable housing			
Increasing affordable housing bonus	2	out of	2
Total Bonus Points	2	out of	2

Overall Application Scoring			
Community Need	21.4	out of	22
Agency Capacity	27	out of	29
Financial Factors	15.6	out of	16
Data and Performance	15.8	out of	20
Racial Equity	11.8	out of	13
Bonus	2	out of	2
Total Overall Application Score	93.6	out of	100

FY 23 Application competition

Wilburn, Darl (DHCD) <Darl.Wilburn@dhcd.virginia.gov>

Wed 9/6/2023 1:08 PM

To: Casey Edmonds <cedmonds@nrca.org>

Cc: Green, Breanna (DHCD) <Breanna.Green@dhcd.virginia.gov>

Hi Casey,

I hope you're doing well today.

After careful deliberation by the FY 2023 Ranking Committee, the BOS CoC determined to include your HUD renewal projects in the final recommendations we are making to HUD. I wanted to identify the specific shifts in your projects, specifically for your RRH renewal project.

The CoC will move forward to request \$101,317 of your RRH renewal project.

While this is a reduction from your initial request for funding, our staff will work diligently with you all to ensure that the implementation of your project will continue to meet your communities needs and will work with your community partners to identify other funding opportunities to support your project.

Please let us know if you have any immediate questions regarding this information.

Thank you,

Dr. Darl Wilburn

Homeless and Special Needs Program Manager

Virginia Department Of Housing and Community Development (DHCD)

804-664-7090

darl.wilburn@dhcd.virginia.gov

Draft Priority Listing

Green, Breanna (DHCD) <Breanna.Green@dhcd.virginia.gov>

Thu 9/7/2023 10:58 AM

To: Angie Alley <aalley@bayaging.org>; Andy Kegley <akegley@wythehope.org>; Angela Blount <ablount@vsdvalliance.org>; apress <apress@esvaplan.org>; Betty Segal <bsegal@peopleinc.net>; Casey Edmonds <cedmonds@nrcaa.org>; chorton@escsb.org <chorton@escsb.org>; Courtney Melton <cmelton@wythehope.org>; Craig McCroskey <craig@unitedwayofhcm.org>; Taylor, Desiree (DVS) <Desiree.Taylor@dvs.virginia.gov>; Marybeth <director@family-crisis.org>; Darlene Watson <dwatson@bayaging.org>; Holmes, Erica <eholmes@sjvmail.net>; kcarson <kcarson@tricityva.org>; keke.cody <keke.cody@cccofva.org>; kristy.pickeral <kristy.pickeral@stepincva.com>; Kristin Vamenta <kvamenta@vsdvalliance.org>; Lydia Campbell <lcampbell@vcsb.org>; ljohnson <ljohnson@homewardva.org>; Margot Ackermann <mackermann@homewardva.org>
Cc: Wilburn, Darl (DHCD) <Darl.Wilburn@dhcd.virginia.gov>

Good morning all,

I hope you are having a good week so far!

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 2023 CoC Program Competition. Please see below for the priority listing.

Next Steps:

Balance of State staff will be in touch with each organization who applied to set up some time to go over any changes or edits that will be required in order to submit the final application in Esnaps. We will release the applications to applicants once we email or speak with them regarding the changes.

There is an appeals process if applicants believe the **ranking process** was not done in a **transparent manner**. All appeals must be made by **COB Tuesday, September 12th, 2023**. Please see below for the appeals process:

** Appeals Process

2023 Balance of State Continuum of Care Funding Appeals Process

- Applicants will receive a summary of the priority ranking on Sept. 7th, 2023.
- Applicants that wish to appeal the ranking committee's decision must notify the Department of Housing and Community Development's Homeless and Special Needs Program Manager (Darl Wilburn, darl.wilburn@dhcd.virginia.gov) in writing via email no later than close of business Sept. 12th, 2023 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 Sept. 14th, 2023 via email vote.
- Applicants will be notified in writing of the appeal outcome not later than Sept. 15th, 2023.

VA-521 Virginia Balance of State FY 2023 CoC Program Competition Draft Priority Listing

Tier 1- \$2,475,052

Tier 2- 544,663

DV Bonus-\$511,955

Tier 1/2	Project Name	Request	Project Type	New/Renewal
Tier 1	GUEST Permanent Supportive Housing	\$141,900	PSH	Renewal
	NDC RRH_DV Bonus Renewal	\$190,000	RRH	Renewal
	HMIS fy 2023	\$141,301	HMIS	Renewal
	BOS COORDINATED ENTRY 2023	\$121,206	SSO-CE	Renewal
	SJV RRH HRC Renewal FY 23	\$312,990	RRH	Renewal
	DV Bonus Renewal 2023	\$181,204	RRH	Renewal
	Foothills PSH Renewal 2023	\$239,351	PSH	Renewal
	VCSB PSH FY23	\$105,290	PSH	Renewal
	VCSB RRH FY23	\$109,824	RRH	Renewal
	Crater PSH	\$180,445	PSH	Renewal
Tier 2	Crater PSH	\$60,955	PSH	Renewal
	Crater PSH Expansion	\$94,477	PSH	Renewal
	VCSB PSH FY23 Expansion	\$101,630	PSH	New
	NRCA BOS CoC RRH Renwal application FY23	\$101,317	RRH	Renewal

DV Bonus

DV BONUS	FRC Rapid Rehousing	\$143,996	RRH	New	
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DV Bonus Total 143,996

YHDP					
YHDP	St. Joseph's Villa	\$228,379	SSO- Mobile Navigation and Diversion	Renewal	
	St. Joseph's Villa	\$523,162	TH-RRH	Renewal	

YHDP Total \$751,541

CoC Planning					
Planning	VA-521 CoC Planning Application FY2023	122,110	Planning	Renewal	

Please reach out if you have any questions!

Best,

Breanna Green (*pronouns: she, her, hers* – [What's this?](#))

Virginia Balance of State Continuum of Care Program Administrator, Homeless and Special Needs Housing
Department of Housing and Community Development (DHCD)

(804) 316-2831

Breanna.green@dhcd.virginia.gov

DHCD's Homeless and Special Needs Housing Unit works to prevent and end homelessness in Virginia. If you or someone you know is experiencing a housing crisis, please contact your local housing crisis response system using this [interactive map](#) or [this directory](#).

VA-521 Virginia Balance of State CoC FY 2023 CoC Program Competition Final Priority Listing

Tier 1/2	Project Name	Request	Project Type	New/Renewal
Tier 1	GUEST Permanent Supportive Housing	\$141,216	PSH	Renewal
	NDC RRH_DV Bonus Renewal	\$190,000	RRH	Renewal
	HMIS fy 2023	\$141,301	HMIS	Renewal
	BOS COORDINATED ENTRY 2023	\$121,206	SSO-CE	Renewal
	SJV RRH HRC Renewal FY 23	\$339,052	RRH	Renewal
	DV Bonus Renewal 2023	\$181,204	RRH	Renewal
	Foothills PSH Renewal 2023	\$239,351	PSH	Renewal
	VCSB PSH FY23	\$105,251	PSH	Renewal
	VCSB RRH FY23	\$109,824	RRH	Renewal
	Crater PSH	\$206,991	PSH	Renewal
Tier 2	Crater PSH	\$34,409	PSH	Renewal
	Crater PSH Expansion	\$108,403	PSH	New
	VCSB PSH FY23 Expansion	\$115,557	PSH	New
	NRCA BOS CoC RRH Renwal application FY23	\$100,000	RRH	Renewal
DV BONUS	FRC Rapid Rehousing	\$143,996	RRH	New
			DV Bonus Total	143,996
YHDP	St. Joseph's Villa	2022 CACH YHDP Mobile Navigation and Diversion	SSO- Mobile Navigation and Diversion	\$228,379
	St. Joseph's Villa	2022 CACH YHDP TH/RRH	TH-RRH	\$523,162
			YHDP Total	\$751,541

2023 HDX Competition Report

PIT Count Data for VA-521 - Virginia Balance of State CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	283	321	355	1088
Emergency Shelter Total	192	185	267	529
Safe Haven Total	0	0	0	0
Transitional Housing Total	70	67	55	147
Total Sheltered Count	262	252	322	676
Total Unsheltered Count	21	69	33	412

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	28	36	95	25
Sheltered Count of Chronically Homeless Persons	12	30	66	10
Unsheltered Count of Chronically Homeless Persons	16	6	29	15

2023 HDX Competition Report

PIT Count Data for VA-521 - Virginia Balance of State CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	105	121	115	100
Sheltered Count of Homeless Households with Children	99	114	108	74
Unsheltered Count of Homeless Households with Children	6	7	7	26

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	22	32	24	49	33
Sheltered Count of Homeless Veterans	13	23	24	38	10
Unsheltered Count of Homeless Veterans	9	9	0	11	23

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for VA-521 - Virginia Balance of State CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	803	299	540	55.37%	197	263	74.90%	496	61.77%
SH Beds	0	0	0	NA	0	0	NA	0	NA
TH Beds	179	0	149	0.00%	30	30	100.00%	30	16.76%
RRH Beds	433	411	416	98.80%	17	17	100.00%	428	98.85%
PSH Beds	420	183	420	43.57%	0	0	NA	183	43.57%
OPH Beds	95	12	95	12.63%	0	0	NA	12	12.63%
Total Beds	1,930	905	1,620	55.86%	244	310	78.71%	1,149	59.53%

2023 HDX Competition Report
HIC Data for VA-521 - Virginia Balance of State CoC

2023 HDX Competition Report

HIC Data for VA-521 - Virginia Balance of State CoC

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

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

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

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	66	75	194	384

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	88	103	99	100

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	345	423	492	433

2023 HDX Competition Report
HIC Data for VA-521 - Virginia Balance of State CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for VA-521 - Virginia Balance of State CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	2166	2415	89	97	8	49	54	5
1.2 Persons in ES, SH, and TH	2172	2424	89	97	8	49	54	5

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	2225	3176	192	252	60	87	114	27
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	2231	3185	193	252	59	87	114	27

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	30	13	43%	2	7%	1	3%	16	53%
Exit was from ES	574	41	7%	28	5%	18	3%	87	15%
Exit was from TH	6	1	17%	0	0%	0	0%	1	17%
Exit was from SH	0	0		0		0		0	
Exit was from PH	603	11	2%	20	3%	25	4%	56	9%
TOTAL Returns to Homelessness	1213	66	5%	50	4%	44	4%	160	13%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	870	1125	255
Emergency Shelter Total	673	835	162
Safe Haven Total	0	0	0
Transitional Housing Total	128	143	15
Total Sheltered Count	801	978	177
Unsheltered Count	69	147	78

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	2231	2517	286
Emergency Shelter Total	2222	2506	284
Safe Haven Total	0	0	0
Transitional Housing Total	12	12	0

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	90	105	15
Number of adults with increased earned income	3	1	-2
Percentage of adults who increased earned income	3%	1%	-2%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	90	105	15
Number of adults with increased non-employment cash income	3	5	2
Percentage of adults who increased non-employment cash income	3%	5%	2%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	90	105	15
Number of adults with increased total income	3	6	3
Percentage of adults who increased total income	3%	6%	3%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	229	195	-34
Number of adults who exited with increased earned income	12	14	2
Percentage of adults who increased earned income	5%	7%	2%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	229	195	-34
Number of adults who exited with increased non-employment cash income	5	12	7
Percentage of adults who increased non-employment cash income	2%	6%	4%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	229	195	-34
Number of adults who exited with increased total income	17	23	6
Percentage of adults who increased total income	7%	12%	5%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2054	2000	-54
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	352	274	-78
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1702	1726	24

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2833	2921	88
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	505	514	9
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2328	2407	79

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

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

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

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	187	507	320
Of persons above, those who exited to temporary & some institutional destinations	78	192	114
Of the persons above, those who exited to permanent housing destinations	66	162	96
% Successful exits	77%	70%	-7%

Metric 7b.1 – Change in exits to permanent housing destinations

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FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2146	2751	605
Of the persons above, those who exited to permanent housing destinations	1227	1423	196
% Successful exits	57%	52%	-5%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	110	196	86
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	107	186	79
% Successful exits/retention	97%	95%	-2%

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VA-521 - Virginia Balance of State CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	402	514	704	143	82	124	254	301	398	330	386	478			
2. Number of HMIS Beds	247	379	525	0	0	0	128	129	151	330	363	461			
3. HMIS Participation Rate from HIC (%)	61.44	73.74	74.57	0.00	0.00	0.00	50.39	42.86	37.94	100.00	94.04	96.44			
4. Unduplicated Persons Served (HMIS)	1930	2328	2404	0	12	5	164	160	250	1393	1505	1608	47	329	321
5. Total Leavers (HMIS)	1587	1761	2191	0	10	0	42	15	42	850	839	1036	40	207	271
6. Destination of Don't Know, Refused, or Missing (HMIS)	427	243	337	0	0	0	1	1	1	33	16	34	0	12	98
7. Destination Error Rate (%)	26.91	13.80	15.38		0.00		2.38	6.67	2.38	3.88	1.91	3.28	0.00	5.80	36.16

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for VA-521 - Virginia Balance of State CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/25/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/27/2023	Yes
2023 HIC Count Submittal Date	4/27/2023	Yes
2022 System PM Submittal Date	2/27/2023	Yes